

# GATEWAY

## DIAGNOSTIC IMAGING

Call and Schedule Patient for Exam  
 Patient Scheduled Date: \_\_\_\_\_ Time: \_\_\_\_\_

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CD with  Patient or  Carrier

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Follow-up appt. with Dr. Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Abilene**

p. 325-695-4624  
f. 325-695-4625

**Keller/Alliance**

p. 817-799-6700  
f. 817-999-9114

**Sherman**

p. 903-771-3030  
f. 903-522-4004

**Arlington**

p. 817-776-4001  
f. 817-796-9678

**Mansfield**

p. 817-592-2133  
f. 817-592-2134

**South Fort Worth**

p. 817-405-6555  
f. 817-484-0149

**Dallas**

p. 214-935-5566  
f. 214-393-9707

**Mid-Cities**

p. 817-428-3929  
f. 817-428-1771

**Weatherford**

p. 817-599-8995  
f. 817-599-6795

**Ft. Worth Medical District**

p. 817-289-2002  
f. 817-289-2010

**Plano**

p. 972-378-3200  
f. 972-378-3600

**Frisco**

p. 214-618-3100  
f. 214-618-8508

**Richardson**

p. 214-428-3929  
f. 214-428-1500

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

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Brain                     | <b>L R B</b>                            | <input type="checkbox"/> Abdomen               |
| <input type="checkbox"/> Brain for ARIA            | <input type="checkbox"/> Shoulder       | <input type="checkbox"/> MRCP                  |
| <input type="checkbox"/> NeuroQuant®               | <input type="checkbox"/> Elbow          | <input type="checkbox"/> Pelvis-Genitourinary  |
| <input type="checkbox"/> IAC's                     | <input type="checkbox"/> Wrist          | <input type="checkbox"/> Pelvis MSK            |
| <input type="checkbox"/> Pituitary                 | <input type="checkbox"/> Hand           | <input type="checkbox"/> Rectal Cancer Staging |
| <input type="checkbox"/> Orbits/Face/Cranial Nerve | <input type="checkbox"/> Finger/Thumb   | WO Only  |
| <input type="checkbox"/> Soft Tissue Neck          | <input type="checkbox"/> Hip            | <input type="checkbox"/> Prostate w/wo         |
| <input type="checkbox"/> Cervical Spine            | <input type="checkbox"/> Tib Fib        | PSA Level _____                                |
| <input type="checkbox"/> Thoracic Spine            | <input type="checkbox"/> Knee           | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Lumbar Spine              | <input type="checkbox"/> Ankle/Hindfoot | _____  |
| <input type="checkbox"/> Sacrum/Coccyx             | <input type="checkbox"/> Midfoot        | _____  |
| <input type="checkbox"/> MRA Head                  | <input type="checkbox"/> Forefoot       |  |
| <input type="checkbox"/> MRA Neck                  | <input type="checkbox"/> Arthrogram     |  |
| <input type="checkbox"/> MRA Other                 |   |  |

### CT

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

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

|   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Brain/Head         | <input type="checkbox"/> Abdomen              | <b>L R</b>                          |
| <input type="checkbox"/> IAC's/Orbits/Sella | <input type="checkbox"/> Calcium Scoring      | <input type="checkbox"/> Hip        |
| <input type="checkbox"/> Facial Bones       | <input type="checkbox"/> Pelvis-Genitourinary | <input type="checkbox"/> Femur      |
| <input type="checkbox"/> Sinuses            | <input type="checkbox"/> Renal Stone Protocol | <input type="checkbox"/> Knee       |
| <input type="checkbox"/> Cervical Spine     | <input type="checkbox"/> Venogram             | <input type="checkbox"/> Foot       |
| <input type="checkbox"/> Thoracic Spine     | <input type="checkbox"/> Urogram              | <input type="checkbox"/> Ankle      |
| <input type="checkbox"/> Lumbar Spine       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Tib Fib    |
| <input type="checkbox"/> Bony Pelvis        |   | <input type="checkbox"/> Shoulder   |
| <input type="checkbox"/> Soft Tissue Neck   |   | <input type="checkbox"/> Humerus    |
| <input type="checkbox"/> Chest              |   | <input type="checkbox"/> Elbow      |
| <input type="checkbox"/> High Res Chest     |   | <input type="checkbox"/> Forearm    |
| <input type="checkbox"/> Lung Screen        |   | <input type="checkbox"/> Wrist      |
| <input type="checkbox"/> Abdomen/Pelvis     |   | <input type="checkbox"/> Hand       |
|   |   | <input type="checkbox"/> Arthrogram |

### ULTRASOUND

|  |  |
|--|--|
| <input type="checkbox"/> US Thyroid  | <input type="checkbox"/> US Bladder                          |
| <input type="checkbox"/> US Neck   | <input type="checkbox"/> US Spleen                           |
| <input type="checkbox"/> US Aorta  | <input type="checkbox"/> US Retroperitoneal (Renal Complete) |
| <input type="checkbox"/> US Upper Ext. Non-Vascular                              | <input type="checkbox"/> US Pelvic                           |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B | <input type="checkbox"/> US Pelvic (transvaginal if needed)  |
| <input type="checkbox"/> US Lower Ext. Non-Vascular                              | <input type="checkbox"/> US Transvaginal                     |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B | <input type="checkbox"/> US OB 1st Trimester                 |
| <input type="checkbox"/> US Abdomen Complete                                     | <input type="checkbox"/> US Testicular                       |
| <input type="checkbox"/> US Abdomen Limited                                      | <input type="checkbox"/> US Other _____                      |

