GO Imaging - Central

3301 South Shepherd Dr.
Houston, TX 77098
713-874-0111 Fax: 713- 874-0555
www.go-imaging.com

APPOINTMENT DATE
_____/_____/_____
_____ AM/PM

Please fax a copy of the patient's insurance information and any applicable clinical notes, prior to rehab or labs.

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

Phone / Home#: _____ Work/Other#: _____ Ins. Provider: _____

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

Referring Physician: _____ Contact Person: _____

Physician Phone#: _____ Physician Fax#: _____

MRI Exams

HEAD & NECK MRI	CONTRAST WITH	CONTRAST W/OUT
☐ Brain		
☐ IAC's		
☐ Pituitary - Sella		
☐ Orbits		
☐ Sinuses		
☐ Soft Tissue Neck		
☐ Brain Stem/Post Fossa		
SPINE MRI		
☐ Cervical		
☐ Thoracic/Dorsal		
☐ Lumbar		
☐ Sacrum/Coccyx		
☐ Spine Screen		
MRA		
☐ Circle of Willis		
☐ Carotids/Vertebrals		
☐ Renal		

ORTHO MRI			CONTRAST WITH	CONTRAST W/OUT
☐ Elbow	L	R		
☐ Hand	L	R		
☐ Wrist	L	R		
☐ Shoulder	L	R		
☐ Knee	L	R		
☐ Ankle	L	R		
☐ Foot	L	R		
☐ Hip	L	R		
☐ Thigh	L	R		
☐ Tib/Fib	L	R		
MRV				
☐ Head				
☐ Neck				

BODY MRI	CONTRAST WITH	CONTRAST W/OUT
☐ Abdomen		
☐ Pelvis		
☐ Brachial Plexus		
☐ MRCP		
☐ Adrenal		
☐ Kidney		
☐ SI Joints		
BREAST MRI ☐ Routine ☐ Follow Up		
☐ Implant		
☐ Mass		
OTHER MRI		
☐ _____		

ARTHROGRAPHY INJECTIONS: ☐ Left ☐ Right

☐ Knee ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Hip ☐ Other _____

X-RAY

☐ Orthopedic _____ ☐ Right ☐ Left ☐ Bilateral

☐ Chest ☐ Abdomen ☐ Spine _____ ☐ Flex/Ext

☐ Other: _____

☐ Report Only ☐ CD ☐ Films ☐ Images w/ PT ☐ STAT

ICD-10 Code / Diagnosis: _____

Special Instructions: _____

Physician Signature: _____

Free Parking ~ Same Day Appointments, Next Day Results