UTHealth McGovern

The University of Texas

Health Science Center at Houston

Medical School UTHealth MRI Center

University of Texas Health Science Center of Houston, McGovern Medical School

6431 Fannin Street, Ground Floor, Room G. 605, Houston TX 77030

Tel: (	(713)	)500-6916	Fax: (71)	3)500-0698
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**MRI Examination Order Form** 

Patient Information     Patient Name:   DOB:   Age:     Patient MRN:   Gender:   Male   Female     Contact number:   Patient Email:   Diagnosis:   ICD-10 Codes:     Diagnosis:   ICD-10 Codes:   Physician Information     Physician Name:   Phone number:   Phone number:     NPI number:   Fax number:   Address:     Address:   Fax Number:   Cottast   Date:     Please check exam required below     Site   LEFT   RIGHT   BILATERAL     Contrast     Brain   Face   MRA head/neck     Brain   Face   MRA head/neck     Brain Pituitary / IAC / Orbits   Brachial plexus   MRA external carotid     Internal Auditory canal   Shoulder / elbow / wrist   MRA chest     Temporomandibular joint   Humerus / forearm / hand   MRA spinal canal     Neck   Hip / Knee / ankle   MRA abdomen     Chest   Spine cranio-cervical junction   MRA upper extremity	Please Fax all orders to (713) 500-0698. Patient will be contacted to schedule an appointment							
Patient MRN:   Gender: Male Female     Contact number:   Patient Email:     Diagnosis:   ICD-10 Codes:     Physician Information     Physician Name:   Phone number:     NPI number:   Fax number:     Address:   Fax Number:     City / State / Zip:   Fax Number:     Physician Signature:   Date:     Velase check exam required below   Site     Contrast   LEFT   RIGHT   BILATERAL     Contrast   Without Contrast   With Contrast   With and without contrast     Brain   Face   MRA head/neck     Brain Pituitary / IAC / Orbits   Brachial plexus   MRA external carotid     Internal Auditory canal   Shoulder / elbow / wrist   MRA chest     Temporomandibular joint   Humerus / forearm / hand   MRA abdomen     Neck   Hip / Knee / ankle   MRA abdomen     Chest   Femur / Tib-Fib / Foot   MRA pelvis	Patient Information							
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Diagnosis:   ICD-10 Codes:     Physician Information     Physician Name:     Pl number:   Phone number:     NPI number:   Fax number:     Address:   Fax number:     City / State / Zip:   Fax Number:     Date:     Physician Signature:     Date:     Site     Date:     Ontrast     MRA head/neck     Brain   Face   MRA head/neck     Brain Pituitary / IAC / Orbits   Brachial plexus   MRA external carotid     Internal Auditory canal   Shoulder / elbow / wrist   MRA chest     Temporomandibular joint   Humerus / forearm / hand   MRA abdomen     Neck   Hip / Knee / ankle   MRA abdomen     Chest   Femur / Tib-Fib / Foot   MRA pelvis	Patient MRN:		Gender: 🗆 Male 🛛 Female					
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City / State / Zip:   Date:     Physician Signature:   Date:     Date:     Site     □ LEFT   □ RIGHT   □ BILATERAL     Contrast     □ Without Contrast   □ With Contrast   □ With and without contrast     □ Brain   □ Face   □ MRA head/neck     □ Brain Pituitary / IAC / Orbits   □ Brachial plexus   □ MRA external carotid     □ Internal Auditory canal   □ Shoulder / elbow / wrist   □ MRA chest     □ Temporomandibular joint   □ Humerus / forearm / hand   □ MRA abdomen     □ Neck   □ Hip / Knee / ankle   □ MRA pelvis								
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Internal Auditory canal   Shoulder / elbow / wrist   MRA chest     Temporomandibular joint   Humerus / forearm / hand   MRA spinal canal     Neck   Hip / Knee / ankle   MRA abdomen     Chest   Femur / Tib-Fib / Foot   MRA pelvis	Brain	☐ Face		MRA head/neck				
Image: Second and Second	Brain Pituitary / IAC / Orbits	Brachial plexus		□ MRA external carotid				
Neck Hip / Knee / ankle MRA abdomen   Chest Femur / Tib-Fib / Foot MRA pelvis	Internal Auditory canal	Shoulder / elbow / v	wrist	☐ MRA chest				
Chest Image: Femur / Tib-Fib / Foot Image: MRA pelvis	Temporomandibular joint	Humerus / forearm	/ hand	MRA spinal canal				
	🗌 Neck	Hip / Knee / ankle		🗆 MRA abdomen				
□ Breast □ Spine cranio-cervical junction □ MRA upper extremity	□ Chest	🛛 Femur / Tib-Fib / Fo	ot	☐ MRA pelvis				
	🛛 Breast	Spine cranio-cervica	al junction	□ MRA upper extremity				
□ Myocardium □ Spine cervical □ MRA lower extremity	🛛 Myocardium	□ Spine cervical		☐ MRA lower extremity				
Cardiac MRI limited studySpine lumbarADVANCED IMAGING (TMC OPID)	Cardiac MRI limited study	□ Spine lumbar		ADVANCED IMAGING (TMC OPID)				
MR spectroscopy     Spine thoracic     MRI Neurography	MR spectroscopy	□ Spine thoracic		MRI Neurography				
Abdomen     Spine sacrum     MRI Cartilage imaging	🛛 Abdomen	□ Spine sacrum		☐ MRI Cartilage imaging				
Pelvis Spine complete T2 maps / T1 Rho	Pelvis	Spine complete		T2 maps / T1 Rho				
Prostate Other MRI 3D models	Prostate	Other		MRI 3D models				
Image: Market Mark				Metal reduction (MARS)				
Image: Description of the sector of the s				□ Other				
Special Instruction:	Special Instruction:							
Comments:								
Required information for all contrast orders								
• Contrast injection X 1 dose via IVP/injector (dose 0.2ml/kg with max dose of 20ml)								
• Patient who is ≥ 50 years old and/or with history of kidney disease will need a STAT creatinine done (if serum creatinine has not been performed in the last two weeks).								

Physician Signature:

Date: