TEXASMRI OF LUBBOCK

☐ NORTH OFFICE ☐ SOUTH OFFICE

NORTH OFFICE
3501 22nd St.
Lubbock, Texas 79410
Phone: 806-785-6740
Fax: 806-785-6744

SOUTH OFFICE
4027 112th St.
Lubbock, Texas 79423
Phone: 806-589-4441
Fax: 806-589-4439

YOUR APPOINTMENT

Date: _____ Time: _____

PATIENT INFORMATION

Patient Name: _____ SS No.: _____

DOB: _____ Home Tel.: _____ Work Tel.: _____ Cell: _____

Patient Address: _____

PHYSICIAN INFORMATION

Referring Physician: _____Tel.: _____

Tax ID: _____ NPI:_____Contact: _____ Fax: _____

um ❑ STAT- Call with Report ❑ Fax Report ❑ Send CD with Patient ❑ Send Films with Patient

Diagnosis and Special Instructions:_____

Physician's Signature: _____ Date: _____

MRI / MRA PROCEDURE

HEAD / SPINE	WITHOUT CONTRAST	WITH CONTRAST
Brain	❑ 70551	❑ 70553
IAC's		❑ 70553
Pituitary		❑ 70553
Orbits	❑ 70540	❑ 70543
Cervical Spine	❑ 72141	❑ 72156
Thoracic Spine	❑ 72146	❑ 72157
Lumbar Spine	❑ 72148	❑ 72158
BODY	**WITHOUT CONTRAST**	**WITH CONTRAST**
Neck / Soft Tissue	❑ 70540	❑ 70543
Brachial Plexus	❑ 73218	❑ 73220
Chest	❑ 71550	❑ 71552
Abdomen	❑ 74181	❑ 74183
Pelvis	❑ 72195	❑ 72197

MUSCULOSKELETAL		WITHOUT CONTRAST
Shoulder	73221	❑ Right ❑ Left ❑ Bilateral
Elbow	73221	❑ Right ❑ Left ❑ Bilateral
Wrist	73221	❑ Right ❑ Left ❑ Bilateral
Hand	73218	❑ Right ❑ Left ❑ Bilateral
Hip	73721	❑ Right ❑ Left ❑ Bilateral
Femur	73718	❑ Right ❑ Left ❑ Bilateral
Knee	73721	❑ Right ❑ Left ❑ Bilateral
Lower Leg	73718	❑ Right ❑ Left ❑ Bilateral
Ankle	73721	❑ Right ❑ Left ❑ Bilateral
Foot	73718	❑ Right ❑ Left ❑ Bilateral

MR ANGIOGRAM	WITHOUT CONTRAST	WITH CONTRAST
MRA Head/COW	❑ 70544	❑ 70546
MRA Neck/Carotids	❑ 70547	❑ 70549

OTHER: CPT:

INSTRUCTIONS

RI imaging. Please bring x-ray or CT scans if you have access

ndergo an MRI exam. Patients with aneurysm clips should notify their

nately on hour per scan Be sure to bring insurance information