

# MONTICELLO DIAGNOSTIC IMAGING



- Alliance - 3160 N Tarrant Parkway, FW 76177 P: 817-591-4624 F: 817-591-4628
- Arlington - 800 Orthopedic Way, Arlington 76015 P: 817-375-5201 F: 817-299-1715
- Burleson - 649 NE Alsbury #101, Burleson 76028 P: 817-295-5477 F: 817-295-5499
- Decatur - 1713 S FM 51 Ste 103, Decatur 76234 P: 940-627-2570 F: 888-233-0244
- Denton - 2535 W. Oak Street, Denton 76201 P: 940-382-1082 F: 940-382-1671
- Fort Worth - 3712 W 7<sup>th</sup> St. Ft Worth 76107 P: 817-377-3800 F: 817-377-3801
- Mansfield - 2801 E Broad St, Mansfield 76063 P: 817-375-5213 F: 817-406-8396

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Bus: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Referral Coordinator: \_\_\_\_\_

Routine  ASAP  STAT VERBAL Call Back Number: \_\_\_\_\_  
Call Back Number Required

Fax  CD  Films  Email  Send with Patient  Deliver to Doctor **Follow up appt:** \_\_\_\_/\_\_\_\_

### MRI

Contrast  Radiologist discretion  
 With  Without  W & W/O

BRAIN  
 PITUITARY  
 ORBITS  
 IAC'S  
 TMJ  
 NECK (soft tissue)  
 ABDOMEN  
 attn: \_\_\_\_\_

PELVIS

SPINE C T L (circle one)

SHOULDER L R  
 HUMERUS L R  
 ELBOW L R  
 FOREARM L R  
 WRIST L R  
 HAND L R  
 FINGERS L R  
 HIP L R  
 FEMUR L R  
 TIBIA-FIB L R  
 KNEE L R  
 ANKLE L R  
 FOOT L R

Attention to:  Fore  Mid  
 TOE(S) L R

ARTHROGRAM \_\_\_\_\_  
 OTHER \_\_\_\_\_

### CT

Contrast  Radiologist discretion  
 With  Without  W & W/O

HEAD \_\_\_\_\_  
 NECK  
 SINUS  
 ROUTINE  LIMITED

CHEST  
 ROUTINE  
 HI RES CT  
 CALCIUM SCORING  
Alliance

ABDOMEN  
 ABDOMEN  
 ABDOMEN/PELVIS  
 PELVIS  
 LIVER MULTI PHASE  
 ADRENAL PROTOCOL  
 STONE PROTOCOL (NO CONTRAST)  
 PANCREAS PROTOCOL  
 RENAL PROTOCOL

SPINE C T L (circle one)

EXTREMITY \_\_\_\_\_  
 L  R  
 OTHER \_\_\_\_\_

### CTA

\* 64 Slice CT Alliance/Ft. Worth

ABDOMEN  
 CAROTID/HEAD  
 CORONARY  
 AFIB HEART NON CORONARY  
 LOWER EXTREMITY RUN OFF  
 RENAL ARTERIES  
 OTHER: \_\_\_\_\_

### XRAY

BODY PART: \_\_\_\_\_

L R Views 1 2 3

Special Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_

LABS  
 CREATININE

**\*\*Descriptive Dx required:**  
 \_\_\_\_\_  
 \_\_\_\_\_

### ULTRASOUND

\*Fort Worth, Burleson and Alliance ONLY  
 STUDY/SPECIAL INSTRUCTIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_

### MRA

MRA Contrast  YES  NO

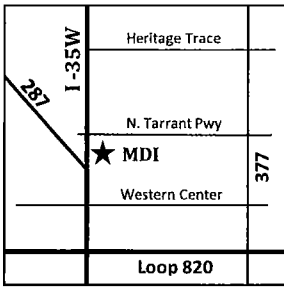
BRAIN  
 CAROTID  
 RUN OFF/LOWER EXTREMITIES  
 RENAL

