



## 2 LOCATIONS TO SERVE YOU

7504 San Jacinto Place  
PLANO TX 75024

128 N HWY 77  
WAXAHACHIE TX 75165

CALL: 469-310-4977 FAX:469-214-9981

Date: \_\_\_\_\_ Appt Date & Time: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Home/Mobile# \_\_\_\_\_

Diagnosis /ICD10 Code \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

STAT Report  Call Verbal Report to #: \_\_\_\_\_  Film or  CD with patient

Contrast:  With  Please initial if no contrast \_\_\_\_\_

### MRI BIG BORE HF 1.5/3T

- CERVICAL SPINE
- LUMBAR SPINE
- THORACIC SPINE
- SHOULDER R/L
- WRIST R/L
- HAND R/L
- KNEE R/L
- ANKLE R/L
- FOOT R/L
- HEAD \_\_\_\_\_ BRAIN
- MRA
- MRA ABDOMEN
- MRA HEAD OR NECK
- MRA LOWER EXTREMITIES
- MRCP/ABDOMEN
- HEAD  
TRG NVs \_\_\_\_\_  
BRAIN \_\_\_\_\_ ORBITIS \_\_\_\_\_  
PITUITARY \_\_\_\_\_ IACS \_\_\_\_\_
- DTI
- NECK (SOFT TISSUE)
- TMJ
- PROSTATE
- ARTHROGRAM OF: \_\_\_\_\_  
OTHER: \_\_\_\_\_

### CT

- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- JOINT  
\_\_\_\_\_
- EXTREMITIES  
\_\_\_\_\_
- R  L
- SINUSES
- CHEST
- ABDOMEN/PELVIS
- CT STONE PROTOCOL
- HEAD/BRAIN
- NECK (SOFT TISSUE)
- CTA  
\_\_ HEAD  
\_\_ NECK  
\_\_ CHEST  
\_\_ ABDOMEN  
\_\_ RUN OFF
- ARTHROGRAM  
OF \_\_\_\_\_
- MYELOGRAM C \_\_\_ T \_\_\_ L \_\_\_
- DISCOGRAM C \_\_\_ T \_\_\_ L \_\_\_
- OTHER \_\_\_\_\_

### ULTRASOUND

- ABDOMEN
- GALL BLADDER
- THYROID
- PELVIS
- VENOUS DOPPLER  
 UPPER  LOWER
- ARTERIAL DOPPLER
- CAROTID DOPPLER
- OTHER: \_\_\_\_\_
- CALCIUM SCORE

### X-RAY

- CHEST
- C SPINE \_\_\_\_\_ VIEWS
- T SPINE \_\_\_\_\_ VIEWS
- L SPINE \_\_\_\_\_ VIEW
- SHOULDER R / L
- ELBOW R / L
- HAND R / L
- WRIST R / L
- HIP R/L
- KNEE R / L
- ANKLE R / L
- FOOT R / L

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ordering Physician's Signature: \_\_\_\_\_

## **COMMON LUMBAR DIAGNOSIS**

**M48.06** - SPINAL STENOSIS, LUMBAR REGION  
**M51.36** - OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR  
**M54.5** - LOW BACK PAIN  
**M54.16** - RADICULOPATHY, LUMBAR REGION  
**M54.17** - RADICULOPATHY , LUMBOSACRAL REGION  
**M51.36** - OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR  
**M51.86** - OTHER INTERVERTEBRAL DISC DISORDER, LUMBAR REGION  
**M54.16** - RADICULOPATHY, LUMBAR REGION  
**M54.17** - RADICULOPATHY, LUMBOSACRAL REGION  
**S33.5XXA** - SPRAIN OF LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER

## **COMMON CERVICAL DIAGNOSIS**

**M48.02** - CERVICAL STENOSIS  
**M48.06** - SPINAL STENOSIS, LUMBAR REGION  
**M50.30** - OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION  
**M50.80** - OTHER CERVICAL DISC DISORDERS, UNSPECIFIED CERVICAL REGION  
**M50.90** - CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION  
**M54.2** - CERVICALGIA

## **COMMON REASONS FOR SEDATION**

**F40.240** - CLAUSTROPHOBIA  
**F40.8** - OTHER PHOBIC ANXIETY DISORDERS  
**F41.0** - PANIC DISORDER WITHOUT AGORAPHOBIA  
**F41.1** - GENERALIZED ANXIETY DISORDERS  
**F41.3** - OTHER MIXED ANXIETY DISORDERS  
**F41.8** - OTHER SPECIFIED ANXIETY DISORDERS  
**F41.9** - ANXIETY DISORDER, UNSPECIFIED

## **PATIENT PREPARATION INSTRUCTIONS**

Our staff will contact you for an appointment once we receive your imaging order from your ordering provider. Please be prepared to fill out or update necessary paperwork. This paperwork can also be filled out ahead of time and found on our website [www.innateimaging.com](http://www.innateimaging.com). Please bring your drivers license and all insurance cards to your appointment. Notify our staff before your appointment if you are pregnant, may become pregnant, diabetic, history of kidney problems, pacemaker or spinal cord stimulator. Please wear loose fitting clothing, no belts, bra's with metal, earrings, jewelry or any piercings.

MRI-Please inform our staff pacemaker, surgical clips, a prosthesis, metal implants or any other metal objects in your body. Please notify our staff if you are pregnant. All metal clothing, piercings, hairpins, and anything else with metal prior to the exam.

CT- Please refrain from eating large meals or drinking large amounts of water prior to your CT exam. Please wear loose fitting clothing. All clothing containing metal will need to be removed prior to testing. All jewelry and any piercings will need to be removed.

CONTRAST-If contrast has been ordered by your ordering provider you will be given instructions prior to your appointment pertaining to the type of contrast ordered. Our staff will provide your detailed instructions when scheduling your appointment.