Chiropractic Order Form

CDI
DIAGNOSTIC IMAGING®

Tax ID: 46-5265469 NPI #: 1164829214

If you are unable to keep your appointment, contact us 24 hours in advance.

❍ **DeSoto**
1750 N. Hampton Rd.
DeSoto, TX 75115
P: 214.420.5400
F: 214.420.5401

❍ **McKinney**
7300 Eldorado Pkwy., Suite 170
McKinney, TX 75070
P: 972.920.0120
F: 214.592.0035

❍ **Plano (Legacy)**
5425 W. Spring Creek Pkwy., Suite 110
Plano, TX 75024
P: 972.920.0120
F: 214.778.0102

❍ **Mansfield**
2975 E. Broad St., Suite 101
Mansfield, TX 76063
P: 214.420.5400
F: 817.453.8082

❍ **Plano (Independence)**
8080 Independence Pkwy., Suite 105
Plano, TX 75025
P: 972.920.0120
F: 972.208.1421

❍ **Richardson**
4140 E. Renner Rd., Suite 100
Richardson, TX 75082
P: 972.920.0120
F: 972.238.1222

email TXimagingorders@cdirad.com

Appointment date and time	Check-in time	Patient DOB	❍ M ❍ F
Patient name (as shown on insurance card)	Phone #		
Insurance name	Insurance ID #	Group #	Claustrophobic Yes No Sedation required* Yes No *All patients receiving sedation require a driver.*
❍ Auto ❍ Workers' comp ❍ Commercial/Private	Date of injury	Pre-authorization #	

(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.

Is the exam/procedure related to an injury? ❍ No ❍ Yes **If yes** ❍ Initial ❍ Subsequent or ❍ Sequela

❍ STAT
❍ STAT call # _____
❍ CD to provider's office
❍ CD with patient

❍ MRI ❍ CT

❍ **Without contrast** ❍ **With contrast** ❍ **With/Without contrast**
❍ **IV contrast as clinically indicated by radiologist**

Creatinine lab results _____
BUN _____
Blood draw date* _____
❍ **Creatinine on-site testing needed***

**Lab values needed within 30 days of the exam for IV contrast if the patient 1) is diabetic 2) is 60 years or older 3) has history of renal failure or renal disease 4) is having chemotherapy or 5) has only one kidney*

NEURO
❍ Neck (soft tissue)
❍ TMJ
❍ Other _____

SPINE
❍ Cervical
❍ Thoracic
❍ Lumbar

MSK
❍ Extremity _____
❍ L ❍ R ❍ BIL
❍ Joint _____
❍ L ❍ R ❍ Arthrogram (if indicated)

OTHER
❍ Screening to rule out metal (X-ray or CT as available)
❍ Other _____

MRI spine interpretations will be performed by a subspecialized spine radiologist and Stephen Fridinger, DC, DACBR, or Timothy J. Mick, DC, DACBR, FICC. If you prefer, you may request:
❍ MD read only OR ❍ Chiropractic read (includes MD read)

❍ X-RAY

❍ **L** ❍ **R** ❍ **BIL**

Area of body _____

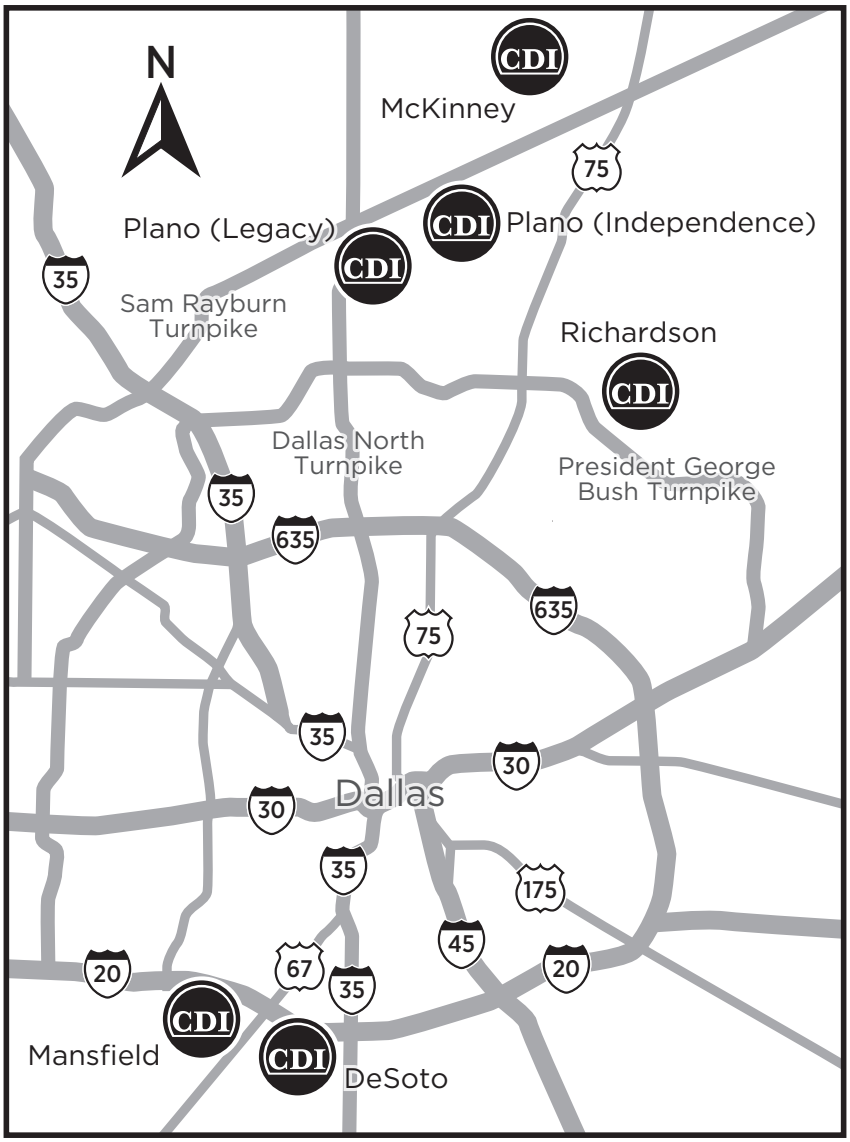
Views _____

BONE DENSITY

❍ Screening or ❍ 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

We also perform a variety of **diagnostic and therapeutic injections** at our DeSoto location, along with mammography and other services at several of our centers. See the back of this form for a complete list of our locations and services.

Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp. ☐ *Electronically signed*	**NPI # (required for new providers)**	Date



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 caner 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.