AMERICAN HEALTH Imaging

☐ Huebner
☐ Lexington
☐ San Antonio MedCenter
☐ Westover Hills
☐ New Braunfels
☐ New Braunfels Oak Run

APPOINTMENT DATE
_____/_____/_____
_____ AM / PM

Please fax a copy of the patient's insurance information and any applicable clinical notes.

Patient Name: _____ DOB: _____ Height: _____ Weight: _____

Patient Phone #: _____ Circle: Cell or Home ☐ Call Patient to Schedule Appointment

Insurance Name/Group#/Member #: _____

Precert/Auth #: _____ ICD-10 Code/Diagnosis: _____

☐ Report Only ☐ CD ☐ **STAT** ☐ **STAT CALL REPORT TO:** _____

☐ Draw Labs Creatinine: _____ GFR: _____ Date Drawn: _____

Head/Neck MRI Ortho MRI Body MRI

☐ **WITHOUT CONTRAST** ☐ **WITH CONTRAST** ☐ **WITHOUT & WITH CONTRAST**

Head/Neck MRI	Ortho MRI	Body MRI
☐ Brain	☐ Finger/Thumb L R	☐ Brachial Plexus
☐ Brain for ARIA	☐ Hand L R	☐ Chest
☐ Cranial Nerves	☐ Wrist L R	☐ Abdomen
☐ DTI	☐ Elbow L R	☐ Enterography
☐ IACs	☐ Shoulder L R	☐ MRCP
☐ Pituitary-Sella	☐ Scapula L R	☐ Pelvis (Bony)
☐ Volumetric Study	☐ Foot L R	☐ Pelvis (Soft Tissue)
☐ Orbits	☐ Ankle L R	☐ Prostate
☐ Soft Tissue Neck	☐ Knee L R	☐ DynaCAD
☐ TMJ	☐ Hip (Thigh) L R	☐ Sacrum/Coccyx
	☐ Lower Leg L R	

SPINE MRI
☐ Cervical
☐ Thoracic/ Dorsal
☐ Lumbar

OTHER MRI
☐ _____

ULTRASOUND

(San Antonio MedCenter & New Braunfels Only)

☐ Pelvis +	☐ Liver/Pancreas	☐ Testicular/Scrotal
☐ Abdomen/Complete *	☐ Chest Wall	☐ Doppler: Carotid
☐ Abdomen/Limited *	☐ Renals	☐ Doppler: Venous
☐ Endovaginal	☐ Thyroid	☐ Doppler: Other
☐ Aorta *	☐ Transvaginal	_____
☐ Gallbladder	☐ Orbits	**OTHER ULTRASOUND**
+ Drink 32oz of fluids 1 hour prior to appointment	* Nothing to eat or drink after midnight	☐ _____

ATTORNEY

ICD-10 Code / Diagnosis: _____

Attorney Name: _____ Date of Injury: _____

☐ Work Comp ☐ MVA

Attorney Number: _____ ☐ Slip & Fall

SPECIAL INSTRUCTIONS

☐ The interpreting physician may modify the test design; including the number of views, thickness of tomographic sections, and use or non-use of contrast.

CT

☐ **WITHOUT CONTRAST** ☐ **WITH CONTRAST**
☐ **WITHOUT & WITH CONTRAST**

☐ Brain	☐ Abdomen/Pelvis
☐ Facial Bones	☐ Abdomen/Pelvis (Kidney Stone)
☐ Sinuses	☐ Urogram
☐ Sinus Stealth	☐ Enterography
☐ IACs	☐ Renal
☐ Pituitary	☐ Liver
☐ Orbits	☐ Cervical Spine
☐ Soft Tissue Neck	☐ Thoracic Spine
☐ Chest	☐ Lumbar Spine
☐ Calcium Scoring	☐ Extremities L R
☐ LDCT Lung Cancer Screening	_____
☐ Abdomen	**OTHER CT**
☐ Pelvis	☐ _____

ANGIOGRAPHY

☐ **WITHOUT CONTRAST** ☐ **WITH CONTRAST**
☐ **WITHOUT & WITH CONTRAST**

MRI Angiography	CT Angiography
☐ MRA Circle of Willis (Head)	☐ CTA Head ☐ CTA Neck
☐ MRA Carotids/ Vertebrals (Neck)	☐ CTA Chest (PE Protocol) ☐ CTA Pulmonary
☐ MRA Renal	☐ CTA Abdomen/Pelvis (AAA) ☐ CTA Renal ☐ CTA Runoff

X-RAY

(Huebner, Lexington, & New Braunfels Only)

