

## **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.

Patient Name:				DOB:		
Patient Phone #:				Circ	le: Cell or Home 🔲 (	Call Patient to Schedule Appoin
nsurance Name/Group	o#/Member #: _					
Precert/Auth #:				ICD-10 Code/Diagr	nosis:	
				RT TO:		
☐ Draw Labs Creatinine: G						
Head/Neck MRI				Body MRI		СТ
☐ WITHOUT CONTRAS			□ WITH	OUT & WITH CONTRAST	□ WITHOUT C	
☐ Brain	☐ Finger/Thumb	L	R [	] Sacrym/Coccyx	□ wiī	THOUT & WITH CONTRAST
☐ Volumetric Study	☐ Hand	L	R [	MRCP	☐ Brain	☐ Brancial Plexus
□ IACs	☐ Wrist	L	R [	] Chest	☐ Facial Bones	☐ Extremities L R
☐ Pituitary	☐ Elbow	L	R [	Abdomen	☐ Sinuses	☐ Cervical Spine
☐ Orbits	☐ Shoulder	L	R [	Brachial Plexus	☐ IACs	☐ Thoracic Spine
☐ Orbits & Brain	☐ Scapula	L	R [	Pelvis (Bony)	☐ Pituitary	☐ Lumbar Spine
□ TMJ	Foot	L	R [	Pelvis (Soft Tissue)	☐ Orbits	☐ Chest
☐ Soft Tissue Neck	☐ Ankle	L	R S	SPINE MRI	☐ Abdomen	☐ Soft Tissue Neck
☐ Crainial Nerves	☐ Knee	L	R [	☐ Cervical	☐ Pelvis	☐ Enterography
MRA	☐ Hip (Thigh)	L	R [	Thoracic/Dorsal	☐ Abdomen/Pelvis	OTHER
☐ Circle of Willis (Head)	☐ Lower Leg		R [		☐ Abdomen/Pelvis	S
☐ Carotids/Vertebrals	OTHER MRI		(	OTHER	(Kidney Stone)	UCIO CD A DUIV
□ Renal				]		NGIOGRAPHY
	ULTRASC	OUN	D		MRI Angiography	CT Angiography
Abdomen Complete			☐ Soft Tissue	☐ MRA Head	☐ CTA Head —	
Abdomen Limited OB Less Than 14 V				☐ MRA Neck	☐ CTA Neck	
☐ Aorta ☐ OB More Than				☐ Testicular/Scrotal	☐ MRA Renal	☐ CTA Chest (P.E. Protoco
☐ Arterial Doppler	☐ Pelvic	nan i-	VVCCRS	☐ Thyroid		☐ CTA Pulmonary
☐ Carotid Doppler	☐ Pelvic w/Ti	rancva	ginal	☐ Transvaginal Only		☐ CTA Abdomen/Pelvis
☐ Gallbladder/Liver/Pancreas ☐ Retroperiton				☐ Venous Doppler		☐ CTA Renal
						X-RAY
			complete		☐ Orthopedic:	
						R 🗌 L 🔲 Bilateral
	ATTOR	NEY			☐ Flexion/Extension	on Spine
ICD-10 Code / Diagnosis:				☐ Chest	Other	
ICD-10 Code / Diagnosis	o			Date of Injury:	☐ Abdomen	
Attaman Na					SPECIA	AL INSTRUCTIONS
Attorney Name:						
Attorney Number				☐ Work Comp ☐ MVA ☐ Slip & Fall		
Attorney Number:					۱	
hysician Signature:						
Physician Name:					Date:	
Contact Person:				Physician Phone #:	F	Physician Fax #:

APPOINTMENT DATE

AM / PM