TMH™
TOWNSEN MEMORIAL IMAGING

www.townsenmemorial.com
☐ STAT Doctor's Cell # _____
☐ ROUTINE

**Scheduling Direct Line: (281) 972-0200**
Fax all orders to: (281) 801-4094 or
email to: intake.imaging@townsenhospital.com

| Patient Name | | DoB | Date |
|---|---|---|---|
| Address | Primary Phone | SS# | |
| | IDC10 Code(s) for diagnosis symptoms must be provided | | |

| INSURANCE / WORKERS COMP. INFORMATION | |
|---|---|
| Carrier/Adjuster | Policy / Claim # |
| Group # | Claims Address |
| Name of Insured | |
| Insurance Phone # | IPA / Authorization |

| PHYSICIAN INFORMATION *(Please Print)* | |
|---|---|
| Name | |
| Phone | Fax |
| NPI | |
| Dr. Signature | |

**Claustrophobic?** ☐ Yes ☐ No | **Metal in Body?** ☐ Yes ☐ No | **Allergic to Iodine?** ☐ Yes ☐ No | **Height**_____ **Weight**_____

☐ **STAT CALL**_____ ☐ **Deliver CD to Office** ☐ **Send CD w/ Patient**

**X-RAYS / OTHER PROCEDURES / SPECIAL INSTRUCTIONS**

* Labs Needed For IV Contrast IF:
☐ Age 60 & Up ☐ Diabetic ☐ Renal DX
Creatinine: _____
☐ **Draw Labs If Needed**

| MRI | | |
|---|---|---|
| CPT Codes | | Description |
| **BODY - MRI** | | |
| 74181 | | Abdomen |
| 74183 | | Abdomen W & W/O Contrast |
| 72195 | | Pelvic |
| 72197 | | Pelvic W & W/O Contrast |
| 74183 | | Cholangiogram (MRCP) |
| 74181 | | Liver |
| 70543 | | Auditory Canal (IAC) |
| 70553 | | Auditory Canal W & W/O Contrast |
| 70551 | | Brain |
| 70553 | | Brain W & W/O Contrast |
| 70551 / 70540 | | Brain and Orbits |
| 70543 / 70553 | | Brain & Orbits W & W/O Contrast |
| 70551 / 76377 / 76376 | | DTI Brain W/O Contrast |
| 70552 / 76377 / 76376 | | DTI Brain W/ Contrast |
| 70553 / 76377 / 76376 | | DTI Brain W & W/O Contrast |
| 70553 | | Pituitary W & W/O Contrast |
| 70543 | | Parotid W & W/O Contrast |
| 70540 | | Sinus |
| 70543 | | Facial W or W/O Contrast |
| **EXTREMITY - MRI** | | |
| 73221 | | Shoulder \| RT or LT |
| 73218 | | Upper Arm (Humerus) \| RT or LT |
| 73221 | | Elbow \| RT or LT |
| 73218 | | Forearm \| RT or LT |
| 73221 | | Wrist \| RT or LT |
| 73218 | | Hand \| RT or LT |
| 73221 | | Hip \| RT or LT |
| 73218 | | Thigh (Femur) \| RT or LT |
| 73218 | | Tib-Fib (Leg) \| RT or LT |
| 73721 | | Knee \| RT or LT |
| 73721 | | Ankle \| RT or LT |
| 73718 | | Foot \| RT or LT |
| 73718 | | Toe \| RT or LT |
| W/ Contrast \| W/O Contrast \| W & W/O Contrast | | |
| **SPINE - MRI** | | |
| 72141 | | Cervical Spine |
| 72142 | | Cervical Spine W/ Contrast |
| 72156 | | Cervical Spine W & W/O Contrast |
| 72148 | | Lumbar Spine |
| 72149 | | Lumbar Spine W/ Contrast |
| 72158 | | Lumbar Spine W & W/O Contras |
| 72146 | | Thoracic Spine |
| 72147 | | Thoracic Spine W/ Contrast |
| 72157 | | Thoracic Spine W & W/O Contras |
| 72148 | | Sacrum - Coccyx |

