



FIVE CONVENIENT LOCATIONS TO SERVE YOUR PATIENTS

Downtown - MRI, CT, and X-Ray
P. 210-572-1211 | F. 210-653-9843

Huebner - MRI, US, X-Ray and VMA
P. 210-696-0360 | F. 210-696-1725

Medical Center - MRI and CT
P. 210-641-0111 | F. 210-641-0555

New Braunfels - MRI, CT, X-Ray and US
P. 830-302-4222 | F. 830-302-4244

Westover Hills - MRI and CT
P. 210-305-8300 | F. 210-305-8301

<p align="center">APPOINTMENT DATE</p> <p align="center">____/____/____</p> <p align="center">_____ AM / PM</p>
--

Please fax a copy of the patient's insurance information and any applicable clinical notes.

Patient Name: _____ DOB: _____ Height: _____ Weight: _____

Phone/Home#: _____ Work/Other#: _____ Insurance Provider: _____

Ins. Group#: _____ Ins. Member#: _____ Precert/Auth#: _____

Referring Physician: _____ Contact Person: _____

Physician Phone#: _____ Physician Fax#: _____

HEAD & NECK MRI	ORTHO MRI	BODY MRI
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST	<input type="checkbox"/> WITH & WITHOUT CONTRAST
<input type="checkbox"/> Brain <input type="checkbox"/> Volumetric Study <input type="checkbox"/> DTI <input type="checkbox"/> IAC'S <input type="checkbox"/> Pituitary-Sella <input type="checkbox"/> Orbits <input type="checkbox"/> TMJ <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Cranial Nerves <input type="checkbox"/> MRA <input type="checkbox"/> Circle of Willis (Head) <input type="checkbox"/> Carotids/Vertebrals <input type="checkbox"/> Renal	<input type="checkbox"/> Finger/Thumb L R <input type="checkbox"/> Hand L R <input type="checkbox"/> Wrist L R <input type="checkbox"/> Elbow L R <input type="checkbox"/> Shoulder L R <input type="checkbox"/> Scapula L R <input type="checkbox"/> Foot L R <input type="checkbox"/> Ankle L R <input type="checkbox"/> Knee L R <input type="checkbox"/> Hip (thigh) L R <input type="checkbox"/> Lower Leg L R <input type="checkbox"/> OTHER MRI <input type="checkbox"/> _____	<input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> MRCP <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Enterography <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Pelvis (bony) <input type="checkbox"/> Pelvis (soft tissue) <input type="checkbox"/> SPINE MRI <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic/Dorsal <input type="checkbox"/> Lumbar

CT SCANS		
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST	<input type="checkbox"/> WITH & WITHOUT CONTRAST
<input type="checkbox"/> Brain <input type="checkbox"/> Facial Bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Sinus Stealth <input type="checkbox"/> IAC's <input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Abdomen/Pelvis - Kidney Stone <input type="checkbox"/> Brachial Plexus	<input type="checkbox"/> Extremities L R <input type="checkbox"/> CTA Pulmonary <input type="checkbox"/> CTA - Abdomen/Pelvis (AAA) <input type="checkbox"/> CTA Chest - Aneurysm <input type="checkbox"/> CTA Head <input type="checkbox"/> CTA Neck <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Chest <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Enterography <input type="checkbox"/> Other _____	

ULTRASOUND (HUEBNER AND NEW BRAUNFELS)		
<input type="checkbox"/> Pelvis + <input type="checkbox"/> Abdomen/Complete* <input type="checkbox"/> Abdomen/Limited* <input type="checkbox"/> Endovaginal <input type="checkbox"/> Abdominal Aorta* <input type="checkbox"/> Gallbladder* <input type="checkbox"/> Abdomen	<input type="checkbox"/> Liver/Pancreas <input type="checkbox"/> Chest Wall <input type="checkbox"/> Renals <input type="checkbox"/> Thyroid <input type="checkbox"/> Breast <input type="checkbox"/> Gallbladder* <input type="checkbox"/> Orbits	<input type="checkbox"/> Doppler: Carotid <input type="checkbox"/> Doppler: Venous <input type="checkbox"/> Doppler: Other <input type="checkbox"/> Testicular <input type="checkbox"/> Other _____

+ Drink 32 oz of fluids 1 hour prior to appt. *Nothing to eat or drink after midnight.

VMA (HUEBNER CENTER ONLY)
<input type="checkbox"/> Cervical Motion <input type="checkbox"/> Lumbar Motion <input type="checkbox"/> Other _____
SPECIAL INSTRUCTIONS
Notes/History: _____

X-RAY (DOWNTOWN, HUEBNER AND NEW BRAUNFELS ONLY)
<input type="checkbox"/> Orthopedic: _____ <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Spine: _____ <input type="checkbox"/> Flex/Ext <input type="checkbox"/> Other _____

ATTORNEYS
Attorney Name: _____ Attorney Number: _____ Date of Injury: _____ <input type="checkbox"/> Work Comp <input type="checkbox"/> MVA <input type="checkbox"/> Slip & Fall

Report Only CD Films Images w/PT STAT

ICD-10 Code / Diagnosis: _____

Special Instructions: _____

Physician Signature: _____ Date: _____



HIGH-QUALITY DIAGNOSTIC IMAGING FOR PERSONAL INJURY PATIENTS

State-of-the-Art MRI Equipment

- 1.5T High-Field, Wide-Bore MRI
- Quiet MRI Protocols
- Wide-Bore MRI – Up to 550 lbs

State-of-the-Art Service

- Physician/Attorney Portal for real time patient scheduling progress
- Specialized, Board Certified, Personal Injury Radiologist
- ARRT certified technologists
- Fully accredited facilities

State-of-the-Art Software

- WARP – Metal Artifact Reduction
- BLADE – Motion reduction technology
- DTI – Diffusion Tensor Imaging for TBI cases
- SWI – For proof of Cerebral Hemorrhage
- NeuroQuant – measures volumes of brain structures and compares to norms

For Personal Injury Scheduling:

210-641-0111 or Fax: 210-641-0555

FIVE CONVENIENT LOCATIONS TO SERVE YOUR PATIENTS



Your Health. Your Money. Your Choice.

Call 855-MRI-CHOICE or visit AmericanHealthImaging.com