

GATEWAY

DIAGNOSTIC IMAGING

APPOINTMENT / DELIVERY

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

Film or CD with Patient or Carrier

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

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

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

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

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

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

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

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

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

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

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

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

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

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 | <input type="checkbox"/> L <input type="checkbox"/> R |
| <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 | |

X-RAY

X-Ray(s): _____

CT ANGIOGRAPHY WITH CONTRAST

- | | |
|--|--|
| <input type="checkbox"/> Brain (Cerebral Vessels) | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Neck (Carotid & Vertebrals) | <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 _____ |

CONTRAST ALLERGY

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

YES	NO

SEDATION NEEDED (VALIUM ONLY)

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

Refill (if any): _____

Directions: _____

Dr. Signature: _____

(No Stamp)

11 CONVENIENT LOCATIONS

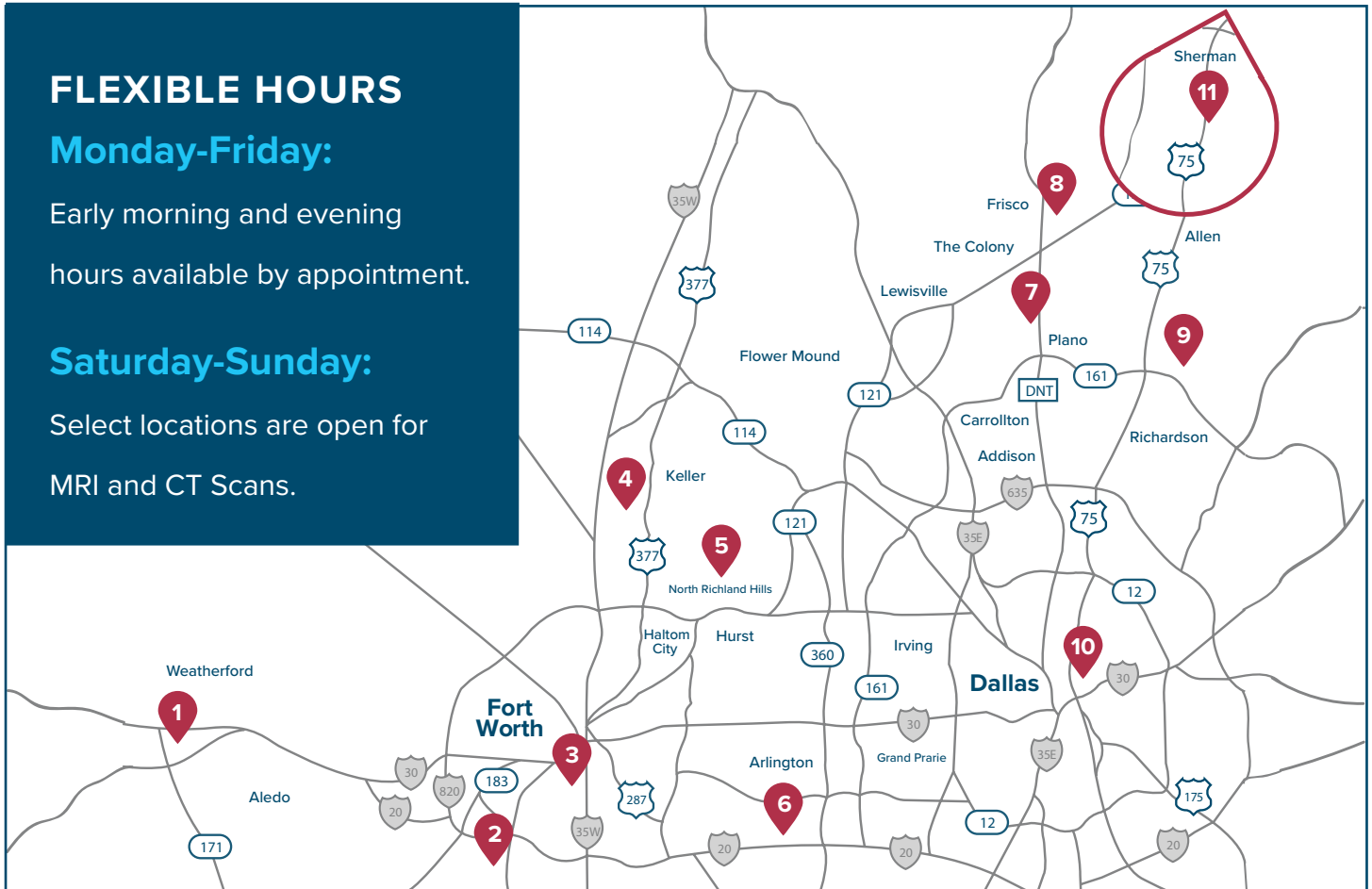
FLEXIBLE HOURS

Monday-Friday:

Early morning and evening hours available by appointment.

Saturday-Sunday:

Select locations are open for MRI and CT Scans.



- | | | | |
|--|--|---|---|
| <p>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</p> | <p>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</p> | <p>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</p> | <p>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</p> |
| <p>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</p> | <p>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</p> | <p>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</p> | <p>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</p> |
| <p>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</p> | <p>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</p> | <p>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</p> | |