



<b>Order Date:</b>		<input type="checkbox"/> West Houston <input type="checkbox"/> East Houston <input type="checkbox"/> Katy <input type="checkbox"/> Sugar Land <input type="checkbox"/> Woodlands <input type="checkbox"/> Cypress <input type="checkbox"/> Friendswood													
<b>Patient's Name:</b>					<b>Phone:</b>					<b>DOB:</b>		<b>Sex:</b>			
<input type="checkbox"/> <b>Insurance:</b>			<b>ID#</b>				<b>Group#</b>								
<input type="checkbox"/> <b>Attorney Name &amp; Phone:</b>						<b>DOI &amp; Cause:</b>									
<b>Physician:</b> <i>(Print)</i>				<b>Specialty:</b>				<b>Physician Signature:</b>							
<b>Phone:</b>			<b>Fax:</b>												
<b>AUTHORIZATION #:</b>				<b>Diagnosis / Indication:</b>											
<b>REPORT REQUEST:</b> <input type="checkbox"/> Online (Doctor Portal) <input type="checkbox"/> FAX				<b>**Please Send Clinicals with Orders to Expedite the Authorization Process for MRIs &amp; CTs**</b>											
<b>CPT</b>	<b>MRI NEURO &amp; SPINE</b>			<b>CPT</b>	<b>MRI MSK - ORTHO</b>			<b>CPT</b>	<b>MRI MSK - FOOT</b>			<b>CPT</b>	<b>ULTRASOUND</b>		
<input type="checkbox"/>	70551	BRAIN W/O		<input type="checkbox"/>	73221	SHOULDER W/O    R L		<input type="checkbox"/>	73718	WHOLE FOOT    R L		<input type="checkbox"/>	76700	ABDOMEN	
<input type="checkbox"/>	70553	BRAIN W + W/O		<input type="checkbox"/>	73221	ELBOW W/O    R L		<input type="checkbox"/>	73718	FOREFOOT (INCL MIDFOOT) R L		<input type="checkbox"/>	76604	CHEST	
<input type="checkbox"/>	70553	PITUITARY W + W/O		<input type="checkbox"/>	73218	FOREARM W/O    R L		<input type="checkbox"/>	73718	HINDFOOT (INCL MIDFOOT) R L		<input type="checkbox"/>	76705	GB/LIVER	
<input type="checkbox"/>	70543	ORBITS W + W/O		<input type="checkbox"/>	73221	WRIST W/O    R L		<b>CPT    MRI BODY</b>		<input type="checkbox"/>	76770	RENAL			
<input type="checkbox"/>	70553	IAC'S W + W/O		<input type="checkbox"/>	73218	HAND W/O    R L		<input type="checkbox"/>	72195	PELVIS W/O		<input type="checkbox"/>	76536	THYROID	
<input type="checkbox"/>	72141	CERVICAL W/O		<input type="checkbox"/>	73218	THUMB W/O    R L		<input type="checkbox"/>	72197	PELVIS W + W/O		<input type="checkbox"/>	76870	TESTICULAR	
<input type="checkbox"/>	72156	CERVICAL W + W/O		<input type="checkbox"/>	73721	HIP W/O    R L		<input type="checkbox"/>	71550	CHEST W/O		<input type="checkbox"/>	76856	PELVIC NON OB	
<input type="checkbox"/>	72146	THORACIC W/O		<input type="checkbox"/>	73718	FEMUR W/O    R L		<input type="checkbox"/>	71552	CHEST W + W/O		<input type="checkbox"/>	76830	PELVIC W/TRANSVAGINAL	
