



# AZ|TX ADVANCED IMAGING

**SCHEDULING PHONE: 844-641-2111**  
**EMAIL: SUPPORT@TXADVANCEDIMAGING.COM**



Hablamos Español



- Katy- OPEN MRI, CT, US, X-Ray** - 954 S Fry Rd Katy, TX 77450
- Conroe-MRI, CT, US, X-Ray** - 200 River Pointe Drive Ste 130, Conroe TX 77304
- Sugar Land-MRI, CT, X-Ray** - 1111 Highway 6 Ste 50, Sugar Land TX 77478
- Jersey Village- MRI, CT, US, X-Ray** 17482 NW Freeway  
Suite A, Jersey Village TX 77040
- Tomball- MRI, CT, US, X-Ray** - 444 Holderrieth Blvd, Suite 1, Tomball TX 77375

- P 832-240-3757 F 832-581-4314**
- P 832-365-5085 F 832-365-7977**
- P 832-553-0190 F 832-581-4312**
- P 713-856-5955 F 713-856-7107**
- P 281-255-6850 F 281-819-2151**

**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: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Additional Report to: \_\_\_\_\_  **MVA/PI**  **Transportation Needed**  **WC** **DOI** \_\_\_\_\_  **STAT**  
(Available for PI cases only)

Insurance carrier: \_\_\_\_\_ ID #: \_\_\_\_\_

**MRI**  
*(with reconstruction as indicated)*

Brain  SWI  
 Brain & IAC  TBI  
 Brain & Pituitary  DTI  
 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**

**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:  Add Flex/Ext  
    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 reconstruction 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  
 Scrotum  
 Thyroid  
 Follow Up

Reason: \_\_\_\_\_

**Other:** \_\_\_\_\_

- Prior Imaging Report, CD
  - Bring attorney's information or business card
  - Personal and At-Fault (3rd Party Insurance Information)
  - Police Report or Collision Exchange Form
  - Call Report to Physician: \_\_\_\_\_
- Physician's Direct Phone Number**

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.

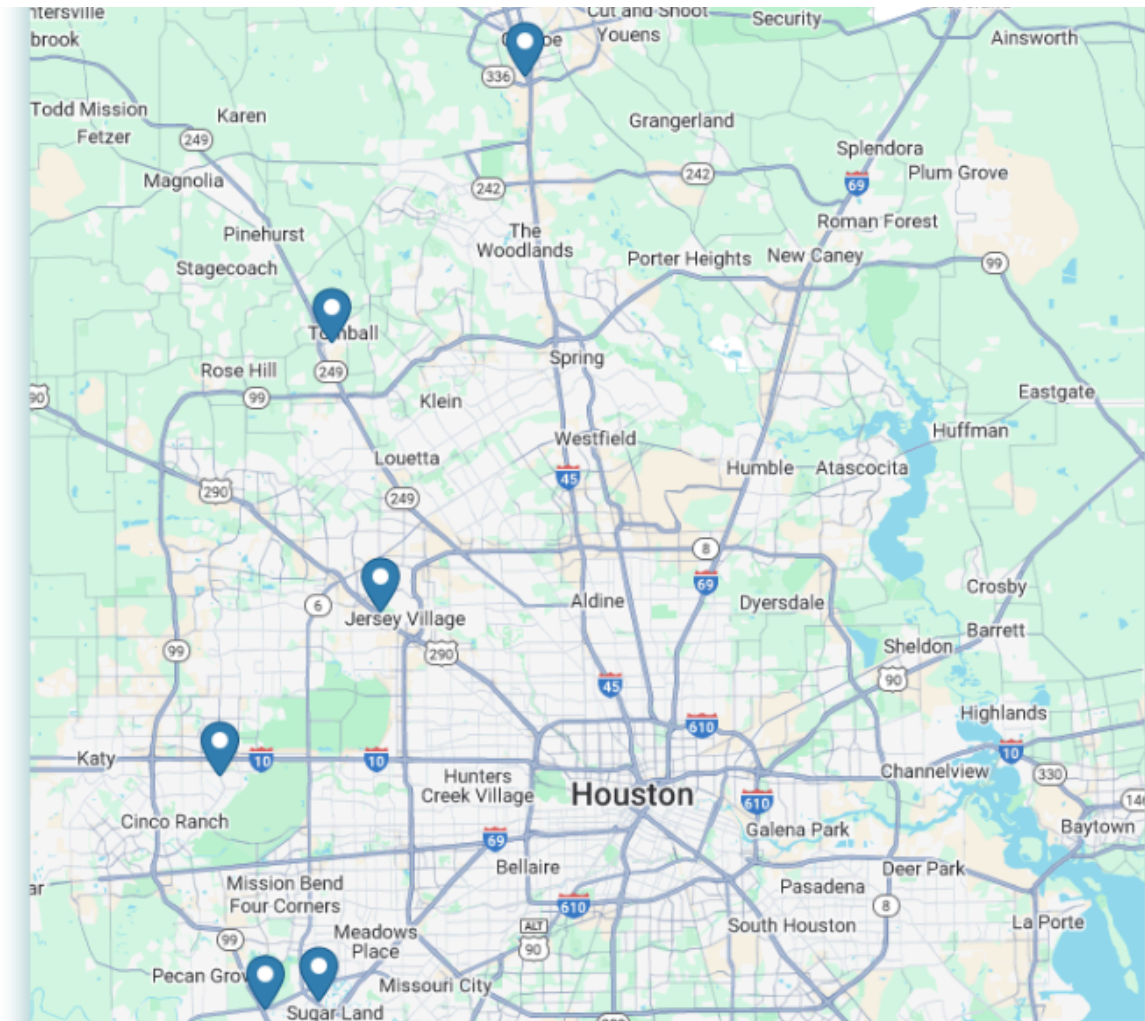
\*\*\* Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

## 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.

\*\*\*Some MRI exams require lab work prior to your visit, please inquire when scheduling.



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