

Patient Name: _____ DOB _____ Appointment Date: _____ Time: _____
 Patient Phone # (hm): _____ Phone (wk): _____ Patient SS# _____
 Weight: _____ Known Allergies: _____ Allergic to Iodine? Y N Back Surgery? Y N
 Insurance Company: _____ Insurance Co. Phone#: _____

MRI/MRA Services			Ultrasound Services		
<input type="checkbox"/> \bar{c} Contrast <input type="checkbox"/> \bar{s} Contrast <input type="checkbox"/> Both \bar{c} & \bar{s}					
<p>MRI</p> <p>Body</p> <input type="checkbox"/> Brachial Plexus L ___ R ___ B ___ <input type="checkbox"/> Chest <input type="checkbox"/> MRCP <input type="checkbox"/> Abdomen _____ <input type="checkbox"/> Pelvis Osseous <input type="checkbox"/> Pelvis Soft Tissue <p>Head</p> <input type="checkbox"/> Auditory Canal (IAC) <input type="checkbox"/> Brain <input type="checkbox"/> Neck (Soft Tissue) <input type="checkbox"/> Orbits <input type="checkbox"/> Parotid <input type="checkbox"/> Pituitary <input type="checkbox"/> Sinus	<p>Lower Extremity</p> <input type="checkbox"/> Hip L ___ R ___ B ___ <input type="checkbox"/> Thigh/Femur L ___ R ___ B ___ <input type="checkbox"/> Knee L ___ R ___ B ___ <input type="checkbox"/> Leg (Tib/Fib) L ___ R ___ B ___ <input type="checkbox"/> Ankle L ___ R ___ B ___ <input type="checkbox"/> Foot L ___ R ___ B ___ <input type="checkbox"/> Rheumatology L ___ R ___ B ___ <p>Upper Extremity</p> <input type="checkbox"/> Shoulder L ___ R ___ B ___ <input type="checkbox"/> Humerus L ___ R ___ B ___ <input type="checkbox"/> Elbow L ___ R ___ B ___ <input type="checkbox"/> Radius/Ulna L ___ R ___ B ___ <input type="checkbox"/> Wrist L ___ R ___ B ___ <input type="checkbox"/> Hand L ___ R ___ B ___ <input type="checkbox"/> Fingers L ___ R ___ B ___ <input type="checkbox"/> Rheumatology L ___ R ___ B ___	<p>Spine</p> <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacrum/Coccyx <p style="text-align: center;">MRA</p> <input type="checkbox"/> Head (C.O.W) <input type="checkbox"/> Neck (Carotids) <input type="checkbox"/> Peripheral Arterial Venous <input type="checkbox"/> Thoracic Aorta <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Renal Arteries <p style="text-align: center;">MRV</p> <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Extremities	<p>Abdomen</p> <input type="checkbox"/> Abdomen <input type="checkbox"/> Kidneys <input type="checkbox"/> Bladder <input type="checkbox"/> Pelvis <input type="checkbox"/> Transvaginal (non-OB) <input type="checkbox"/> Gallbladder <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Renal Doppler <input type="checkbox"/> Renal w/ Doppler & Resistive index <input type="checkbox"/> Aorta <p>Options</p> <input type="checkbox"/> Colorflow	<p>Vascular</p> <input type="checkbox"/> Carotid <input type="checkbox"/> Arterial Low Extrim L ___ R ___ B ___ <input type="checkbox"/> Arterial Up Extrim L ___ R ___ B ___ <input type="checkbox"/> Venous Doppler L ___ R ___ B ___ <input type="checkbox"/> Echocardiogram	<p>Other</p> <input type="checkbox"/> Extremity Non-Vascular <input type="checkbox"/> Thyroid <input type="checkbox"/> Scrotum <input type="checkbox"/> P.O.M. Screening

