



Houston MRI®

& Diagnostic Imaging

Phone: 713.425.8100 • Fax Orders: 713.425.8182

Email Orders: scheduling@houstonmri.com

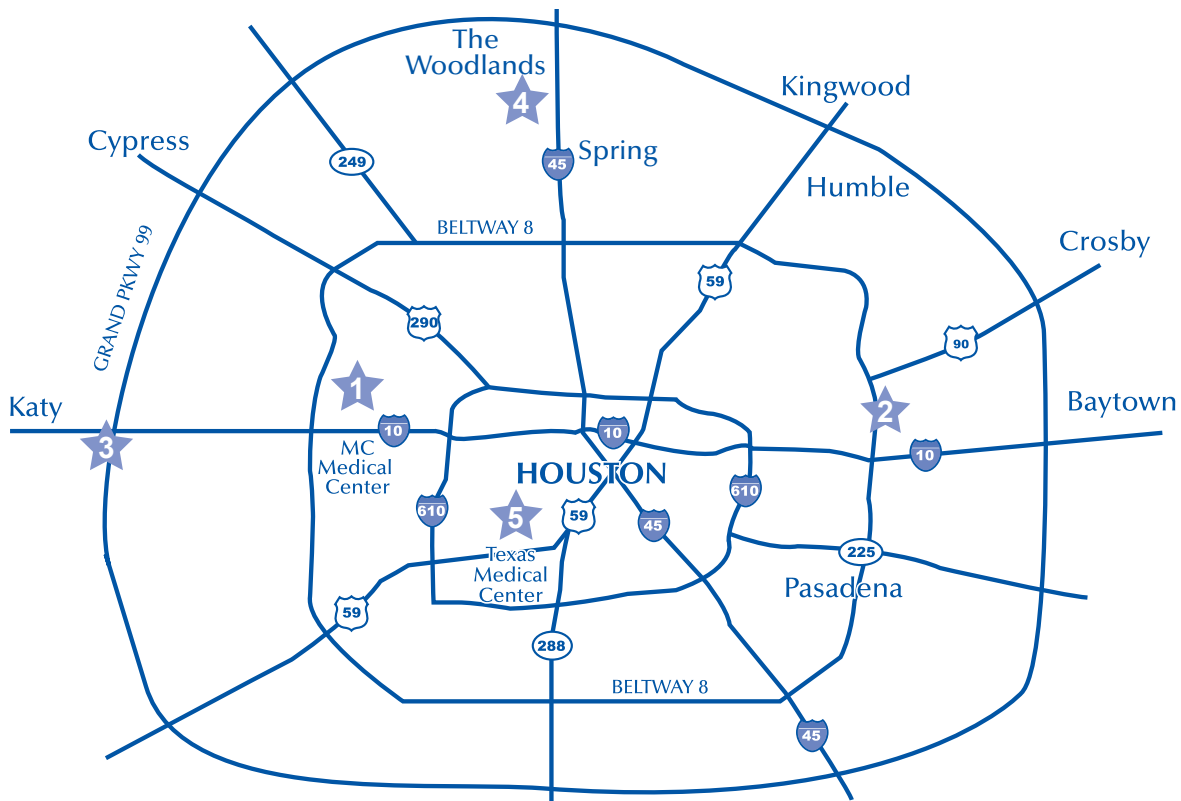
www.HoustonMRI.com

- ☐ 2600 N. Gessner, Ste. 150, Houston, TX 77080
- ☐ 5630 E. Sam Houston Pkwy N., Houston, TX 77015
- ☐ 1336 Pin Oak Road, Katy, TX 77494
- ☐ 1733 Woodstead Ct., Ste. 100, The Woodlands, TX 77380
- ☐ 3301 S. Shepherd Dr., Houston, TX 77098

Please check preferred location (see map)

