

Patient Name:			
Order Date:		Phone:	DOB:
Insurance		ID#	Group #
Attorney Name & Phone:		DOI:	W/C Claim ID:
Physician: (please print)		Specialty:	Physician Signature:
Phone:		Fax:	
Authorization #:		Diagnosis/Indication:	
Report Request: ☐ Online (doctor portal) ☐ Fax		<i>**Please send clinical with orders to expedite authorization process for advanced imaging**</i>	

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>CPT</th><th>MRI</th></tr> <tr><td>☐ 70336</td><td>TMJ</td></tr> <tr><td>☐ 70540</td><td>FACE W/O</td></tr> <tr><td>☐ 70543</td><td>ORBITS W & W/O</td></tr> <tr><td>☐ 70543</td><td>NECK W & W/O</td></tr> <tr><td>☐ 70551</td><td>BRAIN W/O</td></tr> <tr><td>☐ 70553</td><td>BRAIN W & W/O</td></tr> <tr><td>☐ 70553</td><td>PITUITARY W & W/O</td></tr> <tr><td>☐ 70553</td><td>IAC's W & W/O</td></tr> <tr><td>☐ 71550</td><td>CHEST W/O</td></tr> <tr><td>☐ 71552</td><td>CHEST W & W/O</td></tr> <tr><td>☐ 72141</td><td>CERVICAL SPINE W/O</td></tr> <tr><td>☐ 72146</td><td>THORACIC SPINE W/O</td></tr> <tr><td>☐ 72148</td><td>LUMBAR SPINE W/O</td></tr> <tr><td>☐ 72156</td><td>CERVICAL SPINE W & W/O</td></tr> <tr><td>☐ 72157</td><td>THORACIC SPINE W & W/O</td></tr> <tr><td>☐ 72158</td><td>LUMBAR SPINE W & W/O</td></tr> <tr><td>☐ 72195</td><td>PELVIS W/O</td></tr> <tr><td>☐ 72197</td><td>PELVIS W & W/O</td></tr> <tr><td>☐ 73218</td><td>FOREARM W/O</td></tr> <tr><td>☐ 73218</td><td>HAND W/O</td></tr> <tr><td>☐ 73218</td><td>BRACHIAL PLEXUS W/O</td></tr> <tr><td>☐ 73220</td><td>BRACHIAL PLEXUS W & W/O</td></tr> <tr><td>☐ 73221</td><td>SHOULDER W/O</td></tr> <tr><td>☐ 73221</td><td>ELBOW W/O</td></tr> <tr><td>☐ 73221</td><td>WRIST W/O</td></tr> <tr><td>☐ 73718</td><td>FEMUR W/O</td></tr> <tr><td>☐ 73718</td><td>TIBIA W/O</td></tr> <tr><td>☐ 73718</td><td>FOOT W/O</td></tr> <tr><td>☐ 73721</td><td>HIP W/O</td></tr> <tr><td>☐ 73721</td><td>KNEE W/O</td></tr> <tr><td>☐ 73721</td><td>ANKLE W/O</td></tr> <tr><td>☐ 74181</td><td>ABDOMEN W/O</td></tr> <tr><td>☐ 74181</td><td>MRCP</td></tr> <tr><td>☐ 74183</td><td>ABDOMEN W & W/O</td></tr> </table> <table border="1" style="width:100%; 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☐ 72146	THORACIC SPINE W/O																																																																																																																																																																																																																																																																																																																																																																																						
☐ 72148	LUMBAR SPINE W/O																																																																																																																																																																																																																																																																																																																																																																																						
☐ 72156	CERVICAL SPINE W & W/O																																																																																																																																																																																																																																																																																																																																																																																						
☐ 72157	THORACIC SPINE W & W/O																																																																																																																																																																																																																																																																																																																																																																																						
☐ 72158	LUMBAR SPINE W & W/O																																																																																																																																																																																																																																																																																																																																																																																						
☐ 72195	PELVIS W/O																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 73115	X-RAY WRIST																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 73085	X-RAY ELBOW																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 74176	ABDOMEN & PELVIS W/O																																																																																																																																																																																																																																																																																																																																																																																						
☐ 74176	RENAL STONES PROTOCOL																																																																																																																																																																																																																																																																																																																																																																																						
☐ 74177	ABDOMEN & PELVIS W																																																																																																																																																																																																																																																																																																																																																																																						
☐ 74178	ABDOMEN & PELVIS W & W/O																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 74178	RENAL MASS PROTOCOL																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 71275	CHEST (PE)																																																																																																																																																																																																																																																																																																																																																																																						
