GATEWAY DIAGNOSTIC IMAGING

APPOINTMENT / DELIVERY

❑ Call and Schedule Patient for Exam
❑ Patient Scheduled Date: _____ Time: _____

❑ CD with ❑ Patient or ❑ Carrier

❑ Follow-up appt. with Dr. Date: _____ Time: _____

❑ Abilene
Phone: (325) 695-4624
Fax: (325) 695-4625

❑ Arlington
Phone: (817) 776-4001
Fax: (817) 796-9678

❑ Dallas
Phone: (214) 935-5566
Fax: (214) 393-9707

❑ Ft. Worth Medical District
Phone: (817)-289-2002
Fax: (817)-289-2010

❑ Frisco
Phone: (214) 618-3100
Fax: (214) 618-8508

❑ Keller/Alliance
Phone: (817) 799-6700
Fax: (817) 999-9114

❑ Mid-Cities
Phone: (817) 428-3929
Fax: (817) 428-1771

❑ Plano
Phone: (972) 378-3200
Fax: (972) 378-3600

❑ Richardson
Phone: (214) 428-3929
Fax: (214) 428-1500

❑ Sherman
Phone: (903) 771-3030
Fax: (903) 581-4050

❑ South Fort Worth
Phone: (817) 405-6555
Fax: (817) 484-0149

❑ Weatherford
Phone: (817) 599-8995
Fax: (817) 599-6795

Patient Name: _____ DOB: _____/_____/_____ Sex: ❑ Male ❑ Female

Home/Work Phone #: _____ Cell Phone #: _____

Primary Insurance: _____ Insurance ID #: _____

Authorization #: _____ Reference #: _____

Referring Physician's Name: _____ NPI #: _____

Contact: _____ Phone #: _____ Fax #: _____

Referring Physician's Signature: _____

❑ STAT FAX #: _____ ❑ STAT CALL #: _____

After Hours Phone #: _____

EXAM INFORMATION

ICD 10 Code: _____ DX: _____

Special Instructions: _____

MRI

❑ w/out Contrast ❑ w/ & w/out Contrast ❑ Radiologist Protocol

- ❑ Brain
- ❑ IAC's
- ❑ Pituitary
- ❑ Orbits/Face/Cranial Nerve
- ❑ Soft Tissue Neck
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ Sacrum/Coccyx
- ❑ MRA Head
- ❑ MRA Neck
- ❑ MRA Other

❑ L ❑ R ❑ B

- ❑ Shoulder
- ❑ Elbow
- ❑ Wrist
- ❑ Hand
- ❑ Finger/Thumb
- ❑ Hip
- ❑ Tib Fib
- ❑ Knee
- ❑ Ankle/Hindfoot
- ❑ Midfoot
- ❑ Forefoot
- ❑ Arthrogram

_____

- ❑ Abdomen
- ❑ MRCP
- ❑ Pelvis-Genitourinary
- ❑ Pelvis MSK
- ❑ Rectal Cancer Staging WO Only
- ❑ Prostate w/wo PSA Level _____
- ❑ Other

_____

_____

CT

❑ w/out Contrast ❑ w/ Contrast ❑ w/ & w/out Contrast

Please note with and without studies are at the discretion of Radiologist Protocol

- ❑ Brain/Head
- ❑ IAC's/Orbits/Sella
- ❑ Facial Bones
- ❑ Sinuses
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ Bony Pelvis
- ❑ Soft Tissue Neck
- ❑ Chest
- ❑ High Res Chest
- ❑ Lung Screen
- ❑ Abdomen/Pelvis

- ❑ Abdomen
- ❑ Calcium Scoring
- ❑ Pelvis-Genitourinary
- ❑ Renal Stone Protocol
- ❑ Venogram
- ❑ Urogram
- ❑ Other

_____

_____

❑ L ❑ R

- ❑ Hip
- ❑ Femur
- ❑ Knee
- ❑ Foot
- ❑ Ankle
- ❑ Tib Fib
- ❑ Shoulder
- ❑ Humerus
- ❑ Elbow
- ❑ Forearm
- ❑ Wrist
- ❑ Hand
- ❑ Arthrogram

