TEXASMRI
PERMIAN BASIN

2651 JBS Parkway Unit C
Odessa, TX 79761
phone: 432-897-1800
fax: 432-224-0244

PATIENT INFORMATION

Patient Name: _____ SSN: _____

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

Patient Address: _____

PHYSICIAN INFORMATION

Referring Physician: _____ Tel: _____

Tax ID: _____ NPI: _____ Contact: _____ Fax: _____

☐ 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
DTI	☐ 70551	
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
3D RENDERING, IF POSITIVE FINDING		☐ 76377

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

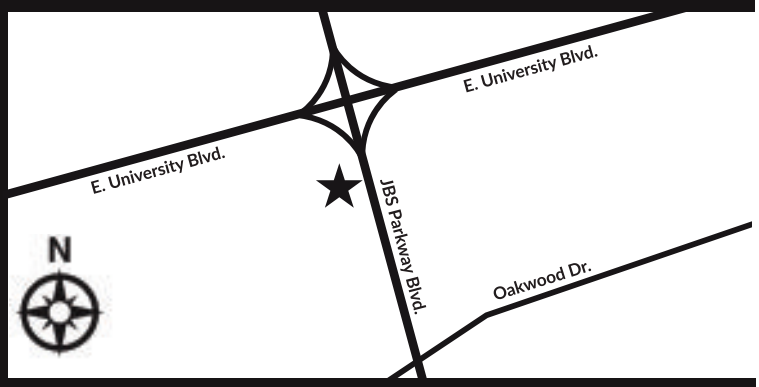
MR ANGIOGRAM	WITHOUT CONTRAST	WITH CONTRAST
MRA Head/COW	☐ 70544	☐ 70546
MRA Neck/Carotids	☐ 70547	☐ 70549

OTHER:

CPT:

INSTRUCTIONS

- No special preparation required for MRI imaging
- Please bring x-ray or CT scans if you have access to them
- Patients with pacemakers MAY NOT undergo an MRI exam
- Patients with aneurysm clips should notify their physician
- The exam will take approximately on hour per scan
- Be sure to bring insurance information



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