<input type="checkbox"/>	72157	THORACIC W + W/O		<input type="checkbox"/>	73721	KNEE W/O    R L		<input type="checkbox"/>	74181	ABDOMEN W/O		<input type="checkbox"/>	76801	OB <14 WKS	
<input type="checkbox"/>	72148	LUMBAR W/O		<input type="checkbox"/>	73718	TIBIA W/O    R L		<input type="checkbox"/>	74183	ABDOMEN W + W/O		<b>CPT    XRAY</b>			
<input type="checkbox"/>	72158	LUMBAR W + W/O		<input type="checkbox"/>	73721	ANKLE    R L		<input type="checkbox"/>	74181	MRCP		<input type="checkbox"/>	70260	SKULL 4V	
<b>CPT</b>		<b>CT BODY</b>		<b>CPT</b>		<b>CT NEURO &amp; SPINE</b>		<input type="checkbox"/>		70543    NECK W + W/O		<input type="checkbox"/>		71046    CHEST 2V	
<input type="checkbox"/>	74176	ABD & PEL W/O		<input type="checkbox"/>	70450	HEAD W/O		<input type="checkbox"/>		70336    TMJ		<input type="checkbox"/>		74018    KUB	
<input type="checkbox"/>	74176	RENAL STONE PROTOCOL		<input type="checkbox"/>	70460	HEAD W		<input type="checkbox"/>		73218    BRACHIAL PLEXUS W/O		<input type="checkbox"/>		74021    ABDOMEN	
<input type="checkbox"/>	74177	ABD & PEL W		<input type="checkbox"/>	70470	HEAD W + W/O		<input type="checkbox"/>		73220    BRACHIAL PLEXUS W + W/O		<input type="checkbox"/>		72170    PELVIS	
<input type="checkbox"/>	74178	ABD & PEL W + W/O		<input type="checkbox"/>	72125	CERVICAL W/O		<b>CPT    MRA</b>				<input type="checkbox"/>		71100    RIBS(UNILATERAL)    R L	
<input type="checkbox"/>	74150	ABDOMEN W/O		<input type="checkbox"/>	72128	THORACIC W/O		<input type="checkbox"/>		70544    MRA BRAIN		<input type="checkbox"/>		71110    RIBS(BILATERAL)	
<input type="checkbox"/>	74160	ABDOMEN WITH		<input type="checkbox"/>	72131	LUMBAR W/O		<input type="checkbox"/>		70544    MRV BRAIN		<input type="checkbox"/>		72050    CERVICAL SPINE 5V(OBLIQ)	
<input type="checkbox"/>	74170	ABDOMEN W + W/O		<input type="checkbox"/>	70496	CTA HEAD		<input type="checkbox"/>		70547    MRA CAROTIDS		<input type="checkbox"/>		72050    CERVICAL SPINE 5V(F/EXT)	
<input type="checkbox"/>	72192	PELVIS W/O		<input type="checkbox"/>	70498	CTA NECK		<b>CPT    DEXA</b>				<input type="checkbox"/>		72052    CERVICAL SPINE 7V	
<input type="checkbox"/>	72193	PELVIS WITH		<b>CPT    CT OTHER</b>				<input type="checkbox"/>		77080    AXIAL SKELETON		<input type="checkbox"/>		72070    THORACIC SPINE	
<input type="checkbox"/>	72194	PELVIS W + W/O		<input type="checkbox"/>	70486	SINUS W/O		<input type="checkbox"/>		76466    BODY MASS COMPOSITION		<input type="checkbox"/>		72100    LUMBAR SPINE 3V	
<input type="checkbox"/>	71250	CHEST W/O		<input type="checkbox"/>	70480	ORBITS W/O		<b>CPT    VASCULAR ULTRASOUND</b>				<input type="checkbox"/>		72110    LUMBAR SPINE 5V(OBLIQ)	
