



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 **832-838-4185**
F **832-581-4315**

1501 River Pointe Dr, Ste 180
Conroe, TX 77304
PH **832-838-4185**
F **832-581-4315**

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 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:
 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.

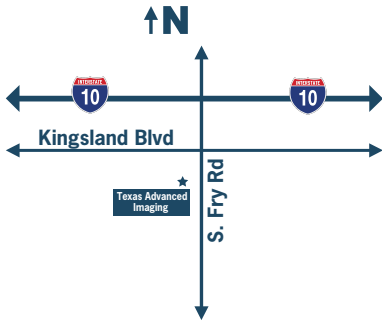
***Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

Texas Advanced Imaging - Katy Open MRI, CT, XRAY

954 S. Fry Rd
Katy, TX 77450

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F **832-581-4314**

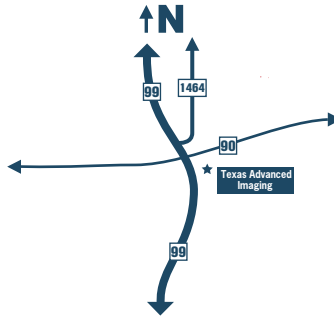


Texas Advanced Imaging - Sugar Land MRI, XRAY

4907 Sandhill Dr, Ste D
Sugar Land, TX 77479

PH **832-553-0190**

F **832-581-4312**

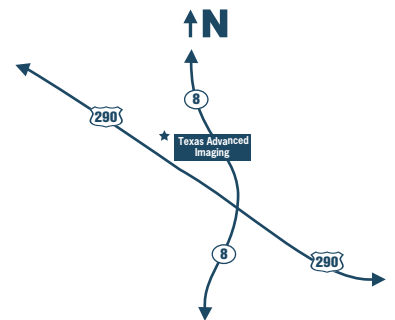


Texas Advanced Imaging - Houston Open MRI Only

17482 NW Freeway, Ste A
Jersey Village, TX 77040

PH **713-856-5955**

F **713-856-7107**

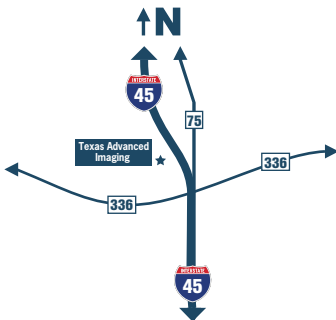


Texas Advanced Imaging - Conroe CT, Open MRI, XRAY

200 River Pointe Dr, Ste 130
Conroe, TX 77304

PH **832-838-4185**

F **832-581-4315**

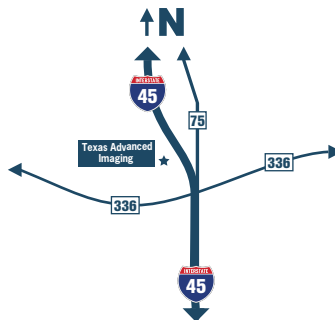


Texas Advanced Imaging - Conroe US, XRAY, MRI, CT

1501 River Pointe Dr, Ste 180
Conroe, TX 77304

PH **832-838-4185**

F **832-581-4315**

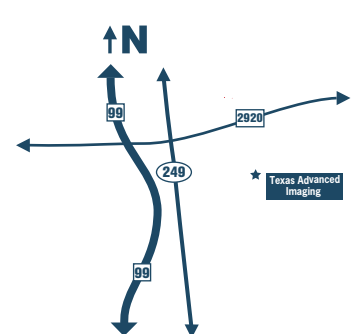


Texas Advanced Imaging - Tomball (Elite Diagnostics) US, XRAY, CT, MRI

444 N. Holderrieth Blvd, Ste 1
Tomball, TX 77375

PH **281-255-6850**

F **281-819-8151**



*** MAPS NOT TO SCALE**