BEAUMONT, TX

3684 College St
Beaumont, TX 77701
Phone: 409.833.1400 | ***Fax:*** 409.833.8181

Services: MRI • High Field Open MRI • CT • US • X-ray

Please fax a copy of the patient's insurance information and any applicable clinical notes.

APPOINTMENT DATE
_____/_____/_____
_____ AM / PM

Patient Name: _____ DOB: _____

Patient Phone #: _____ Circle: Cell or Home ☐ Call Patient to Schedule Appointment

Insurance Name/Group#/Member #: _____

Precert/Auth #: _____ ICD-10 Code/Diagnosis: _____

☐ Report Only ☐ CD ☐ **STAT** ☐ **STAT CALL REPORT TO:** _____

☐ Draw Labs Creatinine: _____ GFR: _____ Date Drawn: _____

Head/Neck MRI

☐ **WITHOUT CONTRAST**

- ☐ Brain
- ☐ Volumetric Study
- ☐ IACs
- ☐ Pituitary
- ☐ Orbits
- ☐ Orbits & Brain
- ☐ TMJ
- ☐ Soft Tissue Neck
- ☐ Crainial Nerves

MRA

- ☐ Circle of Willis (Head)
- ☐ Carotids/Vertebrals
- ☐ Renal

Ortho MRI

☐ **WITH CONTRAST**

- ☐ Finger/Thumb L R
- ☐ Hand L R
- ☐ Wrist L R
- ☐ Elbow L R
- ☐ Shoulder L R
- ☐ Scapula L R
- ☐ Foot L R
- ☐ Ankle L R
- ☐ Knee L R
- ☐ Hip (Thigh) L R
- ☐ Lower Leg L R

OTHER MRI

- ☐ _____

Body MRI

☐ **WITHOUT & WITH CONTRAST**

- ☐ Sacrym/Coccyx
- ☐ MRCP
- ☐ Chest
- ☐ Abdomen
- ☐ Brachial Plexus
- ☐ Pelvis (Bony)
- ☐ Pelvis (Soft Tissue)

SPINE MRI

- ☐ Cervical
- ☐ Thoracic/Dorsal
- ☐ Lumbar

OTHER

- ☐ _____

CT

☐ **WITHOUT CONTRAST** ☐ **WITH CONTRAST**
☐ **WITHOUT & WITH CONTRAST**

- ☐ Brain
- ☐ Facial Bones
- ☐ Sinuses
- ☐ IACs
- ☐ Pituitary
- ☐ Orbits
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen/Pelvis
- ☐ Abdomen/Pelvis (Kidney Stone)
- ☐ Brancial Plexus
- ☐ Extremities L R
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Chest
- ☐ Soft Tissue Neck
- ☐ Enterography

OTHER

- ☐ _____

ANGIOGRAPHY

MRI Angiography	CT Angiography
☐ MRA Head	☐ CTA Head
☐ MRA Neck	☐ CTA Neck
☐ MRA Renal	☐ CTA Chest (P.E. Protocol)
	☐ CTA Pulmonary
	☐ CTA Abdomen/Pelvis
	☐ CTA Renal

ULTRASOUND

- ☐ Abdomen Complete
- ☐ Abdomen Limited
- ☐ Aorta
- ☐ Arterial Doppler
- ☐ Carotid Doppler
- ☐ Gallbladder/Liver/Pancreas
- ☐ OB Bio Physical Profile
- ☐ OB Less Than 14 Weeks
- ☐ OB More Than 14 Weeks
- ☐ Pelvic
- ☐ Pelvic w/Transvaginal
- ☐ Retroperitoneal Limited
- ☐ Retroperitoneal Complete
- ☐ Soft Tissue _____
- ☐ Testicular/Scrotal
- ☐ Thyroid
- ☐ Transvaginal Only
- ☐ Venous Doppler

OTHER

- ☐ _____

X-RAY

- ☐ Orthopedic: _____
  ☐ R ☐ L ☐ Bilateral
- ☐ Flexion/Extension ☐ Spine _____
- ☐ Chest ☐ Other _____
- ☐ Abdomen

ATTORNEY

ICD-10 Code / Diagnosis: _____

Attorney Name: _____ Date of Injury: _____

Attorney Number: _____ ☐ Work Comp ☐ MVA ☐ Slip & Fall

SPECIAL INSTRUCTIONS

Physician Signature: _____

Physician Name: _____ Date: _____

Contact Person: _____ Physician Phone #: _____ Physician Fax #: _____