# 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**<br>p. 325-695-4624<br>f. 325-695-4625 | ☐ **Arlington**<br>p. 817-776-4001<br>f. 817-796-9678 | ☐ **Dallas**<br>p. 214-935-5566<br>f. 214-393-9707 | ☐ **Ft. Worth Medical District**<br>p. 817-289-2002<br>f. 817-289-2010 | ☐ **Frisco**<br>p. 214-618-3100<br>f. 214-618-8508 |
| ☐ **Keller/Alliance**<br>p. 817-799-6700<br>f. 817-999-9114 | ☐ **Mansfield**<br>p. 817-592-2133<br>f. 817-592-2134 | ☐ **Mid-Cities**<br>p. 817-428-3929<br>f. 817-428-1771 | ☐ **Plano**<br>p. 972-378-3200<br>f. 972-378-3600 | ☐ **Richardson**<br>p. 214-428-3929<br>f. 214-428-1500 |
| ☐ **Sherman**<br>p. 903-771-3030<br>f. 903-522-4004 | ☐ **South Fort Worth**<br>p. 817-405-6555<br>f. 817-484-0149 | ☐ **Weatherford**<br>p. 817-599-8995<br>f. 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
- ☐ Brain for ARIA
- ☐ NeuroQuant®
- ☐ 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)

## X-RAY (not offered at Abilene)

☐ X-Ray(s): _____

_____

## CONTRAST ALLERGY

Allergic to Shellfish or Iodine?

Prior Contrast Reaction? ☐ MRI ☐ CT

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

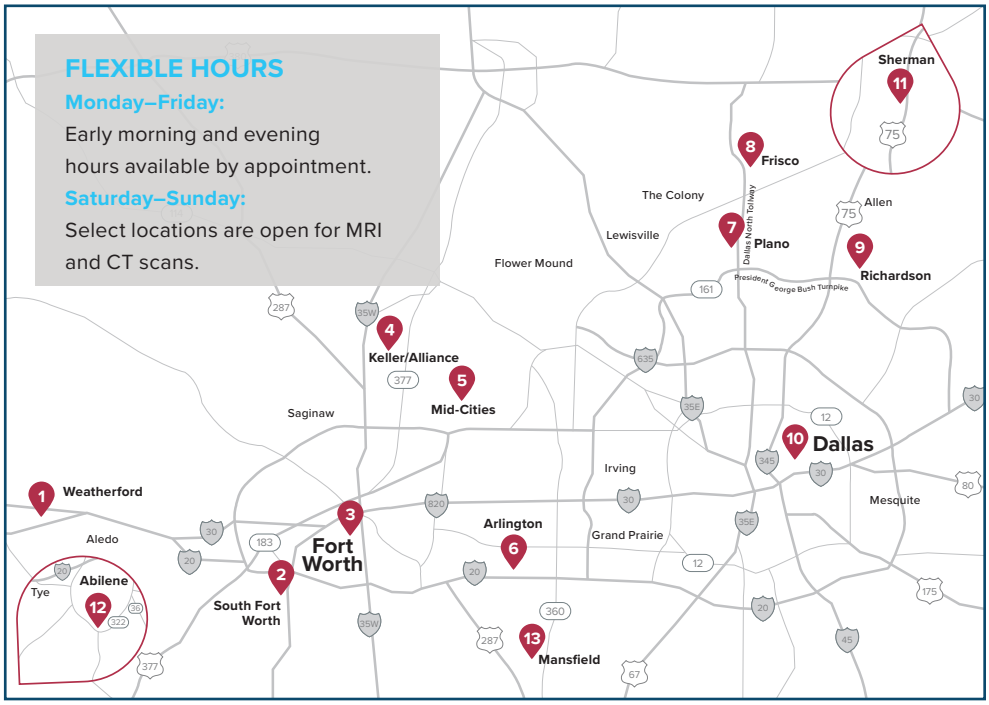
# 13 Convenient Locations

## 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

**FLEXIBLE HOURS**
**Monday–Friday:**
Early morning and evening hours available by appointment.
**Saturday–Sunday:**
Select locations are open for MRI and CT scans.




## 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

## 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