



DeSoto  
1750 N. Hampton Rd.

McKinney  
7300 Eldorado Pkwy., Suite 170

Plano (Legacy)  
5425 W. Spring Creek Pkwy., Suite 110

See back for addresses,  
phone and fax numbers.

DIAGNOSTIC IMAGING\*

Mansfield  
2975 E. Broad St., Suite 101

Plano (Independence)  
8080 Independence Pkwy., Suite 105

Richardson  
4140 E. Renner Rd., Suite 100

email TXimagingorders@cdi-rad.com

Appointment date and time		Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name		Insurance ID #	Group #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Pre-authorization #	Claustrophobic Y N Sedation required* Y N	*All patients receiving sedation require a driver.

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.	<b>Clinical Decision Support (CDS)</b>	
	<b>Required for Medicare Part B</b>	
	Modifier (determination)	G-code (vendor)
<input type="radio"/> STAT <input type="radio"/> STAT call # _____ <input type="radio"/> STAT fax # _____ <input type="radio"/> CD to provider's office <input type="radio"/> CD with patient		
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela		
<input type="radio"/> On-site creatinine testing needed? Creatinine _____ Blood draw date _____		

L  R  BIL

### MRI

IV contrast as clinically indicated by radiologist  
OR  No contrast

Arthrogram \_\_\_\_\_  
 Other \_\_\_\_\_

**NEURO**

Brain and/or  Orbits  
 Volumetric brain imaging (NeuroQuant®)

IACs  
 Pituitary  
 TMJ  
 Neck (soft tissue)

**SPINE**

Cervical  
 Thoracic  
 Lumbar

**BODY**

Chest  
 Abdomen  
 Enterography (abd/pel)  
 MRCP  
 Pelvis  
 Hip(s)  
 Breast MRI bilateral

**UPPER EXTREMITY**

Shoulder  
 Elbow  
 Wrist  
 Hand

**LOWER EXTREMITY**

Femur  
 Knee  
 Tibia/Fibula  
 Ankle  
 Foot

**MRA**

Head  
 Carotid  
 Aorta w/runoff  
 Renal

### CT

IV contrast as clinically indicated by radiologist  
OR  No contrast

3D reconstruction as clinically indicated by radiologist OR  No 3D reconstruction

Arthrogram \_\_\_\_\_  
 Heart calcium scoring  
 Other \_\_\_\_\_

**NEURO**

Head  
 IAC/Temporal bones  
 Facial bones  
 Pituitary  
 TMJ  
 Neck (soft tissue)  
 Sinus  
 Complete  Limited

**SPINE**

Cervical  
 Thoracic  
 Lumbar

**BODY**

Chest  
 Abdomen  
 Abdomen/Pelvis  
 Enterography (abd/pel)  
 Pelvis  
 Hip

**UPPER EXTREMITY**

Shoulder  
 Elbow  
 Wrist  
 Hand

**LOWER EXTREMITY**

Knee  
 Ankle  
 Foot

**CTA**

Brain  
 Aorta  
 Chest  
 Abdomen  
 Pelvis  
 Lung (PE)  
 Carotid  
 Mesenteric  
 Renal

### X-RAY

Skeletal survey  
 Spine  
 Cervical  
 Thoracic  
 Lumbar  
 Scoliosis series  
 Chest  
 Rib series  
 Pelvis  
 Hip(s)  
 Other \_\_\_\_\_

Abdomen/KUB  
 Shoulder  
 Humerus  
 Elbow  
 Forearm  
 Wrist  
 Hand  
 Knee  
 Ankle  
 Foot

### SPECIAL PROCEDURES

Breast biopsy  
 Hip arthrocentesis  
 Hysterosalpingogram (HSG)  
 Essure confirmation  
 Other \_\_\_\_\_

Myelogram  
 Cervical  
 Thoracic  
 Lumbar  
 Thyroid biopsy - DeSoto only

### ULTRASOUND

Doppler if clinically indicated by radiologist  
OR  No Doppler

Transvaginal if clinically indicated by radiologist  
OR  No transvaginal

Abdomen complete (diaphragm to iliac crest)  
 Aorta  
 Breast  
 Carotid artery  
 Gallbladder  
 Liver  
 Liver Doppler  
 Liver w/elastography  
 Obstetric  
 1<sup>st</sup> trimester  
 2<sup>nd</sup> trimester  
 3<sup>rd</sup> trimester  
 Other \_\_\_\_\_

Pelvis (Iliac crest to pubic symphysis)  
 Renal and  Bladder  
 Scrotum  Doppler  
 Soft tissue  
 Transvaginal  
 Thyroid/Parathyroid  
 Arterial Doppler  
 Upper extremity  
 Lower extremity

Venous Doppler  
 Upper extremity  
 Lower extremity

### BONE DENSITY

Screening  Diagnostic

• History of pathological fracture?  No  Yes

• Age-related osteoporosis w/o current pathological fracture?  No  Yes

• Estrogen deficiency/clinical risk for osteoporosis?  No  Yes

• Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids?  No  Yes

### WOMEN'S IMAGING SERVICES

#### MAMMOGRAM

Screening  Diagnostic

Screening mammogram, and if indicated, an additional diagnostic mammogram and/or breast ultrasound

