

# 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) 522-4004

**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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Brain                     | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 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              | <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"/> Soft Pelvis        | _____   | <input type="checkbox"/> Shoulder                     |
| <input type="checkbox"/> 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 & Vertebrais) | <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)

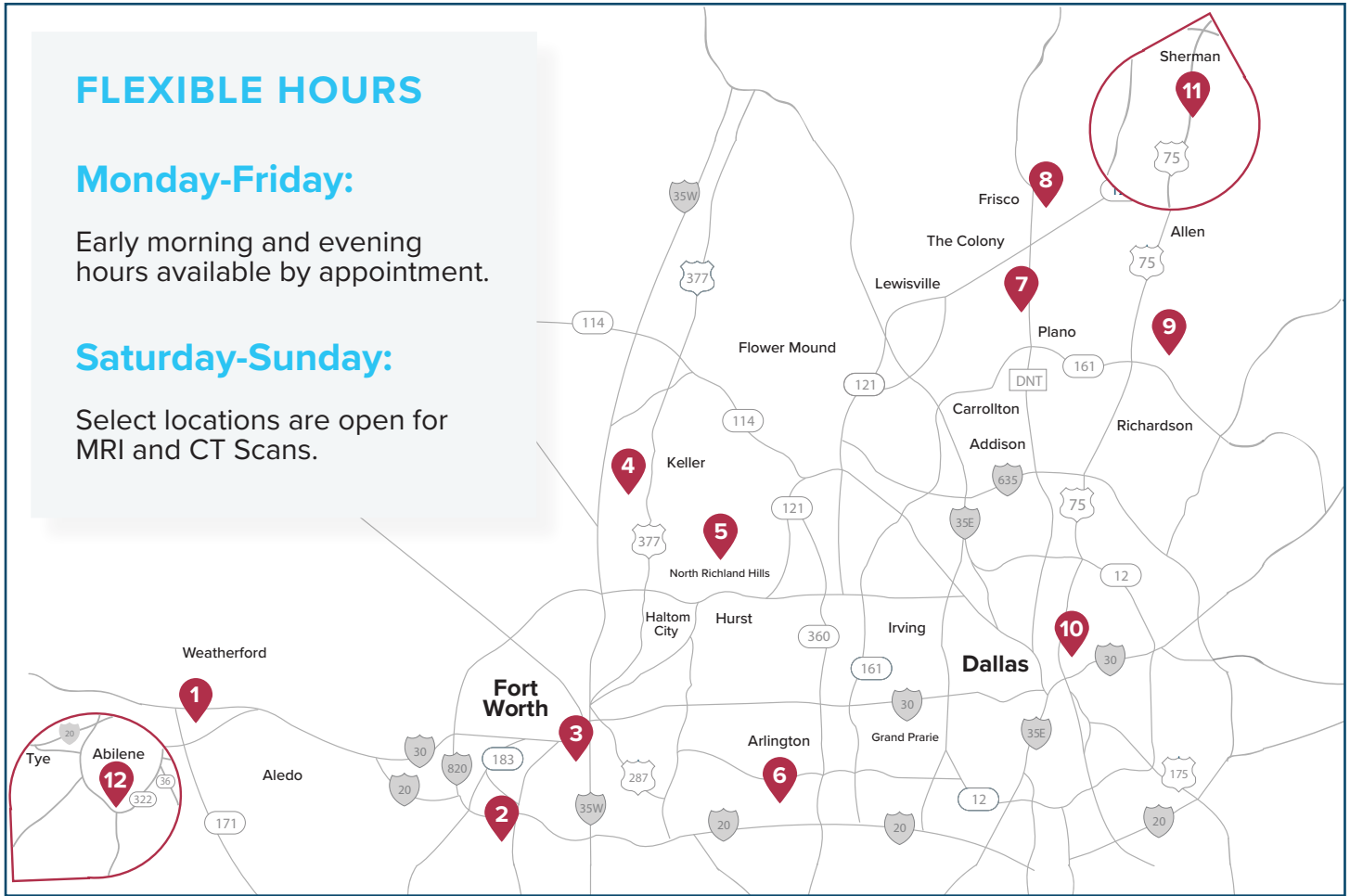
X-Ray(s): \_\_\_\_\_

### CONTRAST ALLERGY

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

YES	NO

# 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><b>1 Weatherford</b><br/>831 Eureka Street<br/><b>Weatherford, TX 76086</b><br/><b>Phone:</b> (817) 599-8995<br/><b>Fax:</b> (817) 599-6795<br/>3T Wide-Bore MRI / 1.5T MRI / CT<br/>US / X-Ray</p>               | <p><b>2 South Fort Worth</b><br/>6930 Harris Parkway<br/>Suite 110<br/><b>Fort Worth, TX 76132</b><br/><b>Phone:</b> (817) 405-6555<br/><b>Fax:</b> (817) 484-0149<br/>3T Wide-Bore MRI / CT / US / X-Ray</p>              | <p><b>3 Ft. Worth Medical District</b><br/>1106 Alston Avenue<br/>Suite 175<br/><b>Ft. Worth, TX 76104</b><br/><b>Phone:</b> (817)-289-2002<br/><b>Fax:</b> (817)-289-2010<br/>3T Wide-Bore MRI / Open-Bore MRI<br/>CT / US / X-Ray</p> | <p><b>4 Keller/Alliance</b><br/>4533 Heritage Trace Parkway<br/>Suite 1401<br/><b>Fort Worth, TX 76244</b><br/><b>Phone:</b> (817) 799-6700<br/><b>Fax:</b> (817) 999-9114<br/>3T Wide-Bore MRI / CT / US / X-Ray</p> |
| <p><b>5 