_____

ULTRASOUND

- ❑ US Thyroid
- ❑ US Neck
- ❑ US Aorta
- ❑ US Upper Ext. Non-Vascular ❑ L ❑ R ❑ B
- ❑ US Lower Ext. Non-Vascular ❑ L ❑ R ❑ B
- ❑ US Abdomen Complete
- ❑ US Abdomen Limited
- ❑ US Bladder
- ❑ US Spleen
- ❑ US Retroperitoneal (Renal Complete)
- ❑ US Pelvic
- ❑ US Pelvic (transvaginal if needed)
- ❑ US Transvaginal
- ❑ US OB 1st Trimester
- ❑ US Testicular
- ❑ US Other _____

CT ANGIOGRAPHY WITH CONTRAST

- ❑ Brain (Cerebral Vessels)
- ❑ Neck (Carotid & Vertebrais)
- ❑ Abdomen with Runoff
- ❑ Abdomen/Pelvis
- ❑ Abdomen
- ❑ Pelvis
- ❑ Chest
  - ❑ Aortic
  - ❑ Pulmonary
- ❑ Upper Extremity _____
- ❑ Lower Extremity _____
- ❑ Other _____

DOPPLER U/S

- ❑ US Upper Arterial Doppler ❑ L ❑ R ❑ B
- ❑ US Lower Arterial Doppler ❑ L ❑ R ❑ B
- ❑ US Upper Venous Doppler ❑ L ❑ R ❑ B
- ❑ US Lower Venous Doppler ❑ L ❑ R ❑ B
- ❑ US Carotid Doppler
- ❑ US Renal Doppler w/ Renal Complete
- ❑ US Renal Doppler (vascular only, limited anatomy)
- ❑ US Liver Doppler w/ Abdomen Complete
- ❑ US Liver Doppler (vascular only, limited anatomy)

CONTRAST ALLERGY

	YES	NO
Allergic to Shellfish or Iodine?		
Prior Contrast Reaction? ❑ MRI ❑ CT		

X-RAY (not offered at Abilene)

❑ X-Ray(s): _____

❑ SEDATION NEEDED (VALIUM ONLY)

Drug Name: Valium **Dosage Form:** Oral **Strength:** 10MG **Qty:** 1

Refill (if any): _____

Directions: _____

Dr. Signature: _____
(No Stamp)

