



# SCHEDULING

• PHONE 214-320-1400 • FAX 214-320-1402 • Email: fax@dfwopenmri.com

Corporate Office, 1450 Regal Row, Dallas, Texas 75247  
New Garland Location, 3921 Broadway Blvd, Garland, Texas 75043  
Market Plaza Shopping Center, 3801 West George Bush Hwy., Suite 118, Plano, Texas 75057  
Near The Parks Mall, 1106 West Arbrook Blvd., Suite 104, Arlington, Texas 76015



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"/> Orbits	<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"/> EEExt tr ree mi ti ti eess: :
<input type="checkbox"/> Orbits	<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.

- DTI
- MRA
- CTA
- X-ray

### DFW MRI GARLAND

3921 Broadway Blvd  
Garland, Texas 75043



GARLAND

### SERVICES AVAILABLE

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

- DTI
- MRA
- CTA
- X-ray

\*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.

- MRA
- X-ray

### 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.

- DTI
- MRA
- CTA
- X-ray

*Your Window to a Healed Tomorrow.*

