



The Upright MRI



www.TheNewMRI.com

() San Antonio, TX

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9627 Huebner Rd #100

San Antonio, TX 78240

NPI: 187-167-6643

Patient Name:	DOB:	() Male Height: _____ () Female Weight: _____ (500 Max)
Patient Phone:	Insurance:	ID#

CPT code	MRI:	Right or Left	Contrast	Diagnosis code
70551/3	() Brain <i>Additional Scanning to</i> () Pituitary () IAC	-	() contrast	
70540/43	() Orbits / () Soft Tissue Neck	-	() contrast	
72141/56	() Cervical Spine <i>add</i> () Flexion () Extension	-	() contrast	
72146/57	() Thoracic Spine	-	() contrast	
72148/58	() Lumbar Spine <i>add</i> () Flexion () Extension	-	() contrast	
72195/97	() Pelvis/Sacrum/Coccyx	-	() contrast	
73221/3	() Shoulder	() R () LT	() contrast	
73221/3	() Elbow	() R () LT	() contrast	
73221/3	() Wrist	() R () LT	() contrast	
73218/20	() Arm () Humerus () Forearm	() R () LT	() contrast	
73218/20	() Hand	() R () LT	() contrast	
73721/3	() Knee	() R () LT	() contrast	
73721/3	() Hip	() R () LT	() contrast	
73718/20	() Leg () Thigh () Calf	() R () LT	() contrast	
73718/21	() Foot () Forefoot () Ankle	() R () LT	() contrast	
<u>MRA</u>	() MRA Head (Circle of Willis) () MRA Neck (Carotids)	-	No Contrast	
	Other:			

Please send patient demographics & clinical notes, as available. Also, labs for contrasted scan

Report will be faxed ~24-48 hours. Images requested? () online Images, () CD with patient, () CD mailed



Dr. Printed Name: _____ NPI: _____



Completed by: _____

Physician Signature: _____

Phone: _____ Fax: _____

Notes: _____