| MRA | | |
|---|---|---|
| 70544 | | Head |
| 70547 | | Neck |
| 74185 | | Abdominal Aorta |
| 70544 | | MRI Brain |
| 70544 | | Intra / Extra Canal |
| **EMG / NCV** | | |
| Choose: Right Left Bilateral Upper Lower Both | | |
| **MAMMOGRAPHY** | | |
| 77067 | | Mammogram (Screening) |
| 77066 | | Mammogram (Diagnostic) - Bilateral |
| 77065 | | Mammogram (Diagnostic) - Unilateral |
| | | Choose: Left Right |
| | | Spot Compression: Left Right |
| 77063 | | 3D Screening Mammogram (Asymptomatic Only) |
| G0279 | | 3D Diag Mammogram to include US if needed |
| | | Include Bone Density (DEXA) |
| **CTA** | | |
| 70496 | | CTA Brain (COW) |
| 70498 | | CTA Neck (Carotids) |
| 71275 | | CTA Chest |
| 75635 | | CTA Abdominal Aorta w/ Runoffs |
| 74174 | | CTA Abdomen / Pelvis |
| 73706 | | CTA Lower Extremities |
| **CT** | | |
| 74150 | | Abdomen |
| 74170 | | Abdomen W & W/O Contrast |
| 72192 | | Pelvis |
| 72193 | | Pelvis W/ Contrast |
| 72194 | | Pelvis W & W/O Contrast |
| 74176 | | Abdomen / Pelvis |
| 74177 | | Abdomen / Pelvis W/ Contrast |
| 74178 | | Abdomen/Pelvis W & W/O Contrast Urogram |
| 74176 | | Renal Stone Protocol |
| 71250 | | Chest (High Resolution) |
| 71250 | | Chest W/O Contrast |
| 71270 | | Chest W & W/O Contrast |
| 70450 | | Brain |
| 70470 | | Brain W & W/O Contrast |
| 72125 | | Cervical |
| 72127 | | Cervical W & W/O Contrast |
| 72131 | | Lumbar |
| 72133 | | Lumbar W & W/O Contrast |
| 72128 | | Thoracic |
| 72130 | | Thoracic W & W/O Contrast |
| 70491 | | Soft Tissue Neck W/ Contrast |
| 70492 | | Soft Tissue Neck W & W/O Contrast |
| 70480 | | Temporal Bones |
| 70486 | | Facial Bones |
| 70480 | | TMJ |
| 70480 | | Orbits |
| 70486 | | Sinus \| mm cuts |
| | | Axial \| Coronal \| Both |

| CT (CONT.) | | |
|---|---|---|
| 70486 / 76376 | | Landmark Protocol |
| 70486 / 77011 | | Instatrak Protocol |
| LDCT Low Dose CT Scan for Lung Cancer Screening | | |
| All CTA: | | |
| Other: | | |
| **EXTREMITY - CT** | | |
| 73200 | | Elbow Wrist Hand |
| 73700 | | Foot \| RT or LT |
| 73700 | | Knee \| RT or LT |
| 73200 | | Shoulder \| RT or LT |
| 73700 | | Ankle \| RT or LT |
| 73700 | | Hip \| RT or LT |
| W/ Contrast \| W/O Contrast \| W & W/O Contrast | | |
| **BONE DENSITOMETRY** | | |
| 77080 | | DEXA Scan (Dual Energy X-ray) |
| **GENERAL ULTRASOUND** | | |
| 93306 | | 2D ECHO |
| 76700 | | Abdomen |
| 76856 | | Pelvis |
| 76830 | | Transvaginal |
| 76805 | | OB |
| 76705 | | Gallbladder |
| 76770 / 51798 | | Renal |
| 76536 | | Thyroid |
| 76641 | | Breast Left Right |
| 76705 | | Liver |
| 78670 | | Scrotum / Testicular |
| 76536 | | Soft Tissue |
| | | 3D / 4D OB |
| **OUTPATIENT SERVICES** | | |
| | | Myelogram |
| | | Cervical |
| | | Thoracic |
| | | Lumbar |
| | | Discogram: Level: |
| | | Cervical |
| | | Thoracic |
| | | Lumbar |
| | | Arthrogram: Shoulder \| Wrist \| Knee |
| | | Choose: Right \| Left \| Both |
| Notes: | | |
| | | Patient needs Transportation |
| | | |
| | | |
| | | Anesthesia |
| | | Mac |
| | | Local |
| | | |
| **DR. SIGNATURE REQUIRED** | | |

