Texas Advanced Imaging

954 S. Fry Rd
Katy, TX 77450
PH **832-240-3757**
F **832-581-4314**

4907 Sandhill Dr, Ste D
Sugar Land, TX 77479
PH **832-553-0190**
F **832-581-4312**

17482 NW Freeway, Ste A
Jersey Village, TX 77040
PH **713-856-5955**
F **713-856-7107**

200 River Pointe Dr, Ste 130
Conroe, TX 77304
PH **832-365-5085**
F **832-365-7977**

444 N. Holderrieth Blvd, Ste 1
Tomball, TX 77375
(Elite MRI)
PH **281-255-6850**
F **281-819-8151**

Please bring this completed order, your insurance card, and a photo ID with you to your appointment.

Today's date:_____ Appointment date:_____ Appointment time:_____

Patient Name:_____ DOB: ___/___/_____ ☐ M or ☐ F Patient Phone: _____
(last) (first) MM DD YYYY

Diagnosis/Current Symptoms/History: _____ ICD 10 Code: _____

Physician Signature: _____ Phone: _____ Fax: _____

Print Physician Name: _____

Attorney Name: _____ Phone: _____ Fax: _____

Insurance carrier: _____ ID #: _____

MRI
(with reconstruction as indicated)

- ☐ Brain
- ☐ Brain & IAC
- ☐ Brain & Pituitary
- ☐ IAC Only
- ☐ Pituitary Only
- ☐ Orbits
- ☐ Neck Soft Tissue
- ☐ Spine:
  - cervical _____
  - thoracic _____
  - lumbar _____
- ☐ Abdomen (indicate area of interest below)

_____

- ☐ MRCP
- ☐ Adrenals
- ☐ Pelvis

- ☐ Extremity: left____ right____
  - body part: _____
- ☐ **Other:**

_____

- ☐ **Without contrast**
- ☐ **With & without contrast**

- ☐ SWI
- ☐ TBI
- ☐ DTI

MR Angiography (MRA)

- ☐ Brain
- ☐ Neck - Carotids
- ☐ Chest
- ☐ Aorta
- ☐ Renals
- ☐ **Other:**

_____

- ☐ **Without contrast**
- ☐ **With & without contrast**

CT
(with reconstruction as indicated)

- ☐ Head / Brain
- ☐ Temporal Bones (IAC's)
- ☐ Sinus (Maxillofacial)
  - complete____ limited____
- ☐ Maxillofacial – Facial Bones
- ☐ Neck Soft Tissue
- ☐ Shoulder: left____ right____
- ☐ Spine:
  - cervical _____
  - thoracic_____
  - lumbar _____
- ☐ Chest
- ☐ Abdomen (pelvis as indicated)
- ☐ Pelvis
- ☐ CT Urogram
- ☐ CT Stone Protocol
- ☐ Hip: left____ right____
- ☐ Extremity: left____ right____
  - Indicate area of interest: _____
- ☐ **Other:**

_____

- ☐ **With contrast**
- ☐ **Without contrast**
- ☐ **With & without contrast**

CT Angiography *(w & w/o contrast)*

- ☐ Head / Brain
- ☐ Neck - Carotids
- ☐ Chest
- ☐ Abdomen (pelvis as indicated)
- ☐ Pelvis
- ☐ **Other:**

_____

X-RAY

- ☐ Skull
- ☐ Orbits
- ☐ Sinuses:
  - waters _____
  - limited _____
  - complete _____
- ☐ Shoulder: left____ right____
- ☐ Neck Soft Tissue
- ☐ Chest: PA____ PA/LAT____
- ☐ Ribs (w/ PA Chest):
  - left____ right____
- ☐ Spine:
  - cervical _____
  - thoracic_____
  - lumbar_____
- ☐ KUB
- ☐ Acute Abdominal Series
- ☐ Hip: left____ right____
- ☐ Bilateral Hips (w/ pelvis)
- ☐ Pelvis
  - Indicate area of interest: _____
- ☐ **Extremity:** left____ right____

- ☐ **Other:**

_____

ULTRASOUND
(with Doppler as indicated)

- ☐ Carotid Doppler
- ☐ Venous Doppler
  - upper extremity: left___ right___
  - lower extremity: left___ right___
- ☐ Abdominal Aorta
- ☐ Abdomen
- ☐ Abdomen Limited:
  - gallbladder ___
  - hernia _____
  - appendix _____
- ☐ Renal / Bladder
- ☐ Bladder
- ☐ Pelvic (w/ transvaginal as indicated)
- ☐ Scrotum
- ☐ Thyroid
- ☐ Follow Up

