



17360 HWY 3  
 WEBSTER, TX 77598  
 PH: 281-338-5575  
 FAX: 281-554-8407

**REFERRAL FORM**

DATE: \_\_\_\_\_  
 BUN: \_\_\_\_\_  
 CREATINE: \_\_\_\_\_  
 DATE OF LAB WORK: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 CELL: \_\_\_\_\_ WORK PH: \_\_\_\_\_ HOME PH: \_\_\_\_\_  
 1° INSURANCE: \_\_\_\_\_ PH: \_\_\_\_\_ ID: \_\_\_\_\_  
 2° INSURANCE: \_\_\_\_\_ PH: \_\_\_\_\_ ID: \_\_\_\_\_  
 DIAGNOSIS: \_\_\_\_\_ ICD-10: \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_ PH: \_\_\_\_\_ FAX: \_\_\_\_\_  
 AUTHORIZATION/RQI #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

MRI	CT	ARTHROGRAM
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- HIGHFIELD    OPEN
- ABDOMEN \_\_\_\_\_
  - BRAIN
  - IAC
  - ORBITS
  - PITUITARY
  - OTHER \_\_\_\_\_
  - CERVICAL SPINE
  - CHEST \_\_\_\_\_
  - LOWER EXTREMITY    RT    LT
- 
- LUMBAR SPINE
  - PELVIS
  - SACRUM/COCCYX
  - SOFT TISSUE \_\_\_\_\_
  - THORACIC SPINE
  - UPPER EXTREMITY    RT    LT
- 
- OTHER \_\_\_\_\_

- 3D RECONSTRUCTION
- ABDOMEN
  - PELVIS
  - CERVICAL SPINE
  - CHEST / PULMONARY NODULE
  - HEAD
  - LOWER EXTREMITY    RT    LT
- 
- LUMBAR SPINE
  - SINUSES
  - SOFT TISSUE \_\_\_\_\_
  - THORACIC SPINE
  - UPPER EXTREMITY    RT    LT

- IV CONTRAST**
- WITHOUT    WITH    WITH & W/OUT
- ORAL CONTRAST**
- WITHOUT    WITH

**CTA W/ CONTRAST**

- ABDOMEN
- AORTA
- AORTA ABDOMINAL
- AORTA THORACIC
- AORTOILIAC RUNOFF
- CAROTID
- CHEST
- HEAD
- NECK
- PE STUDY
- PELVIS
- RENAL STONE

**CT SCREENING STUDIES**

- CORONARY CALCIUM SCORE (SELF-PAY)

**This order includes authorization to perform an orbital x-ray if necessary, based on patient history and radiologist's guidelines and review.**

- ARTHROGRAM FOLLOWED BY CT
- RT    LT \_\_\_\_\_
- ARTHROGRAM FOLLOWED BY MRI
- RT    LT \_\_\_\_\_

**US**

- ABDOMEN COMPLETE
- ABDOMEN LIMITED \_\_\_\_\_
- ARTERIAL LOWER W/ ABI
- ARTERIAL LOWER    RT    LT
- ARTERIAL UPPER    RT    LT
- VENOUS UPPER EXT    RT    LT
- VENOUS LOWER EXT    RT    LT
- CAROTID DOPPLER
- OBSTETRIC 1<sup>ST</sup> TRANSVAGINAL
- PELVIC TRANSVAGINAL
- PELVIC TRANSABDOMINAL ONLY
- PROSTATE
- RENAL DOPPLER +  BLADDER    PROSTATE
- RENAL +    BLADDER    PROSTATE
- SCROTUM WITH DOPPLER
- SOFT TISSUE \_\_\_\_\_
- THYROID
- OTHER \_\_\_\_\_

- CONTRAST**
- WITHOUT    WITH AND WITHOUT

**MRA**

- BRAIN (CIRCLE OF WILLIS)
- CAROTID
- CHOLANGIOGRAM (MRCP)
- MRV
- SUBCLAVIAN W/ CONTRAST

**X-RAY**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

- STAT NOTE: ORDERS RECEIVED AFTER 4PM MAY BE PROCESSED THE NEXT BUSINESS DAY.**
- VERBAL REPORT - INCLUDE CELL:**
- \_\_\_\_\_
- CLAUSTROPHOBIC
- PRE-MEDICATION REGIMEN
- OTHER \_\_\_\_\_
- PATIENT TO TAKE A CD

**PHYSICIAN SIGNATURE:**

**NOTE:** Weight limit is 350 lbs. for Highfield MRI, 400 lbs. for Open MRI and 500 lbs. for CT.



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## INSTRUCTIONS

BUN & Creatine results required for CT & MRI Contrast studies, if:

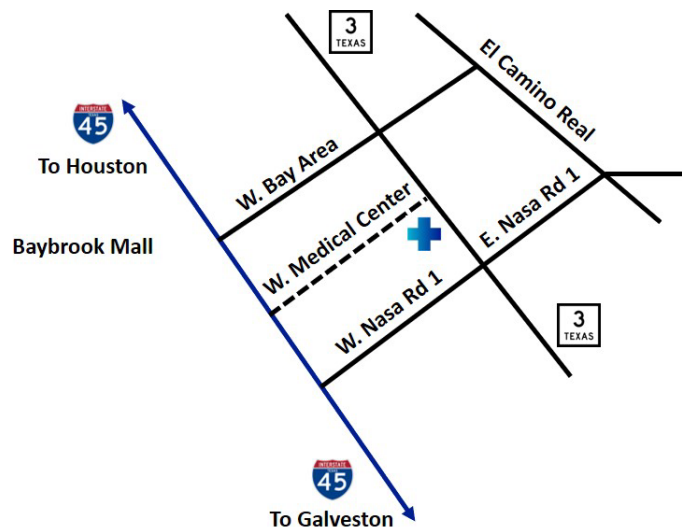
- Patient > 50 years of age
- Hx of Hypertension
- Hx of Diabetes
- Hx of Kidney Disease

MRI Patients must not have:

- Pacemakers
- Aneurysm Clips
- Inner Ear Implants
- Dorsal Column Stimulators
- Pain Pump

## LOCATION & MAP

We are conveniently located near Medical Center Boulevard on Highway 3.



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