☐ Orthopedic: _____
☐ R ☐ L ☐ Bilateral

☐ Spine _____ ☐ Flexion/Extension

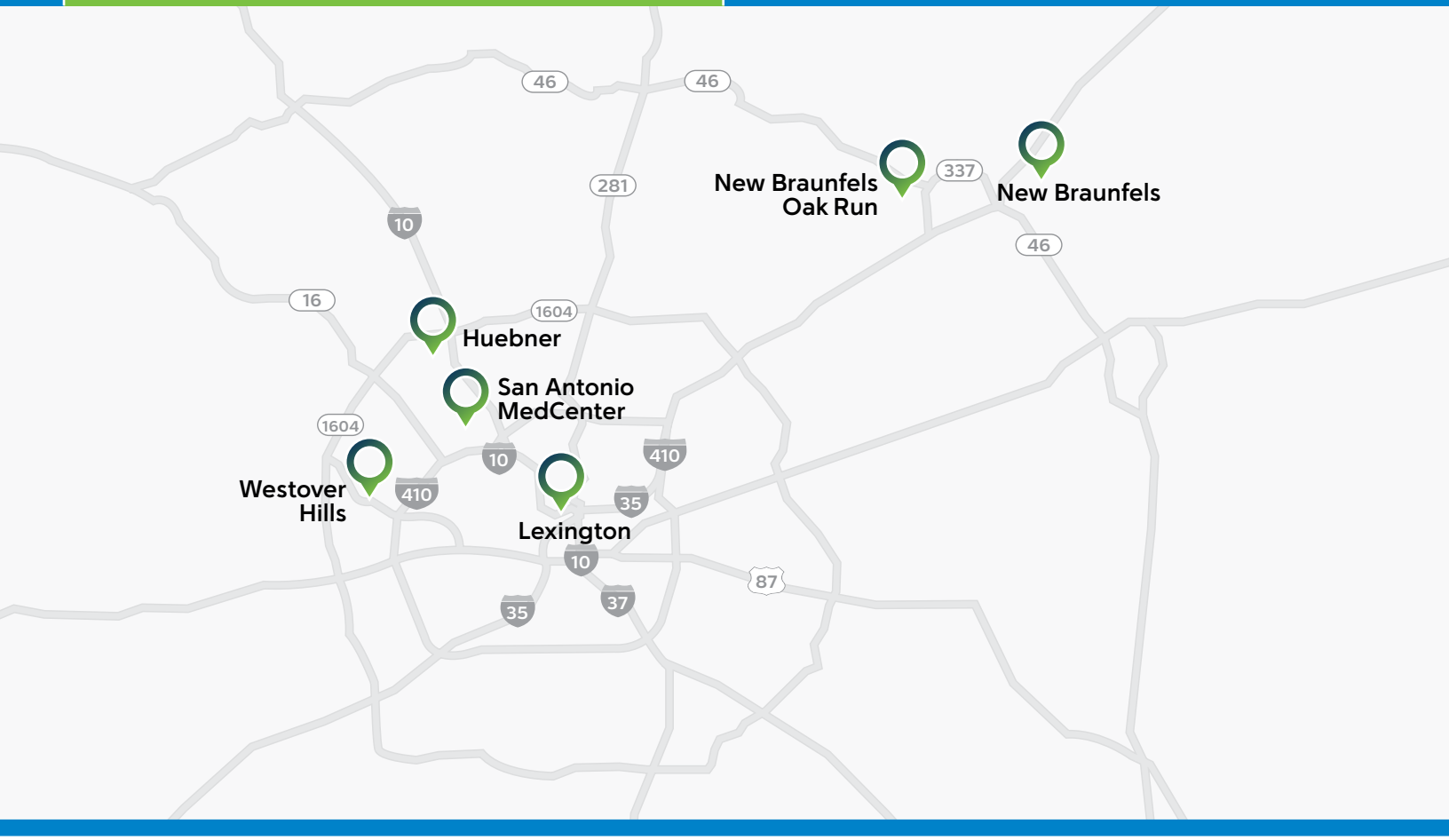
☐ Other _____ ☐ Chest

☐ Abdomen

Physician Signature: _____ Date: _____

Physician Name: _____ Physician Phone #: _____ Physician Fax #: _____

6 CONVENIENT LOCATIONS IN SAN ANTONIO



HUEBNER
10007 Huebner Road, Building 2 Suite 204
San Antonio, TX 78240
Phone: 210.696.0360
Fax: 210.696.1725
SERVICES: MRI • X-ray • DTI

LEXINGTON
818 Lexington Avenue
San Antonio, TX 78212
Phone: 210.572.1211
Fax: 210.653.9843
SERVICES: MRI • Open MRI • CT • X-ray • DTI

SAN ANTONIO MEDCENTER
8627 Cinnamon Creek, Building 2
San Antonio, TX 78240
Phone: 210.641.0111
Fax: 210.641.0555
SERVICES: MRI • CT • US • DTI

WESTOVER HILLS
10131 Military Drive West, Suite 101
San Antonio, TX 78251
Phone: 210.305.8300
Fax: 210.305.8301
SERVICES: MRI • CT • DTI

NEW BRAUNFELS
625 Central Parkway, Unit 108
New Braunfels, TX 78130
Phone: 830.302.4222
Fax: 830.302.4244
SERVICES: MRI • CT • X-ray • US • DTI

NEW BRAUNFELS OAK RUN
2967 Oak Run Parkway, Suite 320
New Braunfels, TX 78132
Phone: 830.369.0131
Fax: 830.369.0130
SERVICES: MRI • DTI