☐ 71275	CHEST (AORTA)																																																																																																																																																																																																																																																																																																																																																																																						
☐ 72191	PELVIS																																																																																																																																																																																																																																																																																																																																																																																						
☐ 73706	RUNOFF/LOWER EXTREMITIES																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 95886	LOWER EXTREMITIES																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 78201	LIVER SCAN																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 78264	GASTRIC EMPTYING																																																																																																																																																																																																																																																																																																																																																																																						
☐ 78300	BONE SCAN LIMITED																																																																																																																																																																																																																																																																																																																																																																																						
☐ 78306	BONE SCAN WHOLE BODY																																																																																																																																																																																																																																																																																																																																																																																						
☐ 78315	BONE SCAN 3 PHASE																																																																																																																																																																																																																																																																																																																																																																																						
☐ 78607	BRAIN SPECT DATSCAN																																																																																																																																																																																																																																																																																																																																																																																						
☐ 78708	RENAL SCAN w/LASIK																																																																																																																																																																																																																																																																																																																																																																																						
☐ 78708	RENAL SCAN w/CAPTOPRIL																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 76536	THYROID																																																																																																																																																																																																																																																																																																																																																																																						
☐ 76604	CHEST																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 76705	GALLBLADDER/LIVER																																																																																																																																																																																																																																																																																																																																																																																						
☐ 76770	RENAL																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 93880	CAROTID																																																																																																																																																																																																																																																																																																																																																																																						
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☐ 93975	RENAL ARTERIAL DOPPLER																																																																																																																																																																																																																																																																																																																																																																																						
☐ 93978	ABDOMINAL AORTA DOPPLER																																																																																																																																																																																																																																																																																																																																																																																						
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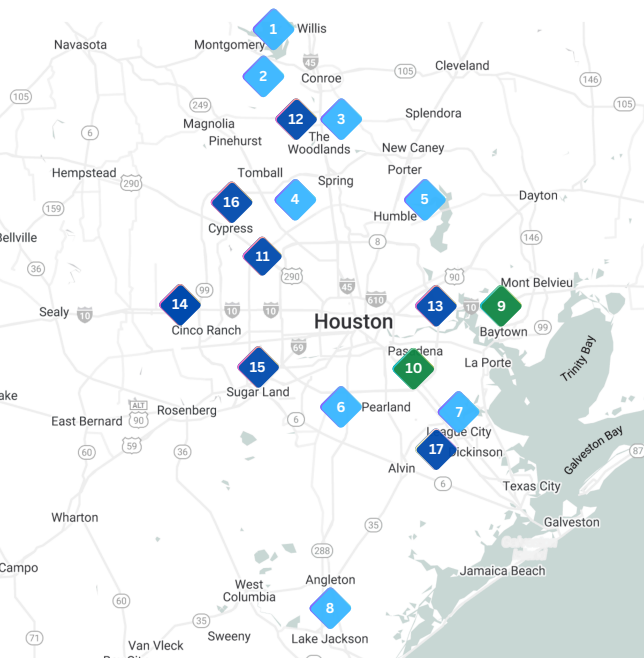
OTHER PROCEDURES NOT LISTED:

SPECIAL INSTRUCTIONS:



CAPITOL IMAGING SERVICES

Family of Centers - Houston, TX



ALLIANCE MRI

- #1 Montgomery
- #2 Woodforest
- #3 The Woodlands
- #4 Spring
- #5 Lake Houston
- #6 Pearland
- #7 Clear Lake
- #8 Lake Jackson

CIS

- #9 PARS Imaging
- #10 Houston Premier Radiology Ctr.