<input type="checkbox"/>	71271	CHEST (LOW DOSE)		<input type="checkbox"/>	70481	ORBITS W		<input type="checkbox"/>		93880    CAROTID		<input type="checkbox"/>		72110    LUMBAR SPINE(F/EXT)	
<input type="checkbox"/>	71260	CHEST WITH		<input type="checkbox"/>	70482	ORBITS W + W/O		<input type="checkbox"/>		93931    ARTERIAL UPPER    R L		<input type="checkbox"/>		72082    SCOLIOSIS SURVEY	
<input type="checkbox"/>	71275	CTA CHEST (PE)		<input type="checkbox"/>	70490	SOFT TISSUE NECK W/O		<input type="checkbox"/>		93926    ARTERIAL LOWER    R L		<input type="checkbox"/>		72202    SI JOINTS 3V	
<input type="checkbox"/>	71275	CTA CHEST (AORTA)		<input type="checkbox"/>	70491	SOFT TISSUE NECK W		<input type="checkbox"/>		93971    VENOUS UPPER    R L		<input type="checkbox"/>		73030    SHOULDER 3V    R L	
<input type="checkbox"/>	74178	ENTEROGRAPHY		<input type="checkbox"/>	70486	MAXILLOFACIAL W/O		<input type="checkbox"/>		93971    VENOUS LOWER    R L		<input type="checkbox"/>		73080    ELBOW 3V    R L	
<input type="checkbox"/>	74160	LIVER PROTOCOL		<input type="checkbox"/>	70488	MAXILLOFACIAL W + W/O		<input type="checkbox"/>		93975    RENAL ARTERIAL DOPPLER		<input type="checkbox"/>		73110    WRIST 3V    R L	
<input type="checkbox"/>	74170	RENAL MASS PROTOCOL		<input type="checkbox"/>	74179	UROGRAM		<input type="checkbox"/>		93978    ABDOMINAL AORTA DOPPLER		<input type="checkbox"/>		73130    HAND 3V    R L	
<b>OTHER PROCEDURES OR SPECIAL INSTRUCTIONS:</b>										<input type="checkbox"/>		73140    FINGERS 3V    R L			
										<input type="checkbox"/>		73502    HIP 2V(UNILATERAL)    R L			
										<input type="checkbox"/>		73522    HIP(BILATERAL)			
										<input type="checkbox"/>		73562    KNEE 3V    R L			
										<input type="checkbox"/>		73610    ANKLE 3V    R L			
										<input type="checkbox"/>		73630    FOOT 3V    R L			
										<input type="checkbox"/>		73660    TOES MIN 2V    R L			



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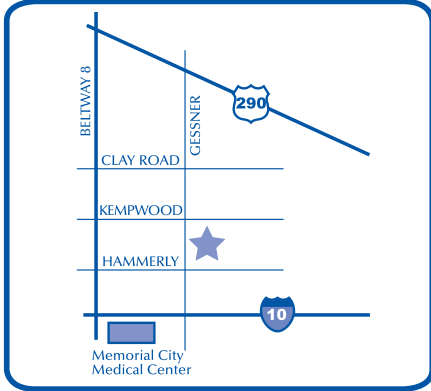
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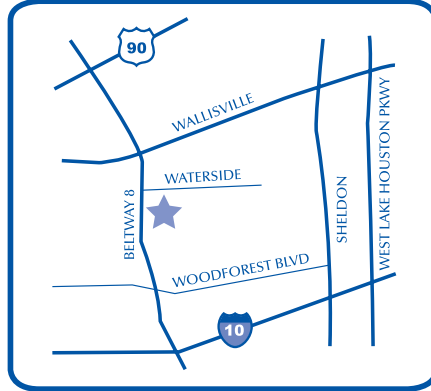
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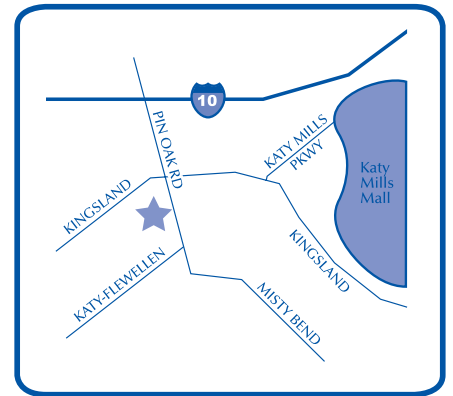
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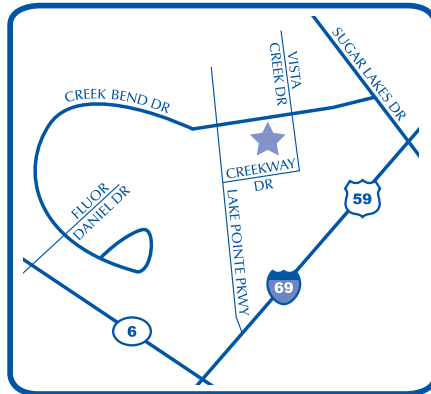
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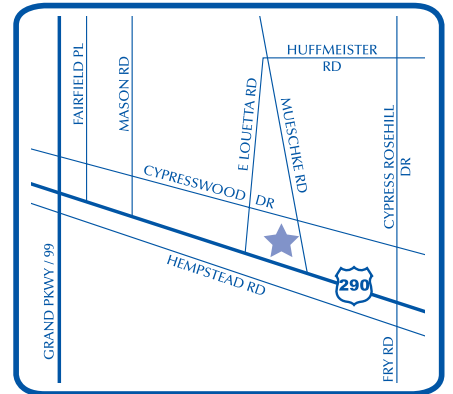
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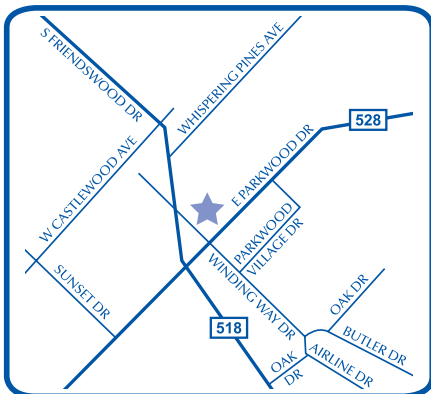
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