### DOPPLER U/S

|  |  |
|--|--|
| <input type="checkbox"/> US Upper Arterial Doppler                               | <input type="checkbox"/> US Carotid Doppler                                |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B | <input type="checkbox"/> US Renal Doppler w/ Renal Complete                |
| <input type="checkbox"/> US Lower Arterial Doppler                               | <input type="checkbox"/> US Renal Doppler (vascular only, limited anatomy) |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B | <input type="checkbox"/> US Liver Doppler w/ Abdomen Complete              |
| <input type="checkbox"/> US Upper Venous Doppler                                 | <input type="checkbox"/> US Liver Doppler (vascular only, limited anatomy) |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |  |
| <input type="checkbox"/> US Lower Venous Doppler                                 |  |
| <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |  |

### CT ANGIOGRAPHY WITH CONTRAST

|   |  |
|---|--|
| <input type="checkbox"/> Brain (Cerebral Vessels)   | <input type="checkbox"/> Chest                 |
| <input type="checkbox"/> Neck (Carotid & Vertebras) | <input type="checkbox"/> Aortic                |
| <input type="checkbox"/> Abdomen with Runoff        | <input type="checkbox"/> Pulmonary             |
| <input type="checkbox"/> Abdomen/Pelvis             | <input type="checkbox"/> Upper Extremity _____ |
| <input type="checkbox"/> Abdomen                    | <input type="checkbox"/> Lower Extremity _____ |
| <input type="checkbox"/> Pelvis                     | <input type="checkbox"/> Other _____           |

### X-RAY (not offered at Abilene)

X-Ray(s): \_\_\_\_\_

### CONTRAST ALLERGY

Allergic to Shellfish or Iodine?  
 Prior Contrast Reaction?  MRI  CT

| YES | NO |
|-----|----|
|     |    |

# 13 Convenient Locations

**1 Weatherford**  
831 Eureka Street  
Weatherford, TX 76086

Phone: 817-599-8995  
Fax: 817-599-6795  
3T Wide-Bore MRI / 1.5T Wide-Bore 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 Boulevard 26  
Suite 210

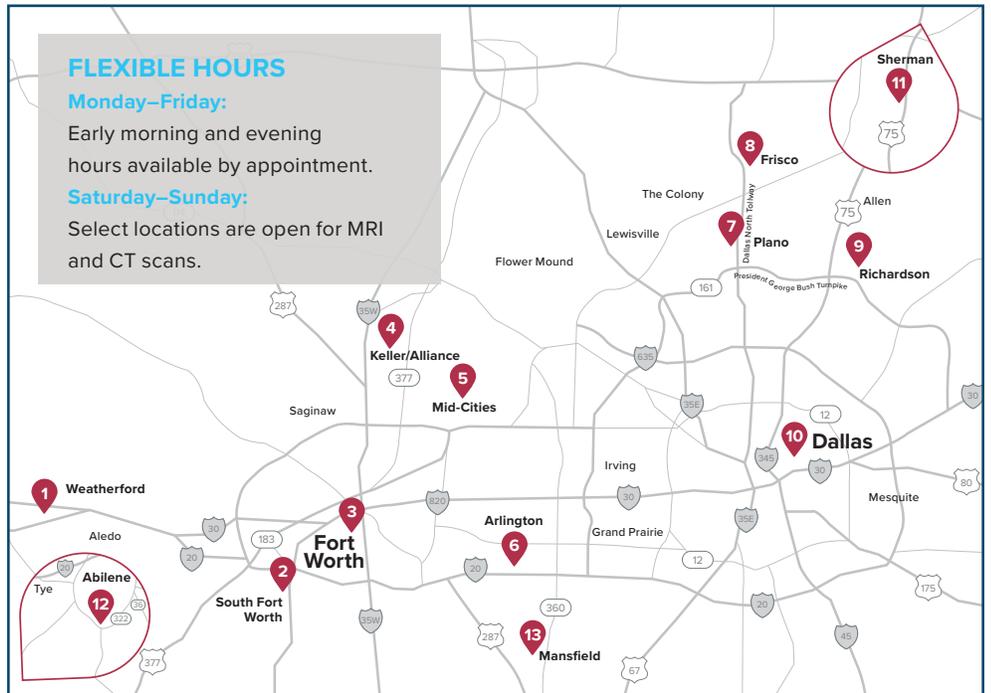
North Richland Hills, TX 76180  
Phone: 817-428-3929  
Fax: 817-428-1771  
3T Wide-Bore MRI / CT / US / X-Ray

**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



## FLEXIBLE HOURS

**Monday–Friday:**  
Early morning and evening hours available by appointment.

**Saturday–Sunday:**  
Select locations are open for MRI and CT scans.

**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: 903-522-4004  
3T Wide-Bore MRI / 1.5T 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

**13 Mansfield**  
350 Matlock Road  
Suite 100

Mansfield, TX 76063  
Phone: 817-592-2133  
Fax: 817-592-2134  
3T Wide-Bore MRI / CT / US / X-Ray