Auth #: \_\_\_\_\_

**Wise Health System**  
 NPI: 1124076401  
 Tax Id: 751250450

**\*\*Please send complete clinical notes and demographics for MDI to obtain pre-authorizations.**

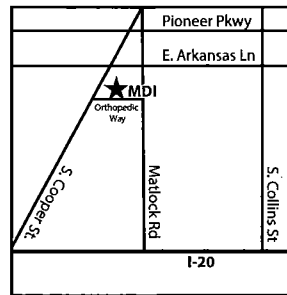
Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



### Monticello Alliance

817.591.4624 • 817.345.3655 fax  
3160 N Tarrant Parkway  
Fort Worth 76177

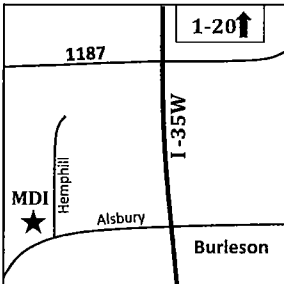
1.5T MRI • 64 slice CT • X-ray • US



### Monticello Arlington

817.375.5201 • 817.299.1715 fax  
800 Orthopedic Way  
Arlington 76015

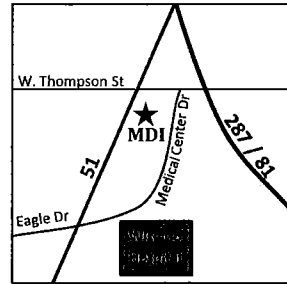
1.5T MRI



### Monticello Burleson

817.295.5477 • 817.295.5499 fax  
649 NE Alsbury  
Burleson 76028

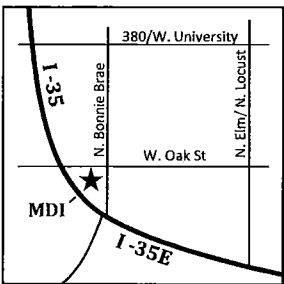
1.5T MRI • CT • X-ray • US



### Monticello Decatur

940.627.2570 • 888.233.0244 fax  
1713 S FM 51  
Decatur 76234

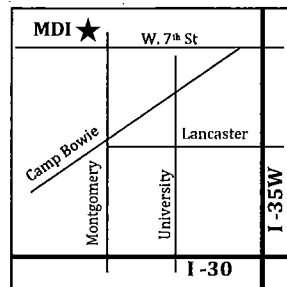
Open MRI



### Monticello Denton

940.382.1082 • 940.382.1671 fax  
2535 W Oak Street  
Denton 76201

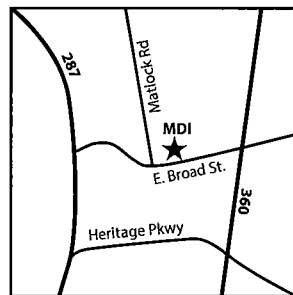
Open MRI



### Monticello Fort Worth

817.377.3800 • 817.377.3801 fax  
3712 W 7th Street  
Fort Worth 76107

1.5T MRI • High Field Open MRI  
CT (64sl low dose) • X-ray • US



### Monticello Mansfield

817.375.5213 • 817.375.5201 fax  
2801 E Broad St.  
Mansfield 76063

1.5T MRI

Please tell the technologist if you have medical or electronic devices in your body, because they may interfere with the exam or potentially pose a risk. Some implanted devices may not be safe for MRI examinations. Examples include but are not limited to:

- artificial heart valves
- implanted drug infusion ports
- implanted electronic device, (including a cardiac pacemaker or defibrillator)
- artificial limbs or metal joint prostheses
- implanted nerve stimulators
- metal pins, screws, plates, stents or surgical staples
- cochlear (ear) implant
- aneurysm clips

Please arrive 20 minutes before your appointment time to complete all necessary paperwork. You may also find our patient forms on our website and bring the completed forms with you.