HOUSTON MRI

- #11 West Houston
- #12 Woodlands
- #13 East Houston
- #14 Katy
- #15 Sugar Land
- #16 Cypress
- #17 Friendswood

#1 Alliance MRI - Montgomery
9851 FM 1097 Rd West, Ste 190
Willis, TX 77318
Ph. (936) 254-8402
Fax (936) 249-2251

CMX

#7 Alliance MRI - Clear Lake
17490 Hwy 3 Ste. B300
Webster, TX 77598
Ph. (713) 351-4976
Fax (713) 263-3534

ACMUX

#13 Houston MRI - East Houston
5630 East Sam Houston Pkwy. N.
Houston, TX 77015
Ph. (713) 425-8120
Fax (346) 241-3752

CDMUX

#2 Alliance MRI - Woodforest
Woodforest Medical Plaza 1, Ste 180
750 Fish Creek Thoroughfare
Montgomery, TX 77316
Ph. (936) 647-2538
Fax (936) 207-1358

AMO

#8 Alliance MRI - Lake Jackson
2760 Brazos Parkway, Suite B&C
Angleton, TX 77515
Ph. (979) 849-5700
Fax (979) 849-5787

COX

#14 Houston MRI - Katy
1336 Pin Oak Road Katy, TX 77494
Ph. (713) 425-8118
Fax (713) 493-0716

CDMUXV

#3 Alliance MRI - The Woodlands
1011 Medical Plaza Dr, Ste 120,
The Woodlands, TX 77380
Ph. (281) 305-3003
Fax (281) 305-3004

ACMX

#9 PARS Imaging - Baytown
1010 W Baker Rd #101
Baytown, TX 77521
Ph. (281) 427-5555
Fax (281) 422-7769

COUX

#15 Houston MRI - Sugar Land
15555 Creek Bend Dr., Suite 300
Sugar Land, TX 77478
Ph. (713) 425-8117
Fax (713) 493-0717

CDMUX

#4 Alliance MRI - Spring
20639 Kuykendahl Rd, Ste 250
Spring, TX 77379
Ph. (832) 610-3305
Fax (832) 514-3647

M

#10 Houston Premier Radiology Ctr
12853 Gulf Freeway
Houston, TX 77034
Ph. (281) 464-8200
Fax (281) 464-4343

CDEMNOUVX

#16 Houston MRI - Cypress
27126 Northwest Fwy., Ste. 200
Cypress, TX 77433
Ph. (713) 425-8116
Fax (346) 241-3754

CDMUX

#5 Alliance MRI - Lake Houston
5514 Atascocita Rd. #180
Humble, TX 77346
Ph. (832) 644-0148
Fax (832) 924-7962

M

#11 Houston MRI - West Houston
2600 Gessner Road, Suite 150
Houston, TX 77080
Ph. (713) 425-8119
Fax (713) 493-0580

MUX

#17 Houston MRI - Friendswood
1505 E. Winding Way, Ste. 110
Friendswood, TX 77546
Ph. (713) 425-8115
Fax (713) 493-0719

CDMUX

#6 Alliance MRI - Pearland
1910 Country Place Pkwy, Ste 154
Pearland, TX 77584
Ph. (832) 344-0008
Fax (832) 344-0009

ATX

#12 Houston MRI - Woodlands
1733 Woodstead Ct., Suite 100
The Woodlands, TX 77380
Ph. (281) 364-8840
Fax (346) 241-3753

CDMUX

Capitol Imaging Services Main
Phone - (713) 425-8100

- A - Arthrogram
- C - CT
- D - Dexa
- E - Echocardiography
- F - Fluoroscopy
- M - 1.5T MRI
- N - Nuclear Medicine
- O - Open MRI
- T - 3T MRI
- U - Ultrasound
- V - EMG/NCS
- X - X-Ray

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