

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
- Frisco
- Richardson
- Arlington
- Keller/Alliance
- Sherman
- Dallas
- Mid-Cities
- South Fort Worth
- Ft. Worth Medical District
- Plano
- Weatherford

Personal Injury Referral

Date: _____
 Call: 817.952.1495 | Fax: 817.888.8202
 Email for scheduling patients/clients:
 gdi.concierge@gatewaydiagnostic.com

Patient Name: _____ DOB: ____/____/____ Sex: Male Female
 Home/Work Phone #: _____ Cell Phone #: _____

Attorney Name: _____ Attorney #: _____

Case ID# (or Insurance ID): _____

Gateway Lien Third Party Lien Worker's Comp Private Insurance Other: _____
 Please assist in authorization Fax order, patient demographics, insurance card, clinical notes, and labs pertaining to the exam

Date of Injury: _____

Ordering Physician: _____ Signature _____

Phone #: _____ Fax #: _____ Date: _____

STAT Hold Patient & Call Results to #: _____

MRI

MRI / MRA: _____

With/Without Contrast Without Contrast
 Arthrogram w/MRI: _____

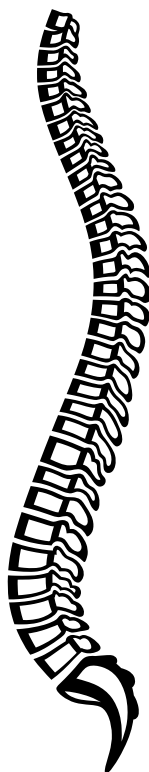
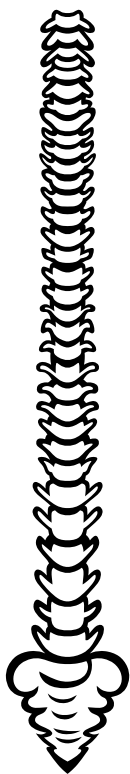
SPINAL MRI

- Cervical Spine
- W/O Contrast (72141)
- W/ Contrast (72142)
- W/ & W/O Contrast (72156)

- Thoracic Spine
- W/O Contrast (72146)
- W/ Contrast (72147)
- W/ & W/O Contrast (72157)

- Lumbar Spine
- W/O Contrast (72148)
- W/ Contrast (72149)
- W/ & W/O Contrast (72158)
- + Sacrum

*Select all that apply.



CT / ULTRASOUND / X-RAY (X-ray not available at Abilene)

CT / CTA: _____

w/out Contrast w/ Contrast w/ & w/out Contrast
Please note with and without studies are at the discretion of Radiologist Protocol

Ultrasound: _____

w/ Doppler: _____

X-Ray: _____

Fluoroscopy: _____

Other: _____

DIAGNOSIS / HISTORY & SYMPTOMS

Diagnosis: _____

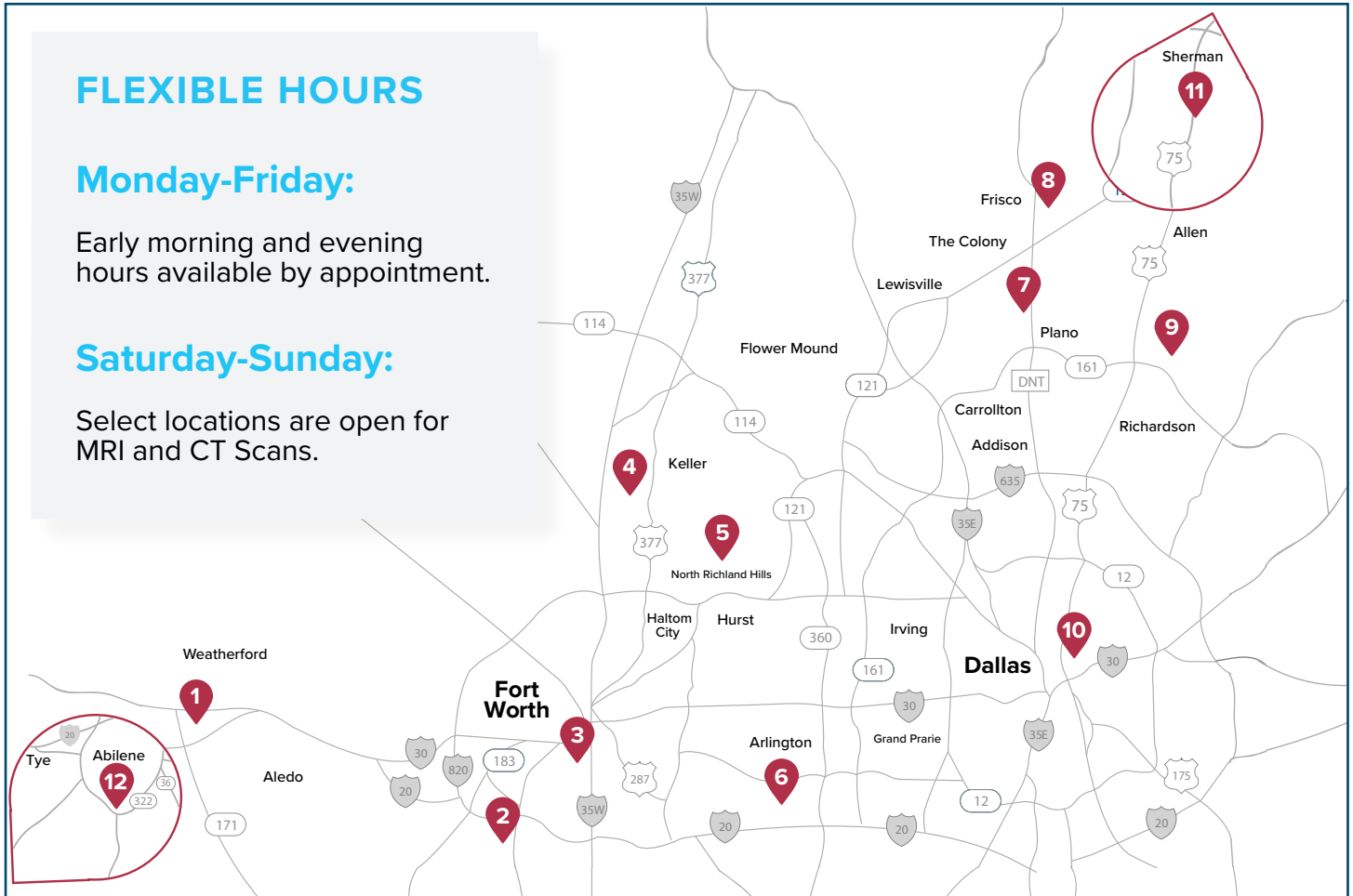
History & Symptoms: _____

CONTRAST ALLERGY

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

YES	NO

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.

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