

**University of Texas, McGovern Medical School MRI Center**

**6431 Fannin, Houston TX 77030**

**Ground Floor, Room G. 605**

**Tel: (713)500-6916 Fax: (713)500-0698**

**MRI Examination Order Form**

**Please Fax all orders to (713) 500-0698. Patient will be contacted to schedule an appointment**

**Patient Information**

<b>Patient Name:</b>	<b>DOB:</b>	<b>Age:</b>
Patient MRN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact number:	Patient Email:	
Diagnosis:	ICD-10 Codes:	

**Physician Information**

Physician Name:	Phone number:
NPI number:	Fax number:
Address:	Fax Number:
City / State / Zip:	
<b>Physician Signature:</b>	<b>Date:</b>

**Please check exam required below**

<b>Site</b>	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	<input type="checkbox"/> BILATERAL
<b>Contrast</b>	<input type="checkbox"/> Without Contrast <input type="checkbox"/> With Contrast <input type="checkbox"/> With and without contrast		
<input type="checkbox"/> Brain	<input type="checkbox"/> Face	<input type="checkbox"/> MRA head/neck	
<input type="checkbox"/> Brain Pituitary / IAC / Orbits	<input type="checkbox"/> Brachial plexus	<input type="checkbox"/> MRA external carotid	
<input type="checkbox"/> Internal Auditory canal	<input type="checkbox"/> Shoulder / elbow / wrist	<input type="checkbox"/> MRA chest	
<input type="checkbox"/> Temporomandibular joint	<input type="checkbox"/> Humerus / forearm / hand	<input type="checkbox"/> MRA spinal canal	
<input type="checkbox"/> Neck	<input type="checkbox"/> Hip / Knee / ankle	<input type="checkbox"/> MRA abdomen	
<input type="checkbox"/> Chest	<input type="checkbox"/> Femur / Tib-Fib / Foot	<input type="checkbox"/> MRA pelvis	
<input type="checkbox"/> Breast	<input type="checkbox"/> Spine cranio-cervical junction	<input type="checkbox"/> MRA upper extremity	
<input type="checkbox"/> Myocardium	<input type="checkbox"/> Spine cervical	<input type="checkbox"/> MRA lower extremity	
<input type="checkbox"/> Cardiac MRI limited study	<input type="checkbox"/> Spine lumbar	<b>ADVANCED IMAGING (TMC OPID)</b>	
<input type="checkbox"/> MR spectroscopy	<input type="checkbox"/> Spine thoracic	<input type="checkbox"/> MRI Neurography	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Spine sacrum	<input type="checkbox"/> MRI Cartilage imaging	
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Spine complete	T2 maps / T1 Rho	
<input type="checkbox"/> Prostate	<input type="checkbox"/> Other	<input type="checkbox"/> MRI 3D models	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Metal reduction (MARS)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	

**Special Instruction:**  
**Comments:**

\*Required information for all contrast orders

- Contrast injection X 1 dose via IVP/injector (dose 0.2ml/kg with max dose of 20ml)
- Patient who is  $\geq 50$  years old and/or with history of kidney disease will need a STAT creatinine done (if serum creatinine has not been performed in the last two weeks).

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_