



- Huebner
- Lexington
- San Antonio MedCenter

- Westover Hills
 - New Braunfels
 - New Braunfels Oak Run
- OPENING OCTOBER 2024

APPOINTMENT DATE
 ____/____/____
 _____ AM / PM

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

Patient Name: _____ DOB: _____ Height: _____ Weight: _____

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	Ortho MRI	Body MRI
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST	<input type="checkbox"/> WITHOUT & WITH CONTRAST
<input type="checkbox"/> Brain	<input type="checkbox"/> Finger/Thumb L R	<input type="checkbox"/> Brachial Plexus
<input type="checkbox"/> Brain for ARIA	<input type="checkbox"/> Hand L R	<input type="checkbox"/> Chest
<input type="checkbox"/> Cranial Nerves	<input type="checkbox"/> Wrist L R	<input type="checkbox"/> Abdomen
<input type="checkbox"/> DTI	<input type="checkbox"/> Elbow L R	<input type="checkbox"/> Enterography
<input type="checkbox"/> IACs	<input type="checkbox"/> Shoulder L R	<input type="checkbox"/> MRCP
<input type="checkbox"/> Pituitary-Sella	<input type="checkbox"/> Scapula L R	<input type="checkbox"/> Pelvis (Bony)
<input type="checkbox"/> Volumetric Study	<input type="checkbox"/> Foot L R	<input type="checkbox"/> Pelvis (Soft Tissue)
<input type="checkbox"/> Orbits	<input type="checkbox"/> Ankle L R	<input type="checkbox"/> Sacrum/Coccyx
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Knee L R	SPINE MRI
<input type="checkbox"/> TMJ	<input type="checkbox"/> Hip (Thigh) L R	<input type="checkbox"/> Cervical
OTHER MRI	<input type="checkbox"/> Lower Leg L R	<input type="checkbox"/> Thoracic/Dorsal
<input type="checkbox"/> _____		<input type="checkbox"/> Lumbar

CT	
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST
<input type="checkbox"/> WITHOUT & WITH CONTRAST	
<input type="checkbox"/> Brain	<input type="checkbox"/> Abdomen/Pelvis
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Abdomen/Pelvis (Kidney Stone)
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Urogram
<input type="checkbox"/> Sinus Stealth	<input type="checkbox"/> Enterography
<input type="checkbox"/> IACs	<input type="checkbox"/> Renal
<input type="checkbox"/> Pituitary	<input type="checkbox"/> Liver
<input type="checkbox"/> Orbits	<input type="checkbox"/> Cervical Spine
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Thoracic Spine
<input type="checkbox"/> Chest	<input type="checkbox"/> Lumbar Spine
<input type="checkbox"/> Calcium Scoring	<input type="checkbox"/> Extremities L R
<input type="checkbox"/> LDCT Lung Cancer Screening	
<input type="checkbox"/> Abdomen	OTHER CT
<input type="checkbox"/> Pelvis	<input type="checkbox"/> _____

ULTRASOUND		(San Antonio MedCenter & New Braunfels Only)
<input type="checkbox"/> Pelvis +	<input type="checkbox"/> Liver/Pancreas	<input type="checkbox"/> Testicular/Scrotal
<input type="checkbox"/> Abdomen/Complete *	<input type="checkbox"/> Chest Wall	<input type="checkbox"/> Doppler: Carotid
<input type="checkbox"/> Abdomen/Limited *	<input type="checkbox"/> Renals	<input type="checkbox"/> Doppler: Venous
<input type="checkbox"/> Endovaginal	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Doppler: Other
<input type="checkbox"/> Aorta *	<input type="checkbox"/> Breast	
<input type="checkbox"/> Gallbladder	<input type="checkbox"/> Orbits	OTHER ULTRASOUND
<input type="checkbox"/> _____		<input type="checkbox"/> _____

+ Drink 32oz of fluids 1 hour prior to appointment * Nothing to eat or drink after midnight

ANGIOGRAPHY	
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST
<input type="checkbox"/> WITHOUT & WITH CONTRAST	
MRI Angiography	CT Angiography
<input type="checkbox"/> MRA Circle of Willis (Head)	<input type="checkbox"/> CTA Head
<input type="checkbox"/> MRA Carotids/Vertebrales (Neck)	<input type="checkbox"/> CTA Neck
<input type="checkbox"/> MRA Renal	<input type="checkbox"/> CTA Chest (PE Protocol)
	<input type="checkbox"/> CTA Pulmonary
	<input type="checkbox"/> CTA Abdomen/Pelvis (AAA)
	<input type="checkbox"/> CTA Renal
	<input type="checkbox"/> CTA Runoff

ATTORNEY
ICD-10 Code / Diagnosis: _____
Attorney Name: _____ Date of Injury: _____
Attorney Number: _____ <input type="checkbox"/> Work Comp <input type="checkbox"/> MVA <input type="checkbox"/> Slip & Fall

X-RAY	(Huebner, Lexington, & New Braunfels Only)
<input type="checkbox"/> Orthopedic: _____	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilateral
<input type="checkbox"/> Spine _____	<input type="checkbox"/> Flexion/Extension
<input type="checkbox"/> Other _____	<input type="checkbox"/> Chest
	<input type="checkbox"/> Abdomen

