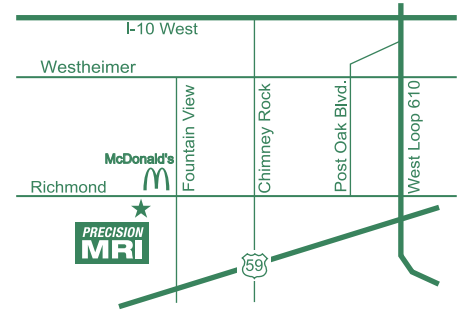
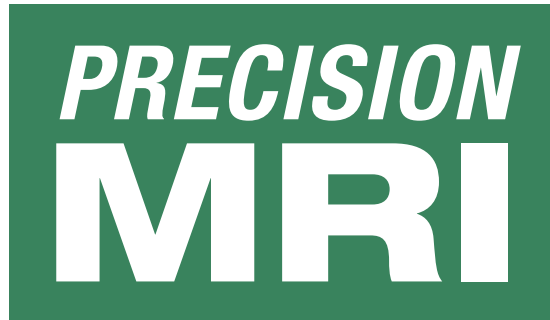


6009 Richmond Ave., Ste. 120  
 Houston, Texas 77057  
 Mon-Fri: 8 am - 5 pm  
 Sat/Sun: By Appointment  
 precisionmrianddiagnostic.com  
 Tel. (832) 767-5997  
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Last: \_\_\_\_\_ First: \_\_\_\_\_  M  F DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_  
 Soc. Sec. #: \_\_\_\_\_ Injury Date \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
 Diagnosis: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_  
 Insured's Name & DOB: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Group/Claim #: \_\_\_\_\_ Contact/Adj.: \_\_\_\_\_  
**If this is an LOP case:** Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Firm Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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**REASON FOR EXAM / SPECIAL INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

<b>Referring Physician:</b> (PRINTED) _____	<b>Signature:</b> _____
Phone: _____	Fax: _____

- CD    FAX REPORT    STAT    VERBAL    THE PATIENT IS EXTREMELY CLAUSTROPHOBIC

Please show up approximately 15 to 30 minutes prior to scheduled appointment.

For extra precaution and your safety please inform us if you are pregnant, have metal prosthesis, pacemakers, aneurysm clips, dorsal spinal cord stimulators, metal fragments in your eyes, ear implants or post spinal fusion instrumentation. Patient safety is our priority.  
 Children must be accompanied by an adult during your examination.

Free Parking \* Metro Bus Stop in front of building