

GATEWAY

DIAGNOSTIC IMAGING

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

CD with Patient or Carrier

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 | <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"/> 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

| | YES | NO |
|---|-----|----|
| Allergic to Shellfish or Iodine? | | |
| Prior Contrast Reaction? <input type="checkbox"/> MRI <input type="checkbox"/> CT | | |

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 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

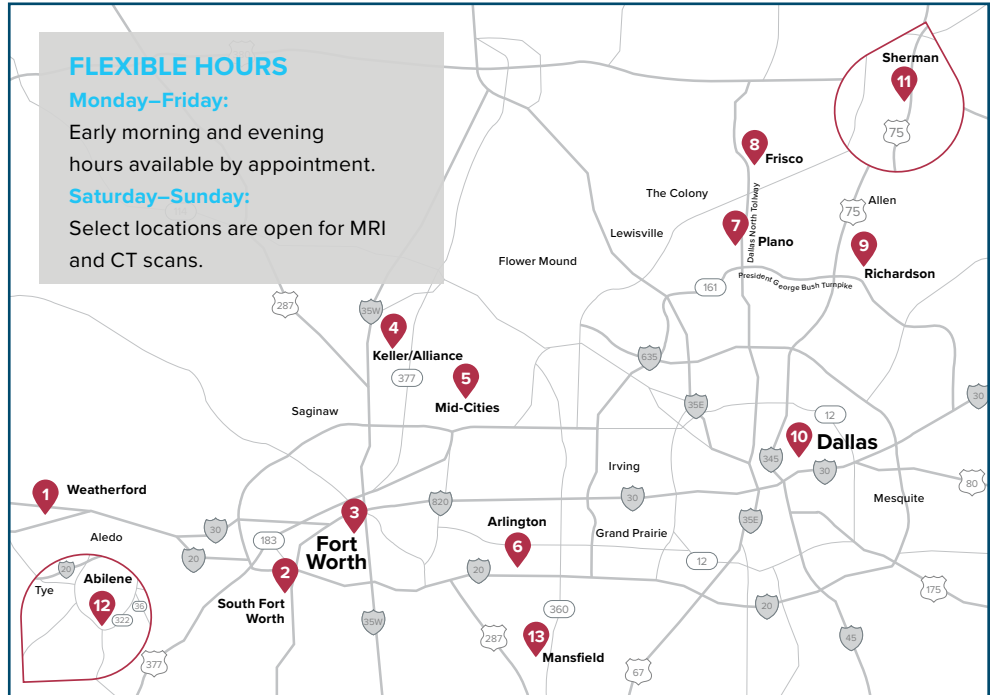
3 Ft. Worth Medical District
 1106 Alston Avenue
 Suite 175
Ft. Worth, TX 76104
Phone: 817-289-2002
Fax: 817-289-2010
 3T Wide-Bore MRI / Open-Bore MRI / CT
 US / X-Ray

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



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 / 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