

**Appointment** Time: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_  
Date of Birth: ( / / ) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Patient Email: \_\_\_\_\_  
ICD-10 Code: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Call Patient:  Yes  No  
Authorization #: \_\_\_\_\_  
Referral #: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Policy ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Other Procedures: \_\_\_\_\_  
\_\_\_\_\_

**REQUESTING PHYSICIAN INFORMATION**

Email Notification (Email): \_\_\_\_\_  
Fax Report: (Fax #) \_\_\_\_\_  
Phone Report: (Phone #) \_\_\_\_\_  
Referring Physician Phone: \_\_\_\_\_  
 CD w/ Images  STAT

Referring Physician: \_\_\_\_\_  
  
(Please Print)  
Referring Physician Signature: \_\_\_\_\_

**MRI** (w/o contrast) (w/wo contrast)

- MRI Brain (70551) (70553)
- MRI Brain with IAC's (70551) (70553)
- MRI Brain and Pituitary (70551) (70553)
- MRI Head/Face (70540) (70543)
- MRI Temporomandibular Joint(s) (70336)
- MRI Orbits (70540) (70543)
- MRI Wrist (73221) (73223) \_\_R \_\_L
- MRI Finger (73218) (73220) \_\_R \_\_L
- MRI Hand (73218) (73220) \_\_R \_\_L
- MRI Upper Arm (73218) (73220) \_\_R \_\_L
- MRI Elbow (73221) (73223) \_\_R \_\_L
- MRI Forearm (73218) (73220) \_\_R \_\_L
- MRI Clavical (73221) (73223) \_\_R \_\_L
- MRI Shoulder (73221) (73223) \_\_R \_\_L
- MRI Scapula (73218) (73220) \_\_R \_\_L
- MRI Knee (73721) (73723) \_\_R \_\_L
- MRI Foot (73718) (73720) \_\_R \_\_L
- MRI Ankle (73721) (73723) \_\_R \_\_L
- MRI Leg (Thigh) (73718) (73720) \_\_R \_\_L
- MRI Leg (Calf) (73718) (73720) \_\_R \_\_L
- MRI Hip (73721) (73723) \_\_R \_\_L
- MRI Cervical Spine (72141) (72156)
- MRI Thoracic Spine (72146) (72157)
- MRI Lumbar Spine (72148) (72158)
- MRI Brachial Plexus Chest Area (71550) (71552)
- MRI Brachial Plexus Neck Area (73220)
- MRI Brachial Plexus Upper Extremity Area (73220)
- MRI Chest (71550) (71552)
- MRI MRCP (74181)
- MRI MRCP Plus (74181)
- MRI Abdomen (74181) (74183)
- MRI Pelvis (72195) (72197)
- MRI Pelvis (Prostate) (72197)
- MRI Pelvis (Rectal Protocol) (72197)
- MRI Sacrum/Coccyx (72195) (72197)
- MRI Enterography (74183) (72197)
- MRI Liver Multiscan (74181)
- MRI Liver with PDFF (74181)
- MR Elastography (76391)

**MRA** (w/o contrast) (w/wo contrast)

- MRA Head/Brain (70544)
- MRA Neck (70549)
- MRA Abdomen (74185)
- MRA Abdomen (Renals) (74185)
- MRA Pelvis (72198)

**MRV** (w/o contrast) (w/wo contrast)

- MRV Neck (70549)
- MRV Abdomen (74185)
- MRV Pelvis (72198)



Referring physician authorizes Houston Medical Imaging (i) to contact patient's managed care plan or other insurer on behalf of referring physician to pre-certify the patient for the procedure being requested and (ii) to provide scheduling services for the patient being referred.

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