Order Date:							
Patient's Name:				DOB:		Sex:	
Cell Phone:		Home Phone:		Last 4 Digits of SSN:			
☐ Insurance Carrier:		☐ Attorney Name & Phone:		☐ Worker's Comp. DOI: (Please attach)			
ID#		Group#		Auth#			
Referring Physician: (Print)		Specialty:		Signature: I hereby give Houston MRI & Diagnostic Imaging authorization to verify insurance, obtain pre-certification, and schedule the patient.			
Phone:		Fax:					
REPORT REQUEST: ☐ Web PACS ☐ EMAIL ☐ FAX				Diagnosis:			
IMAGE ACCESS: ☐ Report Only ☐ Web PACS ☐ CD							
CPT		MRI SPINE/NEURO		CPT		MRI BODY Cont.	
	70551	BRAIN W/O			77058	BREAST (IMPLANTS)	
	70553	BRAIN W + W/O			74181	ABDOMEN W/O	
	70553	PITUITARY W + W/O			74183	ABDOMEN W + W/O	
	70543	ORBITS W + W/O			74181	MRCP	
	72141	CERVICAL W/O		CPT		MRA	
	72156	CERVICAL W + W/O			70544	MRA BRAIN (COW)	
	72146	THORACIC W/O			70544	MRV BRAIN	
	72157	THORACIC W + W/O			70547	CAROTIDS & VERTEBRALS	
	72148	LUMBAR W/O		CPT		CT	
	72158	LUMBAR W + W/O			74176	ABDOMEN & PELVIS W/O	
CPT		MRI UPPER EXTREMITY			74177	ABDOMEN & PELVIS W	
	73221	SHOULDER W/O R L			74178	ABDOMEN & PELVIS W + W/O	
	73221	ELBOW W/O R L			74150	ABDOMEN W/O	
	73221	WRIST W/O R L			74170	ABDOMEN W + W/O	
	73218	HAND W/O R L			72192	PELVIS W/O	
CPT		MRI LOWER EXTREMITY			72193	PELVIS W	
	72195	PELVIS W/O			71250	CHEST W/O	
	72197	PELVIS W + W/O			71260	CHEST W	
	73721	HIP W/O R L			70450	HEAD W/O	
	73723	HIP W + W/O R L			70470	HEAD W + W/O	
	73718	FEMUR W/O R L			70486	SINUS W/O	
	73721	KNEE W/O R L			70490	SOFT TISSUE NECK W/O	
	73718	TIB/FIB W/O R L			72125	CERVICAL W/O	
	73721	ANKLE W/O R L			72131	LUMBAR W/O	
	73718	FOOT W/O R L			72128	THORACIC W/O	
	73720	FOOT W + W/O R L			70480	CT ORBITS	
CPT		MRI BODY			71275	CHEST PE PROTOCOL	
	70336	TMJ				UPPER EXT. _____	
	70543	NECK (SOFT TISSUE) W + W/O				LOWER EXT. _____	
	71550	CHEST W/O				CTA _____	
	71552	CHEST W + W/O					
X-RAYS (Specify procedure & number of views)							
						1. _____	
						2. _____	
						3. _____	
						4. _____	
						5. _____	
OTHER PROCEDURES/SPECIAL INSTRUCTIONS							
						1. _____	
						2. _____	
						3. _____	
						4. _____	

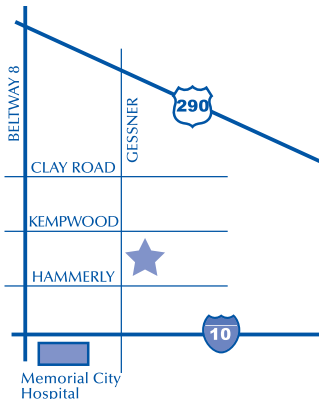
PLEASE FAX BILLING INFORMATION TO EXPEDITE SCHEDULING... THANK YOU!



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West Houston

2600 N. Gessner, Ste. 150
Houston, TX 77080

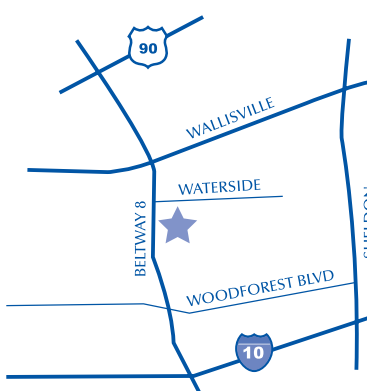


- MRI/MRA
- X-Ray
- Ultrasound
- DEXA

2

East Houston

5630 E. Sam Houston Pkwy N.
Houston, TX 77015

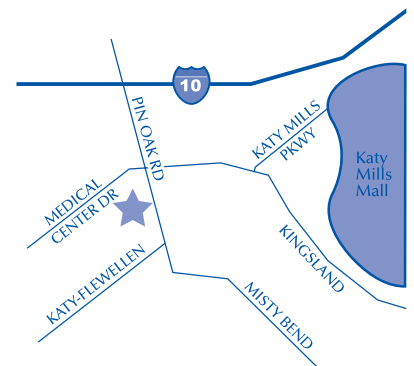


- MRI/MRA
- CT
- Ultrasound
- X-Ray
- DEXA

3

Katy

1336 Pin Oak Road
Katy, TX 77494

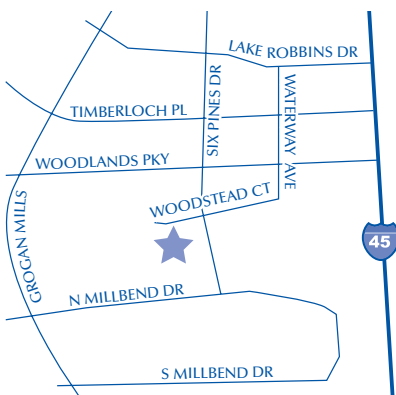


- MRI/MRA
- CT
- Ultrasound
- X-Ray

4

The Woodlands

1733 Woodstead Ct., Ste. 100
The Woodlands, TX 77380

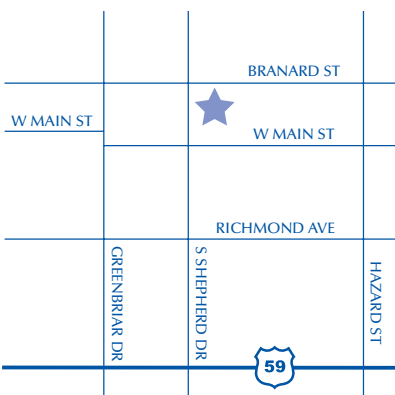


- MRI/MRA
- MRI Arthrography

5

MRI Central (Affiliate Cntr)

3301 S. Shepherd Dr.
Houston, TX 77098



- MRI/MRA
- X-Ray



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