

SPRING IMAGING

26218 I-45 N • Spring, Texas 77386

Phone: 832-299-6944

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(See Map on Reverse)

Patient Name		DOB#	STAT <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Phone		SS#	Workers Comp. Carrier / Ins. Co. Carrier/Attorney
Secondary Phone		Date	
Insured Name		Plan Name	Alternate Phone
ID#		Group#	Plan Ph#
Clinical Findings/ Diagnosis:		IPV/ Auth	
Doctor's Signature:		Doctor's Name:	
		Phone #	
		Fax #	

Creatinine _____	BUN _____	Claustrophobic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Oral Sedation <input type="checkbox"/>	IV Sedation <input type="checkbox"/>
Date of Blood Work: _____			Valium <input type="checkbox"/>	Others _____ Quantity _____

MRI	X	MRA	X	OTHERS	X
74181 Abdomen w/o	<input type="checkbox"/>	74185 Abdomen w + w/o Contrast	<input type="checkbox"/>	X-Ray	<input type="checkbox"/>
74183 Abdomen w + w/o Contrast	<input type="checkbox"/>	70544 Head w/o	<input type="checkbox"/>	X-Ray	<input type="checkbox"/>
70551 Brain w/o	<input type="checkbox"/>	70547 Neck w/o	<input type="checkbox"/>	X-Ray	<input type="checkbox"/>
70553 Brain w + w/o Contrast	<input type="checkbox"/>	Other	<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>
70553 Brain w/ IAC	<input type="checkbox"/>			Nuclear Bone Scan	<input type="checkbox"/>
73721 Knee R L	<input type="checkbox"/>			Arthrogram - Shoulder R L	<input type="checkbox"/>
73221 Shoulder R L	<input type="checkbox"/>			Arthrogram - Knee R L	<input type="checkbox"/>
73718 Foot R L	<input type="checkbox"/>			Arthrogram - Other R L	<input type="checkbox"/>
73721 Ankle R L	<input type="checkbox"/>			Myelogram - Lumbar	<input type="checkbox"/>
73221 Wrist R L	<input type="checkbox"/>			Myelogram - Cervical	<input type="checkbox"/>
72141 Cervical Spine w/o	<input type="checkbox"/>			ESI	<input type="checkbox"/>
72156 Cervical Spine w + w/o	<input type="checkbox"/>				
72146 Thoracic Spine w/o	<input type="checkbox"/>				
72157 Thoracic Spine w + w/o	<input type="checkbox"/>				
72148 Lumbar Spine w/o	<input type="checkbox"/>				
72158 Lumbar Spine w + w/o	<input type="checkbox"/>				
72195 Pelvis w/o	<input type="checkbox"/>				
72197 Pelvis w + w/o	<input type="checkbox"/>				
73721 SI Joints w/o	<input type="checkbox"/>				
73723 SI Joints w + w/o	<input type="checkbox"/>				
73721 Hip w/o R L	<input type="checkbox"/>				
73723 Hip w + w/o R L	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

MRI PATIENTS
 No Metal Prosthesis • No Pacemakers
 No Aneurysm Clips • No Inner Ear Implants
 No Dorsal Column / Stimulators
 No Metal Fragments in eyes

Appointment Date & Time

Comments: _____

SPECIAL INSTRUCTIONS _____