SCHEDULING
• PHONE 214.320.1400 • FAX 214.320.1402 • Email: fax@dfwopenmri.com
New Corporate Office, 1450 Regal Row, Dallas, Texas 75247
Eastlake Medical Center Building, 10611 Garland Road, Suite 101, Dallas, Texas 75218
Market Plaza Shopping Center, 3801 West George Bush Hwy., Suite 118, Plano, Texas 75075
Near The Parks Mall, 1106 West Arbrook Blvd. Suite 104, Arlington, Texas 76015

TODAY'S DATE: _____ PATIENT NAME: _____

DOB: _____ EMAIL: _____ PHONE: _____

TRANSPORTATION NEEDED: ❑ YES ❑ NO GENDER: ❑ M ❑ F PREGNANT: ❑ YES ❑ NO DATE OF INJURY: _____

Ins. Co/Attorney Name: _____ Phone Number: _____

Referring Physician: _____ Office Phone Number: _____

Office Contact: _____ Office Fax Number: _____

Email Address: _____ NPI: _____

❑ STAT Call / Fax Report: _____ Diagnosis Codes (ICD 10): _____

✶ Recent (60 Days) labs required for patients over 55 years old receiving contrast studies ✶

❑ With Contrast ❑ Without Contrast ❑ With and Without Contrast ❑ With Radiologist Discretion

MAGNETIC RESONANCE IMAGING (MRI):

❑ Wide Bore 3.0T High Field
❑ Open MRI 1.2T High Field
❑ Open MRI

❑ Cervical
❑ Thoracic
❑ Lumbar
❑ Brain w/SWI
❑ Brain w/DTI

❑ Head/Brain
❑ Orbits
❑ IAC's
❑ Pituitary
❑ Pelvis
❑ Abdomen

❑ Shoulder RT____ LT____
❑ Hand RT____ LT____
❑ Wrist RT____ LT____
❑ Ankle RT____ LT____
❑ Knee RT____ LT____
❑ Foot RT____ LT____

❑ Elbow RT____ LT____
❑ Hip RT____ LT____
❑ Other _____
❑ MRA _____

COMPUTERIZED TOMOGRAPHY (CT):

❑ Head/Brain
❑ Orbits
❑ Sinuses
❑ IAC's

❑ Cervical
❑ Thoracic
❑ Lumbar
❑ TMJ

❑ Chest
❑ Abdomen
❑ Pelvis

❑ Conformis Protocol RT____ LT____ Knee
❑ Tornier Protocol RT____ LT____ Shoulder
❑ Kinamed Protocol RT____ LT____ Knee
❑ Other _____

❑ Extremities:
Specify:_____
RT____ LT____
❑ CTA _____

X-RAY:

❑ Ankle RT____ LT____
❑ Foot RT____ LT____
❑ Knee RT____ LT____
❑ Wrist RT____ LT____

❑ Hip RT____ LT____
❑ Hand RT____ LT____
❑ Shoulder RT____ LT____
❑ Elbow RT____ LT____

❑ Cervical
❑ Thoracic
❑ Lumbar
❑ Pelvis

❑ Chest
❑ ABD/KUB
❑ Other _____

SPECIAL COMMENTS:

_____

_____

_____

In making this referral, physician certifies the procedures requested are medically necessary. Please fax or email attorney/insurance information.

Referring Physician Signature: _____

DFW MRI

www.dfwopenmri.com

Scheduling:
- Phone: 214-320-1400
- Fax: 214-320-1402
- Email: fax@dfwopenmri.com

DFW MRI DALLAS

Corporate Office
1450 Regal Row
Dallas, Texas 75247

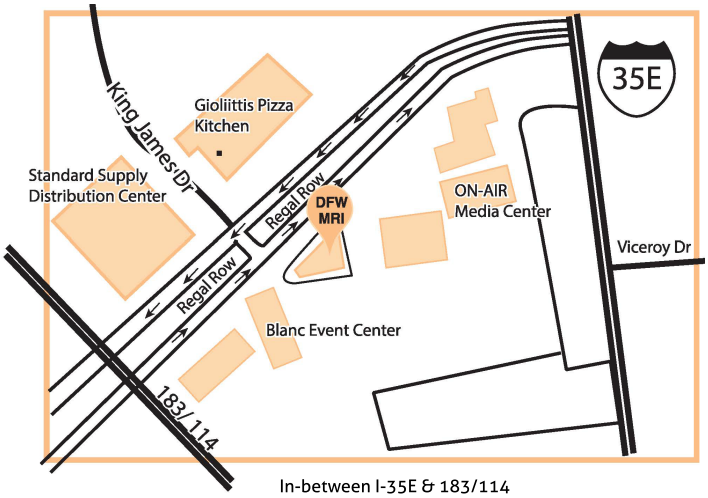
Dallas Location

SERVICES AVAILABLE

- Wide Bore MRI 3.0T High Field with AIR Recon DL
- SWI
- CT
- MR Weight Capacity 500 lbs.

Google Maps

- DTI
- MRA
- CTA
- X-ray



In-between I-35E & 183/114

DFW MRI GARLAND ROAD

Eastlake Medical Center Building
10611 Garland Road, #101
Dallas, Texas 75218

Garland Location

SERVICES AVAILABLE

- Open MRI
- CT
- MR Weight Capacity 500 lbs.

Google Maps

- X-ray

2-1/2 MILES SOUTH OF I-635
NW Corner of Garland Road
and Easton Road

DFW MRI PLANO

Market Plaza Shopping Center
3801 W. George Bush Hwy, #118
Plano, Texas 75075

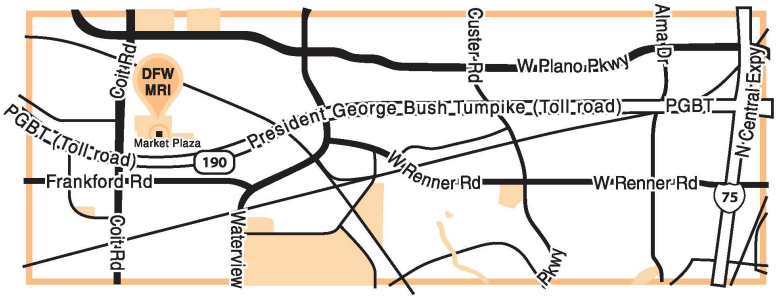
Plano Location

SERVICES AVAILABLE

- Open MRI 1.2T High Field
- No CT
- MR Weight Capacity 660 lbs.

Google Maps

- MRA
- X-ray



In Market Plaza Shopping Center

DFW MRI ARLINGTON

Near The Parks Mall
1106 West Arbrook Blvd, #104
Arlington, Texas 76015

Arlington Location

SERVICES AVAILABLE

- Wide Bore MRI 3.0T High Field
- SWI
- CT
- MR Weight Capacity 550 lbs.

Google Maps

- DTI
- MRA
- CTA
- X-ray