

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"/> Extremities: _____
<input type="checkbox"/> Orbita	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Tornier Protocol	RT____ LT____	Shoulder	<input type="checkbox"/> 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**
**\*NEW\* LOCATION**

## 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.


**PLANO**

## DFW MRI PLANO

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

### SERVICES AVAILABLE

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


**ARLINGTON**

## DFW MRI ARLINGTON

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

### SERVICES AVAILABLE

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

*Your Window to a Healed Tomorrow.*