Mid-Cities</b><br/>9155 Grapevine Highway<br/>Suite 210<br/><b>North Richland Hills, TX 76180</b><br/><b>Phone:</b> (817) 428-3929<br/><b>Fax:</b> (817) 428-1771<br/>3T Wide-Bore MRI / CT / US / X-Ray</p> | <p><b>6 Arlington</b><br/>400 West Arbrook<br/>Suite 150<br/><b>Arlington, TX 76014</b><br/><b>Phone:</b> (817) 776-4001<br/><b>Fax:</b> (817) 796-9678<br/>3T Wide-Bore MRI / CT / US / X-Ray</p>                         | <p><b>7 Plano</b><br/>3060 Communications Parkway<br/>Suite 103<br/><b>Plano, TX 75093</b><br/><b>Phone:</b> (972) 378-3200<br/><b>Fax:</b> (972) 378-3600<br/>3T Wide-Bore MRI / CT / US / X-Ray</p>                                   | <p><b>8 Frisco</b><br/>3550 Parkwood Boulevard<br/>Suite C-302<br/><b>Frisco, TX 75034</b><br/><b>Phone:</b> (214) 618-3100<br/><b>Fax:</b> (214) 618-8508<br/>3T Wide-Bore MRI / 1.5T MRI / CT<br/>US / X-Ray</p>    |
| <p><b>9 Richardson</b><br/>3021 East Renner Road<br/>Suite 120<br/><b>Richardson, TX 75082</b><br/><b>Phone:</b> (214) 428-3929<br/><b>Fax:</b> (214) 428-1500<br/>3T Wide-Bore MRI / CT / US / X-Ray</p>            | <p><b>10 Dallas</b><br/>3310 Live Oak Street<br/>Suite 210<br/><b>Dallas, TX 75204</b><br/><b>Phone:</b> (214) 935-5566<br/><b>Fax:</b> (214) 393-9707<br/>3T Wide-Bore MRI / 1.5T Wide-Bore<br/>MRI / CT / US / X-Ray</p> | <p><b>11 Sherman</b><br/>221 W. Travis Street<br/><b>Sherman, TX 75092</b><br/><b>Phone:</b> (903) 771-3030<br/><b>Fax:</b> (903) 522-4004<br/>3T Wide-Bore MRI / CT / US / X-Ray</p>   | <p><b>12 Abilene</b><br/>4349 S. Treadaway Blvd.<br/><b>Abilene, TX 79602</b><br/><b>Phone:</b> (325) 695-4624<br/><b>Fax:</b> (325) 695-4625<br/>3T Wide-Bore MRI / 1.5T MRI<br/>Open MRI / CT / US</p>              |