Reason:

_____

- ☐ **Other:**

_____

- ☐ **STAT**
- ☐ Patient to bring CD to doctor's office
- ☐ Call Report to Physician at:

_____
Physician's Direct Phone Number

☐ **MVA** ☐ **WC** **DOI** _____

For us to obtain prior authorization please fax insurance card front and back

GENERAL INSTRUCTIONS

ULTRASOUND:

Gallbladder and/or Abdomen: Nothing to EAT or DRINK after midnight. Water is OK.
Pelvic: 1 hrs prior to exam, empty bladder (urinate). Start drinking 24 ounces of water. Finish water in 30 minutes. Do not empty bladder until exam is completed.
Renal: Drink 16 ounces of water 30 minutes prior to exam. Do not empty bladder prior to exam.

CT SCAN:

CT Exams Requiring IV Contrast: Nothing to EAT or DRINK 4 hours prior to exam.
CT Exams Requiring Oral Contrast: Nothing to EAT or DRINK 4 hours prior to exam. Patients may pick up oral contrast at the facility prior to the appointment or arrive 1 hour prior to the exam. Please confirm your selection when scheduling your appointment.
*** Note:** Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

MRI:

All MRI Exams: Notify office immediately if you have a **cardiac pacemaker, aneurysm clip, AICD (Cardiac Defibrillator), implanted device of any kind, or possible metal in your eye.**
MRI of the Abdomen: Nothing to Eat or Drink 4 hours prior to the exam.
***Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

Texas Advanced Imaging - Katy
Open MRI, CT, XRAY

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Katy, TX 77450

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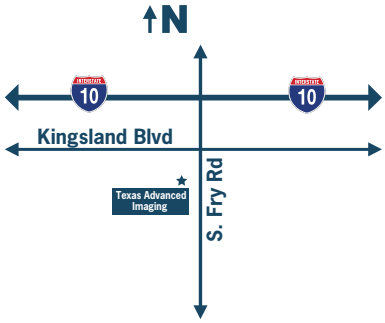

Texas Advanced Imaging - Sugar Land
MRI, XRAY

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Sugar Land, TX 77479

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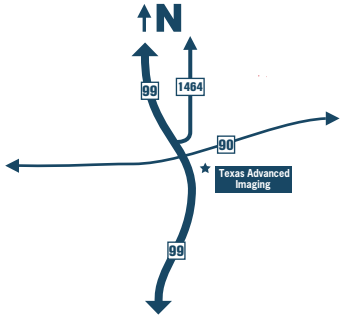
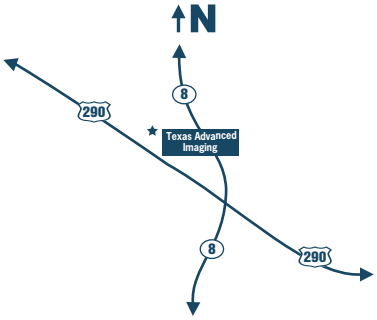


Texas Advanced Imaging - Houston
Open MRI Only

17482 NW Freeway, Ste A
Jersey Village, TX 77040

PH **713-856-5955**

F **713-856-7107**



Texas Advanced Imaging - Conroe
CT, Open MRI, XRAY

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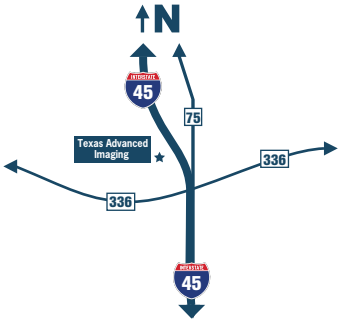

Texas Advanced Imaging - Tomball
(Elite Diagnostics) US, XRAY, CT, MRI

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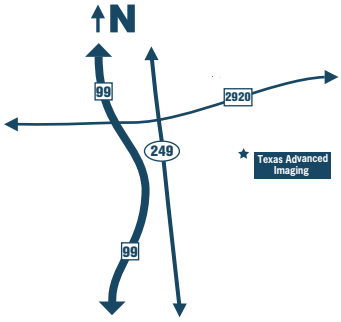

*** MAPS NOT TO SCALE**