



Ph. (210) 858-3068 • Fax (210) 858-3069  
 scheduling@openmriofsanantonio.com

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

\*Clinical Diagnosis / Symptoms (Required): \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient Phone #: \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_ Physician's Signature \_\_\_\_\_

CALL PATIENT TO SCHEDULE  TRANSPORTATION  STAT REPORT  ROUTINE REPORT



**DTI**

\_\_\_ MRI Brain with DTI (Diffusion Tensor Image)

**MRI**

Without Contrast

With Contrast

With and Without Contrast

- \_\_\_ Abdomen
- \_\_\_ Abdomen (MRCP)
- \_\_\_ Brain
- \_\_\_ Brain with DTI
- \_\_\_ Chest
- \_\_\_ Face
- \_\_\_ IAC's
- \_\_\_ Mandible
- \_\_\_ Neck
- \_\_\_ Orbit
- \_\_\_ Pelvis
- \_\_\_ Pituitary Gland
- \_\_\_ Sacro-iliac Joint
- \_\_\_ Sacrum/Coccyx
- \_\_\_ Spine
  - Cervical  Thoracic  Lumbar
- \_\_\_ Temporomandibular Joints
- \_\_\_ Upper Extremity (joint) Left Right
  - Elbow  Shoulder  Wrist
- \_\_\_ Upper Extremity (non joint) Left Right
  - Hand  Forearm  Humerus
- \_\_\_ Lower Extremity (joint) Left Right
  - Ankle  Hip  Knee
- \_\_\_ Lower Extremity (non joint) Left Right
  - Femur  Foot  Tibia/Fibula

**MRA**

- \_\_\_ MRA Carotids  
(w/reconstruction w/o contrast)
- \_\_\_ MRA Cerebrals  
(w/reconstruction w/o contrast)

**CT SCAN**

Without Contrast

With and Without Contrast

With 3D Reconstruction

(Musculoskeletal only)

- \_\_\_ Abdomen
- \_\_\_ Abdomen/Pelvis
- \_\_\_ Abdomen/Pelvis (Kidney Stone Protocol)
- \_\_\_ Brain
- \_\_\_ Chest
- \_\_\_ IAC's
- \_\_\_ Mandible
- \_\_\_ Orbit
- \_\_\_ Pelvis
- \_\_\_ Pituitary Gland/ Sella
- \_\_\_ Sacro-iliac Joint
- \_\_\_ Sinus (Maxiofacial)
- \_\_\_ Soft Tissue Neck
- \_\_\_ Spine
  - Cervical  Thoracic  Lumbar
  - Post Discogram/Myelogram
- \_\_\_ Temporal Bones
- \_\_\_ Upper Extremity Left Right
  - Elbow  Forearm  Hand
  - Humerus  Shoulder  Wrist
- \_\_\_ Lower Extremity Left Right
  - Ankle  Femur  Foot
  - Hip  Knee  Tibia/Fibula

**QCT BONE DENSITY**

\_\_\_ QCT Bone Density

**CT Coronary Calcium Scoring**

\_\_\_ CT Coronary Calcium Scoring

**ULTRASOUND**

- \_\_\_ Abdomen, Single Organ/Quadrant
- \_\_\_ Abdomen Total
- \_\_\_ Aorta Duplex
- \_\_\_ Arterial Lower Extremity Duplex
  - Bilateral  Unilateral Left Right
- \_\_\_ Arterial Upper Extremity Duplex
  - Bilateral  Unilateral Left Right
- \_\_\_ Bladder (Pre & Post Void)
- \_\_\_ Breast
  - Bilateral  Unilateral Left Right
- \_\_\_ Carotid Duplex
- \_\_\_ Complete Extremity Non-Vascular
  - Upper  Lower Left Right
- \_\_\_ Liver
- \_\_\_ Pelvic - Transabdominal
- \_\_\_ Retroperitoneal
  - Limited (Renal)  Complete (Renal & Bladder)
- \_\_\_ Renal Arteries (Abdomen Aorta, IVC)
- \_\_\_ Scrotum (Testicular) Duplex
- \_\_\_ Thyroid
- \_\_\_ Venous Upper Extremity
  - Bilateral  Unilateral Left Right
- \_\_\_ Venous Lower Extremity
  - Bilateral  Unilateral Left Right
- \_\_\_ Other \_\_\_\_\_

**X-RAY**

With Weights  Flex/Ext

Exam Requested: \_\_\_\_\_

**TBI/VNG**

\_\_\_ VR TBI Assessment

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