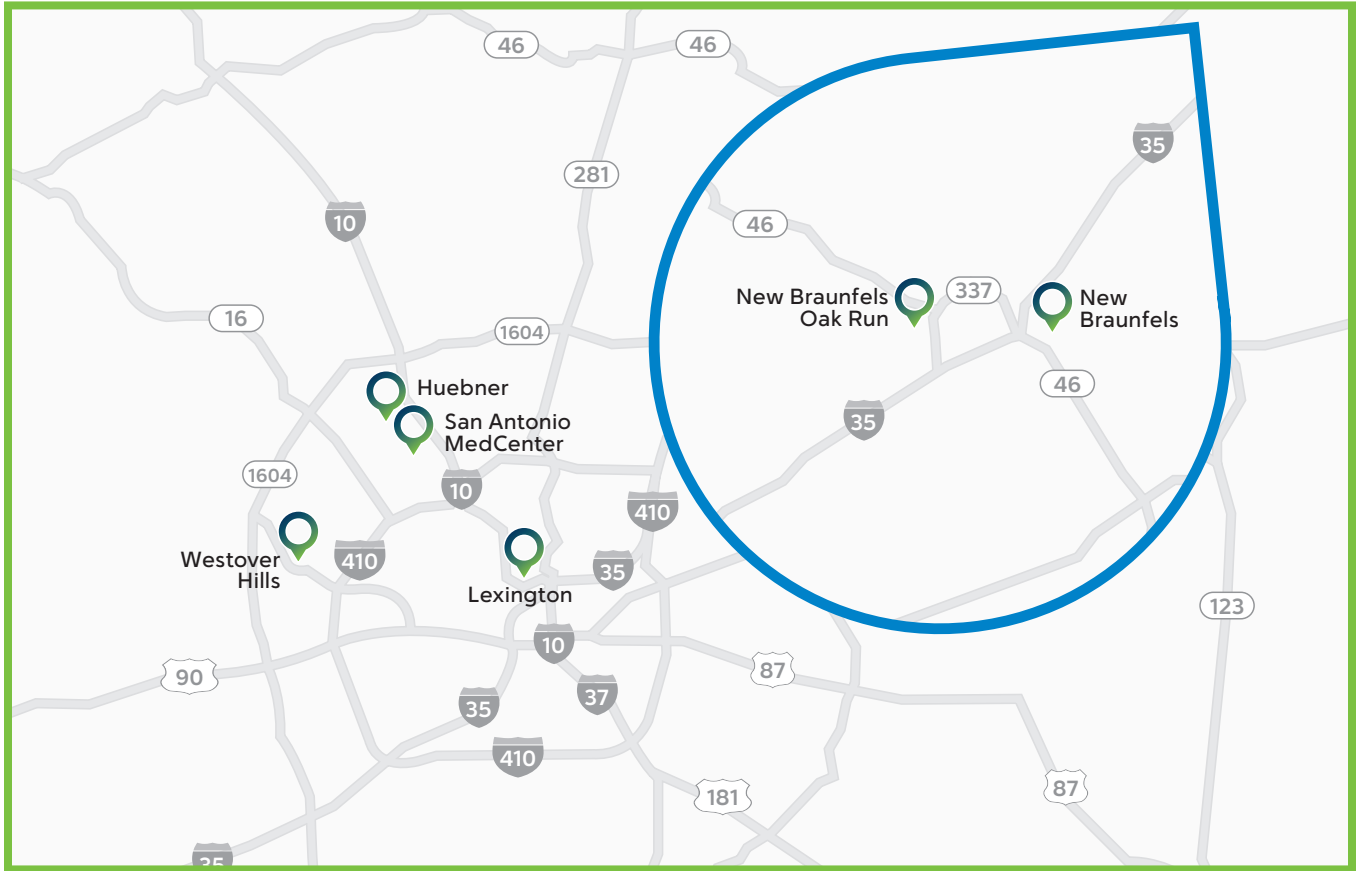
SPECIAL INSTRUCTIONS

The interpreting physician may modify the test design; including the number of views, thickness of tomographic sections, and use or non-use of contrast.

Physician Signature: _____ Date: _____

Physician Name: _____ Physician Phone #: _____ Physician Fax #: _____

6 CONVENIENT LOCATIONS IN SAN ANTONIO



HUEBNER

10007 Huebner Road, Building 2 Suite 204
San Antonio, TX 78240

Phone: 210.696.0360

Fax: 210.696.1725

SERVICES: MRI • X-ray • DTI

LEXINGTON

818 Lexington Avenue
San Antonio, TX 78212

Phone: 210.572.1211

Fax: 210.653.9843

SERVICES: MRI • Open MRI • CT • X-ray • DTI

SAN ANTONIO MEDCENTER

8627 Cinnamon Creek, Building 2
San Antonio, TX 78240

Phone: 210.641.0111

Fax: 210.641.0555

SERVICES: MRI • CT • US • DTI

WESTOVER HILLS

10131 Military Drive West, Suite 101
San Antonio, TX 78251

Phone: 210.305.8300

Fax: 210.305.8301

SERVICES: MRI • CT • DTI

NEW BRAUNFELS

625 Central Parkway, Unit 108
New Braunfels, TX 78130

Phone: 830.302.4222

Fax: 830.302.4244

SERVICES: MRI • CT • X-ray • DTI

NEW BRAUNFELS OAK RUN*

2967 Oak Run Parkway, Suite 320
New Braunfels, TX 78132

Phone: 830.369.0131

Fax: 830.369.0130

SERVICES: MRI • DTI

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www.AmericanHealthImaging.com