| Locations | 1.5T Wide Bore MRI | 1.5T Closed MRI | 0.3T Open MRI | 3T Closed MRI | CT Scan | 3D Mammo | DEXA | ECHO | EMG / NCV | Ultrasound | X-Ray | DTI |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Townsen Memorial Imaging - Humble<br>1475 FM 1960 Bypass Rd. E., Humble, TX 77338<br>346-476-1800 (Office) | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Townsen Memorial Imaging - Med Center<br>3003 S. Loop W., Ste. 140, Houston, TX 77054<br>346-250-1010 (Office) | | ✓ | ✓ | | ✓ | | | ✓ | ✓ | ✓ | ✓ | |
| Townsen Memorial Imaging - Spring<br>3301 Spring Stuebner Rd., Ste. 120, Spring, TX 77389<br>281-407-5760 (Office) | | ✓ | ✓ | | ✓ | | | ✓ | ✓ | ✓ | ✓ | |
| Townsen Memorial Imaging - Southwest<br>10008 Bellaire Blvd., Ste. 105, Houston, TX 77072<br>346-250-5080 (Office) | | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | |
| Townsen Memorial Imaging - Katy<br>20823 Park Row Blvd., Ste B, Katy, TX 77449<br>832-819-0000 (Office) | ✓ | | | | ✓ | | | ✓ | ✓ | ✓ | ✓ | COMING SOON |
| Townsen Memorial Imaging - North Loop<br>613 North Loop East, Houston, TX 77022<br>346-741-6500 (Office) | ✓ | | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Townsen Memorial Imaging - West<br>5850 Rogerdale Rd, BLD A, Houston, Texas 77072<br>346-741-5800 (Office) | ✓ | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | COMING SOON |

# Important Information

GENERAL INFORMATION

- Bring this form with you to your appointment
- If possible, bring previously related studies such as x-rays, CT scans, and mammogram files
- Notify your doctor and the technologist if you are pregnant or think you might be, or if you are breastfeeding
- Notify us 24 hours in advance, if possible, if you are unable to keep your appointment
- Report approximately 15 minutes prior to your scheduled appointment time
- Bring insurance card and picture ID

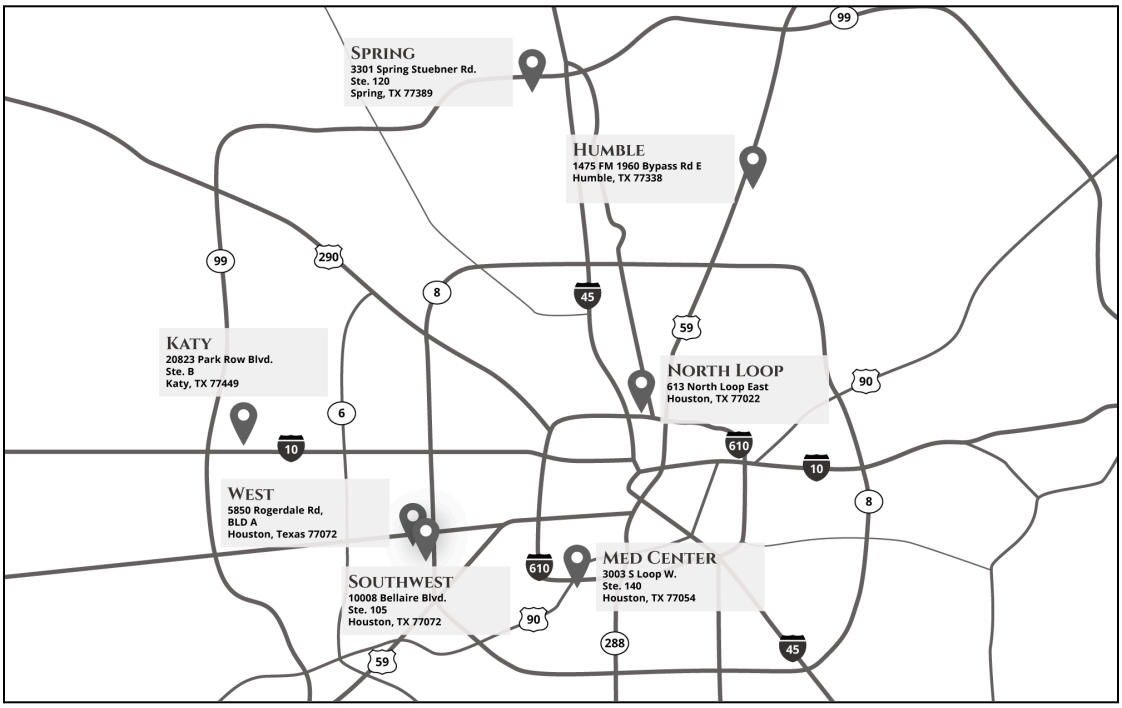
MRI - YOU CANNOT HAVE AN MRI SCAN IF YOU HAVE:

- A pacemaker
- Aneurysm clips in brain
- Ear implants
- Implanted spinal cord stimulator
- Metallic fragments in one or both eyes
- Please let your MRI technologist know if you have any other metal objects in your body

ULTRASOUND

Pelvic / OB

- Drink 32 ounces of any liquid one hour prior to your appointment time
- Do not empty your bladder until your exam is complete

Abdominal and Pelvic

- Do not eat or drink anything after midnight
- After the abdominal portion is completed, you will be asked to fill your bladder for the pelvic portion