



AFTER HOURS & WEEKEND APPOINTMENTS AVAILABLE!

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Alt Phone: _____
Insurance Provider: _____ ID #: _____ Group #: _____

Please include a copy of the patient's insurance card and ID

REFERRING PHYSICIAN

Referring Physician: _____ Contact Person: _____
Phone: _____ Fax: _____ Email: _____
Results: Report CD Films STAT (Y / N) If yes, choose one: Fax Call

EXAM ORDERED

MRI (Brushy Creek Location Only)

- Brain/Head
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Hip (L, R, Both)
- Knee (L, R, Both)
- Other: _____
- Shoulder (L, R, Both)
- Elbow (L, R, Both)
- Wrist (L, R, Both)
- Hand (L, R, Both)
- Ankle (L, R, Both)
- Foot (L, R, Both)

CT

- Brain/Head
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Extremity: _____
(L, R, Both)
- Other: _____
- Abdomen/Pelvis
- Chest
- Sinuses
- Neck/Soft Tissue

X-Ray

- Chest 1View 2 Views
- Sinus
- Pelvis
- Abdominal Series
- Spine: CSP LSP TSP
Views: AP/Lat Flex/Ext
 Oblique (L / R)
- Extremity: _____
(L, R, Both)
- Other: _____

Contrast: With Without With & Without

Contrast: With Without With & Without

Ultrasound

Specify Exam: _____

Prior Imaging: (Y / N) If Yes, Facility Name: _____ Comparison Needed? (Y / N)

Diagnosis: _____ Sedation: (Y / N) Oral IV

Special Instructions: _____

Physician Signature: _____ Date: _____

2 Convenient Locations for Your Patients!



Family Emergency Hospital at Lake Travis
5012 Ranch Road 620 N
Austin, TX 78732

Scheduling

Phone: (512) 851-1011 Fax: (512) 238-1996
Email: mri@familyemergencyroom.com



Brushy Creek Family Hospital
230 Deer Ridge Drive
Round Rock, TX 78681

Scheduling

Phone: (512) 766-1400 Fax: (512) 238-1996
Email: mri@familyemergencyroom.com