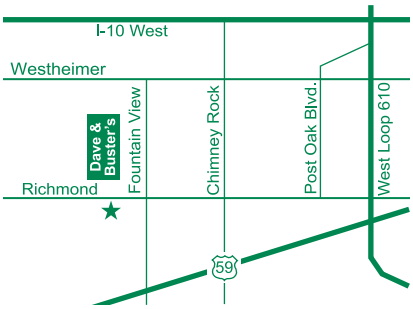
6009 Richmond Ave., Ste. 120
Houston, Texas 77057
Mon-Fri: 8 am - 5 pm
Sat/Sun closed

www.PrecisionMRI.net
Tel. (832) 767-5997
Fax (832) 767-5987

PRECISION MRI



Last: _____ First: _____ ☐M ☐F DOB: _____ Age: _____

Mobile: _____ Work: _____ E-Mail: _____

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: _____

MRI - MRA

HEAD & NECK MRI

	CONTRAST W/O	CONTRAST W + W/O
☐ Brain	☐ 70551	☐ 70553
☐ Brain Stem / Post Fossa	☐ 70551	☐ 70553
☐ IAC's	☐ 70551	☐ 70553
☐ Pituitary - Sella	☐ 70551	☐ 70553
☐ Orbits	☐ 70540	
☐ TMJ	☐ 70336	
☐ Sinuses	☐ 70540	☐ 70542
☐ Soft Tissue of Neck	☐ 70540	☐ 70542

BODY MRI

☐ Pelvis	☐ 72195	☐ 72197
☐ Brachial Plexus	☐ 72156	
☐ Abdomen (Specify)	☐ 74181	☐ 74183

_____

EXTREMITIES MRI

	L	R	CONTRAST W/O	CONTRAST W + W/O
☐ Shoulder	☐	☐	☐ 73221	Ã 73223
☐ Upper Arm	☐	☐	☐ 73218	Ã 73220
☐ Elbow	☐	☐	☐ 73221	Ã 73223
☐ Forearm	☐	☐	☐ 73218	Ã 73220
☐ Wrist	☐	☐	☐ 73221	Ã 73223
☐ Hand	☐	☐	☐ 73221	Ã 73223
☐ Fingers	☐	☐	☐ 73221	Ã 73223
☐ Hip	☐	☐	☐ 73721	Ã 73223
☐ Femur	☐	☐	☐ 73718	Ã 73720
☐ Knee	☐	☐	☐ 73721	Ã 73223
☐ Lower Leg	☐	☐	☐ 73718	Ã 73720
☐ Ankle	☐	☐	☐ 73721	Ã 73223
☐ Foot	☐	☐	☐ 73721	Ã 73723

SPINE MRI

	CONTRAST W/O	CONTRAST W + W/O
☐ Cervical	☐ 72141	Ã 72156
☐ Thoracic / Dorsal	☐ 72146	Ã 72157
☐ Lumbar	☐ 72148	Ã 72158
☐ SI Joints	☐ 72195	
☐ Coccyx Bone	☐ 72195	

MRA

☐ Circle of Willis	☐ 70544
☐ Carotids / Vertebrals	☐ 70547
☐ Abdomen	Ã 74185

REASON FOR EXAM / NOTES / SPECIAL INSTRUCTIONS:

_____

_____

Referring Physician: (PRINTED)_____ **Signature:** _____

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