



Patient's Name _____ Date of Birth _____ Today's Date _____

*Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ Patient Phone #: _____

Physician's Name (Print) _____ Physician's Signature _____

OBTAIN INS. AUTH. CALL PATIENT TO SCHEDULE TRANSPORTATION STAT REPORT ROUTINE REPORT

Ph. (210) 858-3068 • Fax (210) 858-3069

DTI

____ MRI brain with DTI
(Diffusion Tensor Image)

Velocity MRI

- Without Contrast
- With Contrast
- With and Without Contrast
- ____ Abdomen
- ____ Abdomen (MRCP)
- ____ Brain
- ____ Brain with DTI
- ____ Chest
- ____ Face
- ____ IAC's
- ____ Mandible
- ____ Neck
- ____ Orbit
- ____ Pelvis
- ____ Pituitary Gland
- ____ Sacro-iliac Joint
- ____ Sacrum/Coccyx
- ____ Spine
- Cervical Thoracic Lumar
- ____ Temporomandibular Joints
- ____ Upper Extremity (joint) Left Right
- Elbow Shoulder Wrist
- ____ Upper Extremity (non joint) Left Right
- Hand Forearm Humerus
- ____ Lower Extremity (joint) Left Right
- Ankle Hip Knee
- ____ Lower Extremity (non joint) Left Right
- Femur Foot Tibia/Fibula
- ____ MRA Carotids
(w/reconstruction w/o contrast)
- ____ MRA Cerebrals
(w/reconstruction w/o contrast)

Weight-Bearing MRI

Without Contrast

- ____ Abdomen
- ____ Brain
- ____ Face
- ____ IAC's
- ____ Mandible
- ____ Neck
- ____ Orbit
- ____ Pelvis
- ____ Pituitary Gland
- ____ Sacro-iliac Joint
- ____ Sacrum/CoccyxSpine
- Cervical Thoracic Lumbar

- Temporomandibular Joints
- Upper Extremity (joint) Left Right
- Elbow Shoulder Wrist
- Upper Extremity (non joint) Left Right
- Hand Forearm Humerus
- Lower Extremity (joint) Left Right
- Ankle Hip Knee
- Lower Extremity (non joint) Left Right
- Femur Foot Tibia/Fibula
- Other _____

X-RAY

With Weights Flex/Ext

Exam Requested: _____

MRI CONTRAINDICATIONS

If you have any of the following devices implanted in your body you will not be able to have an MRI exam.

- Pacemaker
- Brain Aneurysm Clip
- Battery Operated Pumps (Insulin, Pain meds, etc.)

MRI OF ABDOMEN

- Need to be fasting 3-4 hours before exam.

MRI SUGGESTIONS

- Do not wear jewelry (necklaces, bracelets, earrings, etc.)
- Wear comfortable loose clothing
- Do not wear clothing with metal buttons or zippers
- For Females, do not wear mascara

NOTE

- The exam requires you to lay still for approximately 15 minutes. If you are in severe pain, we suggest that you take pain medication 1 hr prior to appointment time.
- You may eat prior to the exam.

PLEASE BRING LIST OF MEDICATIONS

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