

TODAY'S DATE: _____ PATIENT NAME: _____

DOB: _____ PATIENT EMAIL: _____ PATIENT PHONE: _____

TRANSPORTATION NEEDED: YES NO GENDER: M F IS THE PATIENT PREGNANT? YES NO DATE OF INJURY: _____

Attorney/Insurance Name: _____ Attorney/Insurance Phone #: _____

Referring Physician: _____ Referring Office Phone #: _____

Referring Office Contact: _____ Referring Office Fax #: _____

Referring Office Email: _____ Referring NPI: _____

STAT REPORT? YES NO

Call Report To #: _____ Cell Number# _____
 Fax Report To #: _____

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

With and Without Contrast With Radiologist Discretion With Contrast Without Contrast

**MAGNETIC RESONANCE IMAGING (MRI):
WIDE BORE 3.0T, WIDE BORE 1.5T, OPEN MRI 1.2T**

<input type="checkbox"/> High-Field Open MRI	<input type="checkbox"/> Cervical	<input type="checkbox"/> Head/Brain	<input type="checkbox"/> Shoulder	RT____ LT____	<input type="checkbox"/> Elbow RT____ LT____
<input type="checkbox"/> High-Field Closed MRI	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Orbita	<input type="checkbox"/> Hand	RT____ LT____	<input type="checkbox"/> Hip RT____ LT____
	<input type="checkbox"/> Lumbar	<input type="checkbox"/> IAC's	<input type="checkbox"/> Wrist	RT____ LT____	<input type="checkbox"/> Other _____
	<input type="checkbox"/> SWI Brain	<input type="checkbox"/> Pituitary	<input type="checkbox"/> Ankle	RT____ LT____	<input type="checkbox"/> MRA _____
	<input type="checkbox"/> DTI Brain with NeuroQuant	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Knee	RT____ LT____	
		<input type="checkbox"/> Abdomen	<input type="checkbox"/> Foot	RT____ LT____	

COMPUTERIZED TOMOGRAPHY (CT):

<input type="checkbox"/> Head/Brain	<input type="checkbox"/> Cervical	<input type="checkbox"/> Chest	<input type="checkbox"/> Conformis Protocol	RT____ LT____	Knee	<input type="checkbox"/> EExtr ree mi it ti ieess: : _____
<input type="checkbox"/> Orbita	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Tornier Protocol	RT____ LT____	Shoulder	Specify: _____
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Kinamed Protocol	RT____ LT____	Knee	RT: _____ LT: _____
<input type="checkbox"/> IAC's	<input type="checkbox"/> TMJ		<input type="checkbox"/> Other _____			<input type="checkbox"/> CTA: _____

X-RAY:

<input type="checkbox"/> Ankle RT____ LT____	<input type="checkbox"/> Hip RT____ LT____	<input type="checkbox"/> Cervical	<input type="checkbox"/> Chest
<input type="checkbox"/> Foot RT____ LT____	<input type="checkbox"/> Hand RT____ LT____	<input type="checkbox"/> Thoracic	<input type="checkbox"/> ABD/KUB
<input type="checkbox"/> Knee RT____ LT____	<input type="checkbox"/> Shoulder RT____ LT____	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Other _____
<input type="checkbox"/> Wrist RT____ LT____	<input type="checkbox"/> Elbow RT____ LT____	<input type="checkbox"/> Pelvis	

DIAGNOSIS CODES (ICD10)/SPECIAL COMMENTS:

In making this referral, the ordering physician (MD,DO,DC,NP,PA,DPM) certifies
 the procedures requested and listed above
 are medically necessary.

Referring Physician Signature: _____

Phone: 214-320-1400

Fax: 214-320-1402

Scheduling: Fax@dfwopenmri.com

Reductions: Reductions@dfwopenmri.com

Billing : Billing@dfwopenmri.com

Record Requests: Records@dfwopenmri.com

DFW MRI DALLAS

Corporate Office
1450 Regal Row
Dallas, Texas 75247


DALLAS

SERVICES AVAILABLE

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


GARLAND

DFW MRI GARLAND

3921 Broadway Blvd
Garland, Texas 75043

SERVICES AVAILABLE

- Wide Bore MRI 1.5T High Field with AIR Recon DL
- SWI
- CT
- MR Weight Capacity 500 lbs.

***NEW* LOCATION**

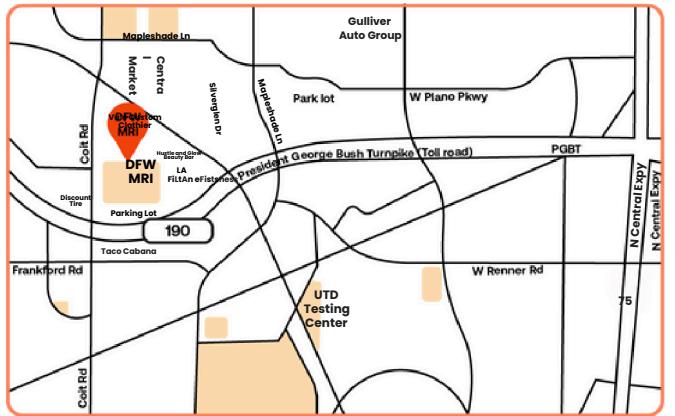

DFW MRI PLANO

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


PLANO

SERVICES AVAILABLE

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



DFW MRI ARLINGTON

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


ARLINGTON

SERVICES AVAILABLE

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

