



# Texas Advanced Imaging

954 S. Fry Rd  
Katy, TX 77450  
PH **832-240-3757**  
F **832-581-4314**

200 River Pointe Dr, Ste 130  
Conroe, TX 77304  
PH **832-838-4185**  
F **832-581-4315**

4907 Sandhill Dr, Ste D  
Sugar Land, TX 77479  
PH **832-553-0190**  
F **832-581-4312**

**Please bring this completed order, your insurance card, and a photo ID with you to your appointment.**

Today's date: \_\_\_\_\_ Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  M or  F Patient Phone: \_\_\_\_\_  
(last) (first) MM DD YYYY

Diagnosis/Current Symptoms/History: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

Additional Report to: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MRI**  
*(with reconstruction as indicated)*

Brain  SWI  
 Brain & IAC  TBI  
 Brain & Pituitary  DTI  
 IAC Only  
 Pituitary Only  
 Orbits  
 Neck Soft Tissue  
 Spine:  
 cervical \_\_\_\_\_  
 thoracic \_\_\_\_\_  
 lumbar \_\_\_\_\_  
 Abdomen (indicate area of interest below)  
 \_\_\_\_\_

MRCP  
 Adrenals  
 Pelvis

Extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 body part: \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

**Without contrast**  
 **With & without contrast**

**MR Angiography (MRA)**

Brain  
 Neck - Carotids  
 Chest  
 Aorta  
 Renals  
 **Other:**  
 \_\_\_\_\_

**Without contrast**  
 **With & without contrast**

**CT**  
*(with reconstruction as indicated)*

Head / Brain  
 Temporal Bones (IAC's)  
 Sinus (Maxillofacial)  
 complete \_\_\_\_\_ limited \_\_\_\_\_  
 Maxillofacial – Facial Bones  
 Neck Soft Tissue  
 Shoulder: left \_\_\_\_\_ right \_\_\_\_\_  
 Spine:  
 cervical \_\_\_\_\_  
 thoracic \_\_\_\_\_  
 lumbar \_\_\_\_\_  
 Chest  
 Abdomen (pelvis as indicated)  
 Pelvis  
 CT Urogram  
 CT Stone Protocol  
 Hip: left \_\_\_\_\_ right \_\_\_\_\_  
 Extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 Indicate area of interest: \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

**With contrast**  
 **Without contrast**  
 **With & without contrast**

**CT Angiography (w & w/o contrast)**

Head / Brain  
 Neck - Carotids  
 Chest  
 Abdomen (pelvis as indicated)  
 Pelvis  
 **Other:**  
 \_\_\_\_\_

**X-RAY**

Skull  
 Orbits  
 Sinuses:  
 waters \_\_\_\_\_  
 limited \_\_\_\_\_  
 complete \_\_\_\_\_  
 Shoulder: left \_\_\_\_\_ right \_\_\_\_\_  
 Neck Soft Tissue  
 Chest: PA \_\_\_\_\_ PA/LAT \_\_\_\_\_  
 Ribs (w/ PA Chest):  
 left \_\_\_\_\_ right \_\_\_\_\_  
 Spine:  
 cervical \_\_\_\_\_  
 thoracic \_\_\_\_\_  
 lumbar \_\_\_\_\_  
 KUB  
 Acute Abdominal Series  
 Hip: left \_\_\_\_\_ right \_\_\_\_\_  
 Bilateral Hips (w/ pelvis)  
 Pelvis  
 Indicate area of interest: \_\_\_\_\_  
 **Extremity:** left \_\_\_\_\_ right \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

**ULTRASOUND**  
*(with Doppler as indicated)*

Carotid Doppler  
 Venous Doppler  
 upper extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 lower extremity: left \_\_\_\_\_ right \_\_\_\_\_

Abdominal Aorta  
 Abdomen  
 Abdomen Limited:  
 gallbladder \_\_\_\_\_  
 hernia \_\_\_\_\_  
 appendix \_\_\_\_\_  
 Renal / Bladder  
 Bladder  
 Pelvic (w/ transvaginal as indicated)  
 Scrotum  
 Thyroid  
 Follow Up

Reason:  
 \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

- STAT**  
 Patient to bring CD to doctor's office  
 Call Report to Physician at:

\_\_\_\_\_  
Physician's Direct Phone Number

**For us to obtain prior authorization please fax insurance card front and back**

# GENERAL INSTRUCTIONS

**ULTRASOUND:** **Gallbladder and/or Abdomen:** Nothing to EAT or DRINK after midnight. Water is OK.  
**Pelvic:** 1 hrs prior to exam, empty bladder (urinate). Start drinking 24 ounces of water. Finish water in 30 minutes. Do not empty bladder until exam is completed.  
**Renal:** Drink 16 ounces of water 30 minutes prior to exam. Do not empty bladder prior to exam.

**CT SCAN:** **CT Exams Requiring IV Contrast:** Nothing to EAT or DRINK 4 hours prior to exam.  
**CT Exams Requiring Oral Contrast:** Nothing to EAT or DRINK 4 hours prior to exam. Patients may pick up oral contrast at the facility prior to the appointment or arrive 1 hour prior to the exam. Please confirm your selection when scheduling your appointment.  
**\* Note:** Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

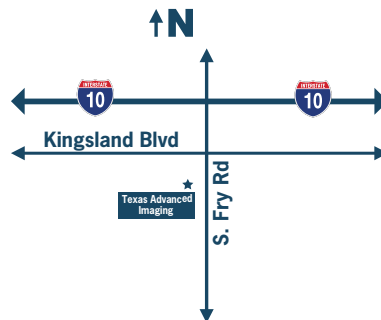
**MRI:** **All MRI Exams:** Notify office immediately if you have a **cardiac pacemaker, aneurysm clip, AICD (Cardiac Defibrillator), implanted device of any kind, or possible metal in your eye.**  
**MRI of the Abdomen:** Nothing to Eat or Drink 4 hours prior to the exam.  
**\*Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

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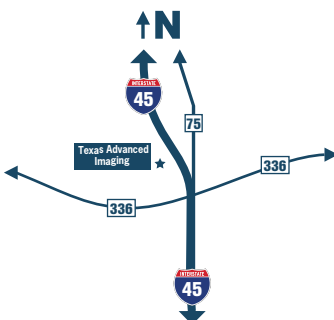


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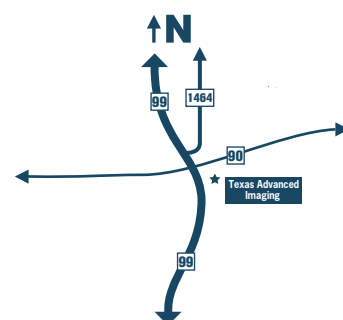


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**\* MAPS NOT TO SCALE**