### DESOTO

### INTERVENTIONAL PROCEDURES

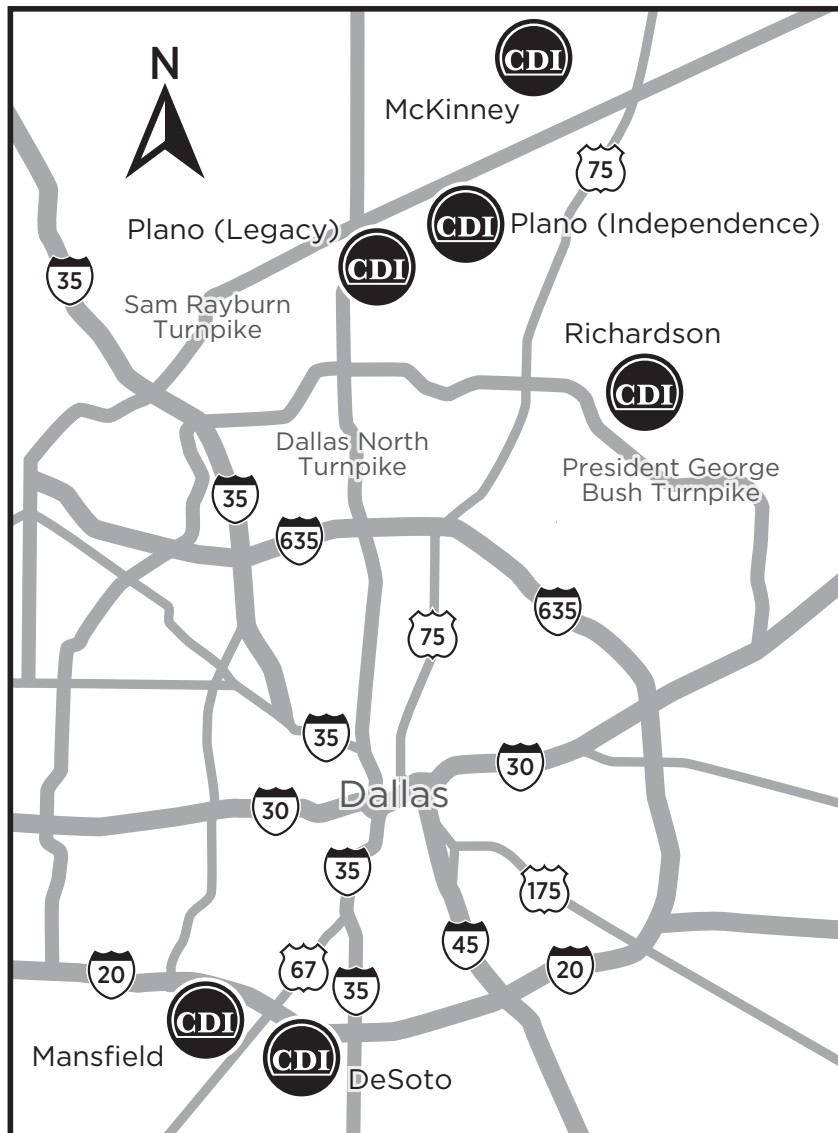
Biopsy (liver, lung, thyroid)  
 Declot/Fistulagram  
 Kyphoplasty/Vertebroplasty  
 Permacath  
 Check  
 Exchange  
 Placement  
 Removal

Vascular consultation to evaluate for:  
 Peripheral artery disease/Critical limb ischemia  
 Varicose veins  
 Uterine fibroid embolization  
 Non-healing wound  
 Pelvic congestion  
 Varicocele  
 Lower extremity swelling

Other \_\_\_\_\_

Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required)	NPI # (required for new providers)	Date

Do not use rubber stamp.



CENTER	PHONE/ FAX	ADDRESS	HIGH-FIELD MRI	CT	ULTRA- SOUND	MAMMO	DXA	X-RAY	OTHER SERVICES
DeSoto	P: 214.420.5400 F: 214.420.5401	1750 N. Hampton Rd. DeSoto, TX 75115	●	●	●	●	●	●	3D mammography, Bone density, Breast cancer risk assessment, Breast MRI, Interventional radiology procedures, Biopsies, Kyphoplasty, Arthrogram, Myelogram
Mansfield	P: 214.420.5400 F: 817.453.8082	2975 E. Broad St., Suite 101 Mansfield, TX 76063	● (Open)	●	●			●	Arthrogram, Breast MRI
McKinney	P: 972.920.0120 F: 214.592.0035	7300 Eldorado Pkwy., Suite 170 McKinney, TX 75070	● (Oval)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast MRI, Bone density
Plano (Independence)	P: 972.920.0120 F: 972.208.1421	8080 Independence Pkwy., Suite 105 Plano, TX 75025	● (Wide-bore)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast biopsies, Arthrogram, Bone density
Plano (Legacy)	P: 972.920.0120 F: 214.778.0102	5425 W. Spring Creek Pkwy., Suite 110 Plano, TX 75024	●	●	●	●	●	●	3D mammography, Bone density, Breast cancer risk assessment
Richardson	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	● (Open)	●	●			●	Arthrogram

Center for Diagnostic Imaging centers in the Dallas/Fort Worth area are operated by Methodist CDI, a Texas non-profit corporation, and are staffed by independently practicing physicians who are contracted by Methodist CDI. The physicians and staff who provide services at the imaging centers are not employees or agents of Methodist Health System or any of its affiliated hospitals.