


DIAGNOSTIC IMAGING CENTER
 AT TEXAS NEUROLOGY

214-826-6700

Free Patient Parking; Evening and Weekend Appointments Available.

VANGUARD DIAGNOSTIC MRI SCHEDULING

STAT REQUEST

NEXT AVAILABLE (48-72 hours)

Please fill out completely to expedite your patient referral to the Diagnostic Imaging Center. Fax your request to 214-827-4343 and we will contact your patient to schedule their MRI. An appointment confirmation will be sent to your office.

PATIENT INFORMATION: (PLEASE PRINT) DATE: _____

NAME: _____ DOB: _____ SS #: _____

ADDRESS: _____

SEX: M F

PREFERRED CONTACT Ph.# : _____ ALTERNATE Ph.# : _____

ORDERING PHYSICIAN INFORMATION:

PHYSICIAN NAME : _____

PHONE : _____ FAX : _____

CONTACT PERSON : _____ E-MAIL ADDRESS : _____

PHYSICIAN SIGNATURE : _____

REQUIRED

INSURANCE INFORMATION: INSURANCE CARD ATTACHED (SKIP TO NEXT SECTION)

TYPE OF INSURANCE : MEDICARE MEDICAID HMO PPO EPO POS

PRIMARY INSURANCE CARRIER : _____

PHONE #: _____ PRECERTIFICATION #: _____

MEMBER ID #: _____ GROUP #: _____

SECONDARY INSURANCE CARRIER : _____

PHONE #: _____ PRECERTIFICATION #: _____

MEMBER ID #: _____ GROUP #: _____

WORKING DIAGNOSIS/ICD9 CODE: _____

PLEASE CHECK THE BOX IF THE PATIENT HAS ANY OF THE FOLLOWING CONDITIONS: PACEMAKER

METAL FRAGMENTS IN EYE PREGNANCY RECENT SURGERY USING CLIPS OR STAPLES IMPLANTED DEVICES

STUDY REQUESTED 1.5T HIGH-FIELD

3.0T HIGH-FIELD

CONTRAST ?

- Brain, General
- Brain, Epilepsy
- Brain, MS
- Limited, Pituitary
- Limited, Pineal
- Spine, Cervical
- Spine, Thoracic
- Spine, Lumbar
- Spine, Myelopathy
- Spine, Metastatic

- MRA, Intracranial
- MRA, Extracranial
- MRA, Arch
- MR Venogram Brain
- MRA, Torso
- MRA, Lower Extremity
- Brachial Plexus
- Lumbar Plexus
- Chest
- Abdomen
- Pelvis

- Shoulder R L
- Elbow R L
- Wrist R L
- Hip R L
- Knee R L
- Ankle R L
- Foot R L

- YES
- NO
- RADIOLOGIST DISCRETION

COMMENTS : _____