12 Convenient Locations

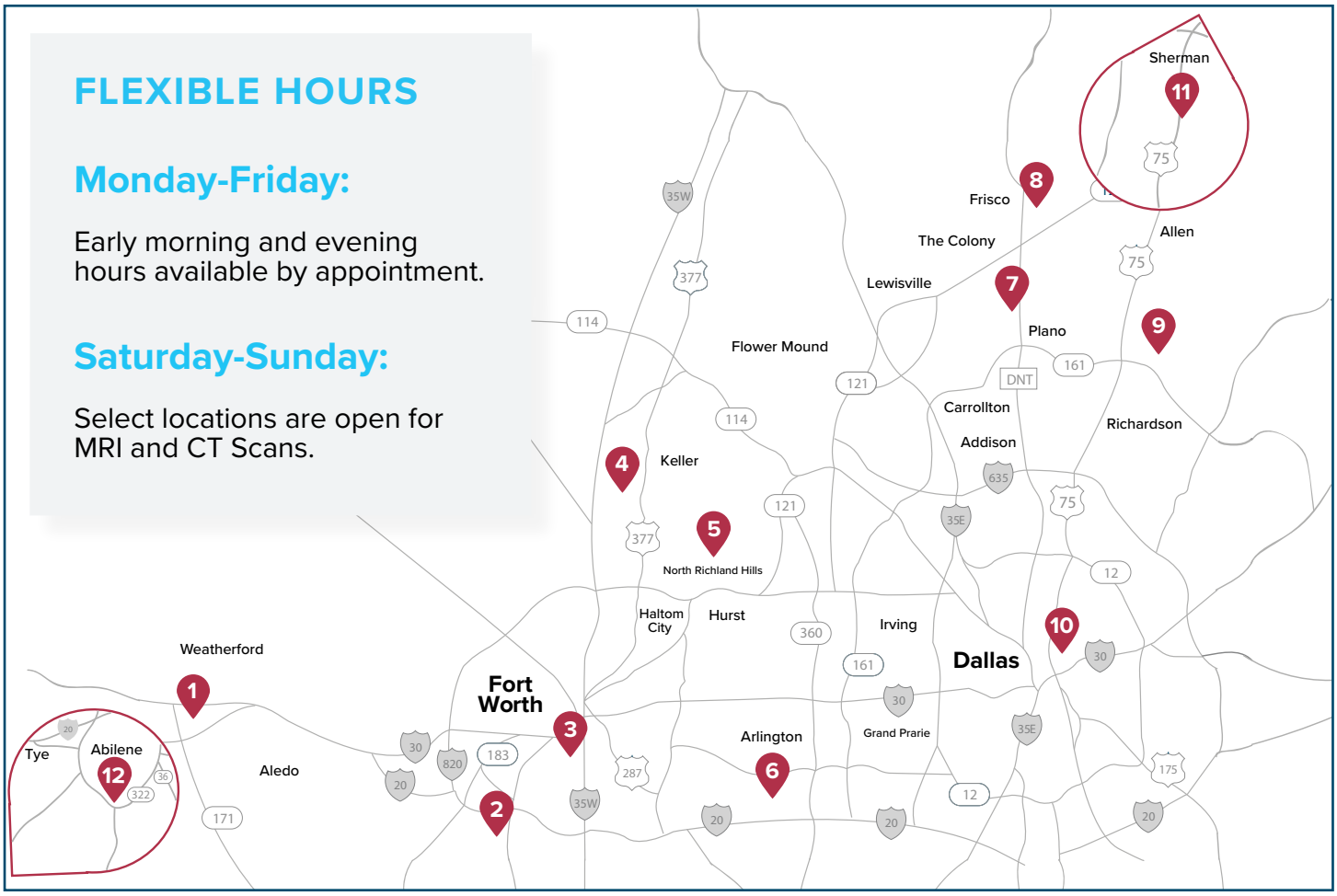
FLEXIBLE HOURS

Monday-Friday:

Early morning and evening hours available by appointment.

Saturday-Sunday:

Select locations are open for MRI and CT Scans.



1 Weatherford

831 Eureka Street
Weatherford, TX 76086
Phone: (817) 599-8995
Fax: (817) 599-6795
3T Wide-Bore MRI / 1.5T MRI / CT
US / X-Ray

2 South Fort Worth

6930 Harris Parkway
Suite 110
Fort Worth, TX 76132
Phone: (817) 405-6555
Fax: (817) 484-0149
3T Wide-Bore MRI / CT / US / X-Ray

3 Ft. Worth Medical District

1106 Alston Avenue
Suite 175
Ft. Worth, TX 76104
Phone: (817)-289-2002
Fax: (817)-289-2010
3T Wide-Bore MRI / Open-Bore MRI
CT / US / X-Ray

4 Keller/Alliance

4533 Heritage Trace Parkway
Suite 1401
Fort Worth, TX 76244
Phone: (817) 799-6700
Fax: (817) 999-9114
3T Wide-Bore MRI / CT / US / X-Ray

5 Mid-Cities

9155 Grapevine Highway
Suite 210
North Richland Hills, TX 76180
Phone: (817) 428-3929
Fax: (817) 428-1771
3T Wide-Bore MRI / CT / US / X-Ray

6 Arlington

400 West Arbrook
Suite 150
Arlington, TX 76014
Phone: (817) 776-4001
Fax: (817) 796-9678
3T Wide-Bore MRI / CT / US / X-Ray

7 Plano

3060 Communications Parkway
Suite 103
Plano, TX 75093
Phone: (972) 378-3200
Fax: (972) 378-3600
3T Wide-Bore MRI / CT / US / X-Ray

8 Frisco

3550 Parkwood Boulevard
Suite C-302
Frisco, TX 75034
Phone: (214) 618-3100
Fax: (214) 618-8508
3T Wide-Bore MRI / 1.5T MRI / CT
US / X-Ray

9 Richardson

3021 East Renner Road
Suite 120
Richardson, TX 75082
Phone: (214) 428-3929
Fax: (214) 428-1500
3T Wide-Bore MRI / CT / US / X-Ray

10 Dallas

3310 Live Oak Street
Suite 210
Dallas, TX 75204
Phone: (214) 935-5566
Fax: (214) 393-9707
3T Wide-Bore MRI / 1.5T Wide-Bore
MRI / CT / US / X-Ray

11 Sherman

221 W. Travis Street
Sherman, TX 75092
Phone: (903) 771-3030
Fax: (903) 581-4050
3T Wide-Bore MRI / CT / US / X-Ray

12 Abilene

4349 S. Treadaway Blvd.
Abilene, TX 79602
Phone: (325) 695-4624
Fax: (325) 695-4625
3T Wide-Bore MRI / 1.5T MRI
Open MRI / CT / US