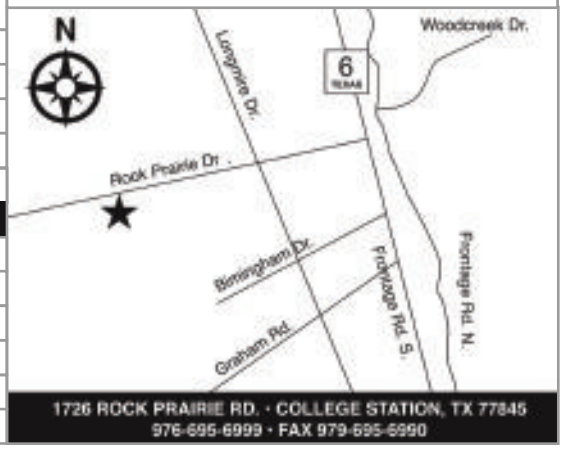
TEXASMRI OF COLLEGE STATION

1726 Rock Prairie Rd.
College Station, TX 77845
phone: 979-695-6999
fax: 979-695-6990

		Order Date:
Patient's Name:	DOB:	Sex:
Cell Phone:	Home Phone:	Weight:
Insurance Carrier:	Attorney Name & Phone:	Auth#:
ID#:	Group #:	Physician Signature:
Referring Physician (Print):	Physician NPI #:	
Phone:	Fax:	
Diagnosis:		

	CPT	MRI SPINE / NEURO			CPT	MRA	NOTES
	70551	BRAIN W/O			70544	MRA BRAIN (COW)	
	70553	BRAIN W + W/O			70547	MRA NECK W/O	
	70553	PITUITARY W+ W/O			CPT	CT	
	70543	ORBITS W + W/O			74176	ABDOMEN & PELVIS W/O	
	70553	IAC'S W + W/O			74177	ABDOMEN & PELVIS W	
	72141	CERVICAL W/O			74178	ABDOMEN & PELVIS W + W/O	
	72156	CERVICAL W + W/O			74150	ABDOMEN W/O	
	72146	THORACIC W/O			74170	ABDOMEN W + W/O	
	72157	THORACIC W + W/O			72192	PELVIS W/O	
	72148	LUMBAR W/O			72193	PELVIS W	
	72158	LUMBAR W + W/O			71250	CHEST W/O	
	CPT	MRI UPPER EXTREMITY			71260	CHEST W	
	73221	SHOULDER W/O	R L		70450	HEAD W/O	
	73221	ELBOW W/O	R L		70470	HEAD W + W/O	
	73221	WRIST W/O	R L		70486	SINUS W/O	
	73218	HAND W/O	R L		70490	SOFT TISSUE NECK W/O	
	73718	HUMERUS	R L		70491	SOFT TISSUE NECK W	
	CPT	MRI LOWER EXTREMITY			70492	SOFT TISSUE NECK W + W/O	
	72195	PELVIS W/O			72125	CERVICAL	
	72197	PELVIS W + W/O			72131	LUMBAR	
	73721	HIP W/O	R L		72128	THORACIC	
	73723	HIP W + W/O	R L		70480	ORBITS / TEMP / FACIAL BONES	
	73718	FEMUR W/O	R L			UPPER EXT. _____	
	73721	KNEE W/O	R L			LOWER EXT. _____	
	73718	TIB / FIB W/O	R L		OTHER SCANS		
	73721	ANKLE W/O	R L				
	73718	FOOT W/O	R L				
	73720	FOOT W + W/O	R L				
	72195	SACRUM W/O					
	CPT	MRI BODY					
	70543	NECK (SOFT TISSUE) W + W/O					



PLEASE FAX PT INFORMATION AND INSURANCE INFORMATION TO EXPEDITE SCHEDULING... THANK YOU!