General Radiology	CT Services	Nuclear Medicine
	<input type="checkbox"/> * \bar{c} Contrast <input type="checkbox"/> \bar{s} Contrast <input type="checkbox"/> * \bar{c} & \bar{s} Contrast	
<input type="checkbox"/> Skull <input type="checkbox"/> Head & Face <input type="checkbox"/> Sinus <input type="checkbox"/> Chest 1V or 2V <input type="checkbox"/> Abdomen 1V or 2V or multi V <input type="checkbox"/> Pelvis <input type="checkbox"/> Rib Series <input type="checkbox"/> IVP <input type="checkbox"/> With Limited CT <input type="checkbox"/> Hand 3V L ___ R ___ B ___ <input type="checkbox"/> Shoulder L ___ R ___ B ___ <input type="checkbox"/> Hip L ___ R ___ B ___ <input type="checkbox"/> Knee 3V L ___ R ___ B ___ <input type="checkbox"/> Standing <input type="checkbox"/> Foot L ___ R ___ B ___ <input type="checkbox"/> Spine: Cervical Thoracic Lumbar <input type="checkbox"/> Sacroiliac Joints <input type="checkbox"/> Misc Upper Extremity _____ <input type="checkbox"/> Misc Lower Extremity _____ <input type="checkbox"/> Other _____ <p style="text-align: center;">Bone Density</p> <input type="checkbox"/> DEXA Hip/Spine <input type="checkbox"/> DEXA Distal Forearm <input type="checkbox"/> DEXA LVA	<input type="checkbox"/> Brain <input type="checkbox"/> Facial Bones <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Sinus <input type="checkbox"/> Neck (soft tissue) <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <p style="text-align: center;">CTA</p> <input type="checkbox"/> Circle of Willis <input type="checkbox"/> Carotids <input type="checkbox"/> Thoracic Aorta <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Peripheral <p style="text-align: center;">Other</p> <input type="checkbox"/> Virtual Colonoscopy <input type="checkbox"/> Cardiac Calcium Scoring <input type="checkbox"/> Spiral CT Chest w/o Lung CA Screen <input type="checkbox"/> CCS and Spiral CT Chest Combo <input type="checkbox"/> Other _____ <p style="text-align: center;">CTA</p> <input type="checkbox"/> Kidney <input type="checkbox"/> Kidney (stone protocol) <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Hematuria Protocol w/IVP to Follow <input type="checkbox"/> Other CT _____	<p>Myocardial Stress Test</p> <input type="checkbox"/> Treadmill <input type="checkbox"/> Chemical <input type="checkbox"/> Non-nuclear, stress only <p>Thyroid</p> <input type="checkbox"/> Thyroid Only, no uptake <input type="checkbox"/> Thyroid with Uptake <input type="checkbox"/> Parathyroid <p>Liver and Spleen</p> <input type="checkbox"/> Liver: SPECT <input type="checkbox"/> Liver and Spleen: Static Only <input type="checkbox"/> Liver and Spleen: Vascular Flow & SPECT <p>HIDA</p> <input type="checkbox"/> HIDA Scan <input type="checkbox"/> with Kinevac <input type="checkbox"/> EF <p>Bone Scan</p> <input type="checkbox"/> Limited _____ <input type="checkbox"/> Multiple _____ <input type="checkbox"/> Whole <input type="checkbox"/> 3 Phase <p>Gallium</p> <p>MUGA</p> <input type="checkbox"/> Planar <input type="checkbox"/> Multi <input type="checkbox"/> SPECT <p>Kidney</p> <input type="checkbox"/> Vascular Flow & Scan <input type="checkbox"/> Function (Renogram) <input type="checkbox"/> Flow & Functional (triple renal)

Other Exam(s): _____

Clinical Questions: _____

Written Diagnosis: _____ ICD-9 Code(s) _____

Include both written signs or symptoms diagnosis and the proper ICD-9 code.
Please do NOT use a "rule-out" diagnosis.

Work-up per Radiologist _____
(Referring Physician's Initials)

STAT Have Radiologist call with Preliminary Fax Preliminary Fax Report

Order Date _____
 Ordering Physician's Signature _____
 _____ (Print Name)
 Phone _____ Fax _____

*BUN/Creat required within the past 15 days for patients 50 yrs of age or older and 48 hrs for patients on chemotherapy or taking medication for diabetes or who have renal disease or insufficiency of any type.

1140 Cypress Station Drive, Suite 100
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(832) 232-5500 (phone), (832) 232-5510 (fax)

DIRECTIONS FROM			
Downtown Houston	Humble/Kingwood	Cy-Fair/ Cornerstone	Conroe/Woodlands
Take I-45 North	Take FM 1960 West	Take FM 1960 East	Take I-45 South
Exit FM 1960		Cross Kuykendahl	Exit FM 1960
Turn left on FM 1960	Cross under I-45	Cross Ella	Turn right on Hollow Tree
Second traffic light is Cypress Station Drive, turn right	Second traffic light is Cypress Station Drive, turn right	Cross Red Oak Drive	Second stop sign is Cypress Station Drive, turn left
		Cross Cali/Hafer	
		Next traffic light is Cypress Station Drive, turn left	
Follow Cypress Station Drive north with the grassy median on your left.			Once on Cypress Station Drive, turn right into either the second or third driveway on your right.
When the grassy median tapers off to a point, turn an immediate left into our parking lot.			
Once in the parking lot, there are two buildings that look alike. 1140 Cypress Station Drive is the one on the left.			

