

Fort Bend Imaging
Fax (281) 242-0089

U.S. Imaging, Inc.

www.usitexas.com

Scheduling Hotline: 281.207.8779 • Fax: 281.242.2216

Steeplechase
Diagnostic Center
Fax (281) 955-0755

Bay City Imaging
Fax (979) 245-6669

National Associates for Sleep
Fax (888) 757-2680

Beaumont MRI
Fax (409) 833-8181

East Side Imaging
Fax (713) 451-2109

Pearland MRI
Diagnostic & Imaging Center
Fax (281) 485-5712

South Loop
MRI & Diagnostic
Fax (713) 666-2300

Patients Name: _____ D.O.B. _____

Patient's Home Phone: _____ Work Phone: _____

Examination Date: _____ Time: _____

Insurance: _____

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> MRI or MRA* | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Cardiology (Echo, EKG) |
| <input type="checkbox"/> CT Scan | <input type="checkbox"/> Bone Density | <input type="checkbox"/> Mammography | <input type="checkbox"/> FCE/NCV |
| <input type="checkbox"/> Myelogram | <input type="checkbox"/> EMG'S | <input type="checkbox"/> Special Procedures | <input type="checkbox"/> Two Night sleep study |
| <input type="checkbox"/> Discogram | <input type="checkbox"/> Doppler | <input type="checkbox"/> X-Ray Study** | |

Examination Requested _____

Clinical Findings or Diagnosis _____

Physician _____

Phone #: _____ Fax #: _____

- Call Report Fax Report Copy of Films CD to Patient

*MRI Patients - We may not be able to perform your study if you have aneurysm clips, pacemakers, metal in body, or metal in either eye.

** X-Ray Patients - Please notify our office if there is any possibility that you are pregnant

All patients please report 20 minutes prior to scheduled study. If you are unable to make your appointment, please notify us in advance (24 hours if possible).

PLEASE BRING FILMS • PLEASE NOTIFY US OF ANY ALLERGIES

- STAT Report Deliver Films Needs Transportation

ALL WORKERS COMP, LOP, and PIP

Ins. Carrier _____ Phone # _____

Ins. Adjuster _____ Claim # _____

Date of Injury _____ Authorization # _____

Employer _____ Phone # _____

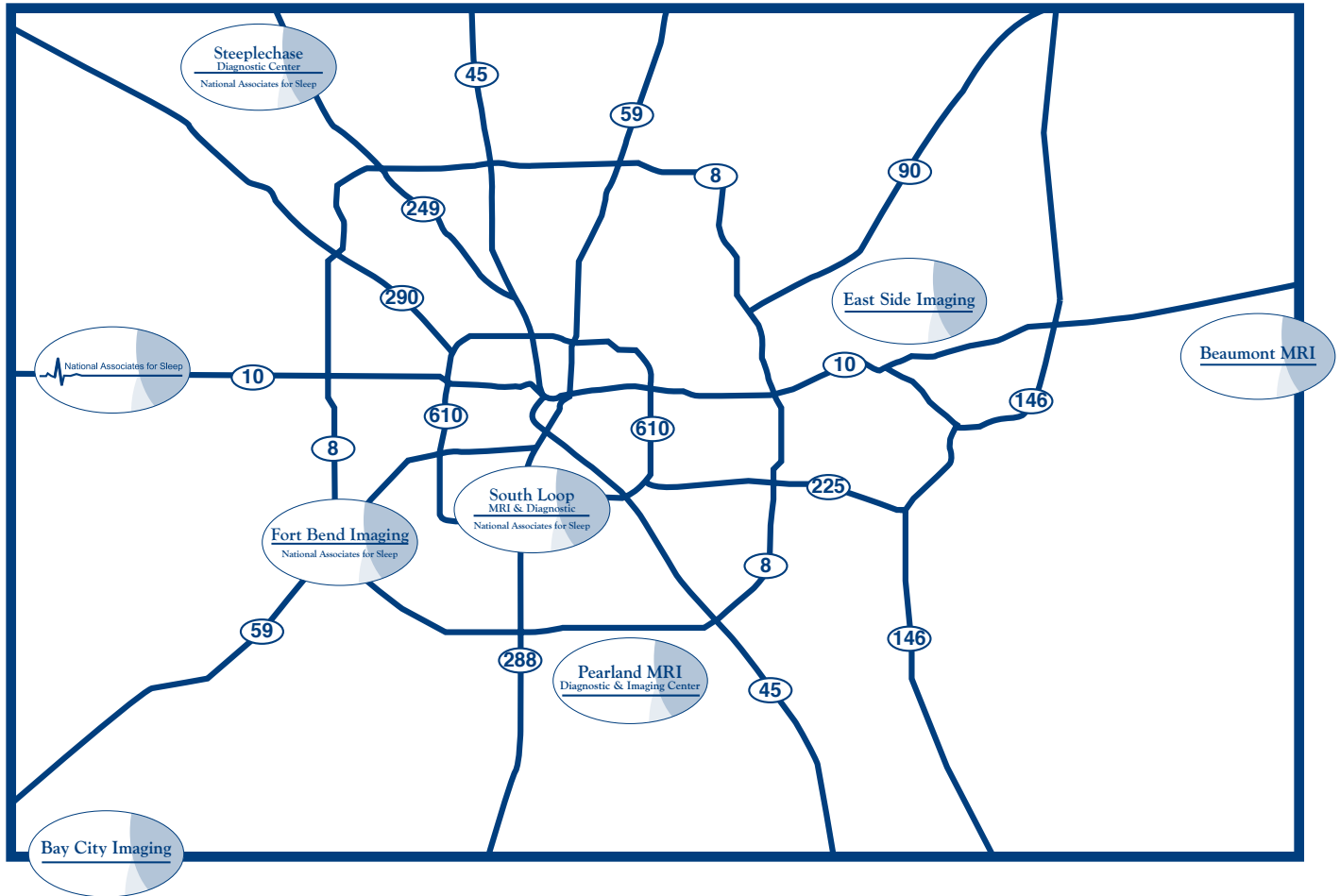
Attorney _____ Phone # _____

Please send our office a fax stating when our patient is scheduled for their exam.

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BMT

Beaumont MRI
3684 College Street
Beaumont, Texas 77702
Tel (409) 833-1400
Fax (409) 833-8181

BCI

Bay City Imaging
720 Avenue F North
Bay City, Texas 77414
Tel (979) 245-6660
Fax (979) 245-6669

ESI

East Side Imaging
10912 East Freeway
Houston, Texas 77029
Tel (713) 451-2900
Fax (713) 451-2109

FBI

Fort Bend Imaging
14835 Southwest Freeway
Sugar Land, Texas 77478
Tel (281) 242-5800
Fax (281) 242-0089

SDC

Steeplechase Diagnostic
10694 Jones Road, Suite 150
Houston, Texas 77065
Tel (281) 955-0440
Fax (281) 955-0755

SLP

South Loop MRI
2616 S. Loop West, Suite 170 A
Houston, Texas 77054
Tel (713) 665-6767
Fax (713) 666-2300

PLD

Pearland MRI
8633 Broadway, Suite 109
Pearland, Texas 77584
Tel (281) 412-3916
Fax (281) 485-5712



National Associates for Sleep
Tel (866) 757-2687
Fax (888) 757-2680