

Tax ID: 46-5265469 NPI #: 1164829214

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

O DeSoto

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

F: 214.420.5401

O Mansfield

2975 E. Broad St., Suite 101 Mansfield, TX 76063

P: 214.420.5400 F: 817.453.8082

Chiropractic Order Form

O McKinney
7300 Eldorado Pkwy., Suite 170
McKinney, TX 75070
P: 972.920.0120

F: 214.592.0035

O Plano (Independence)

8080 Independence Pkwy., Suite 105 Plano, TX 75025

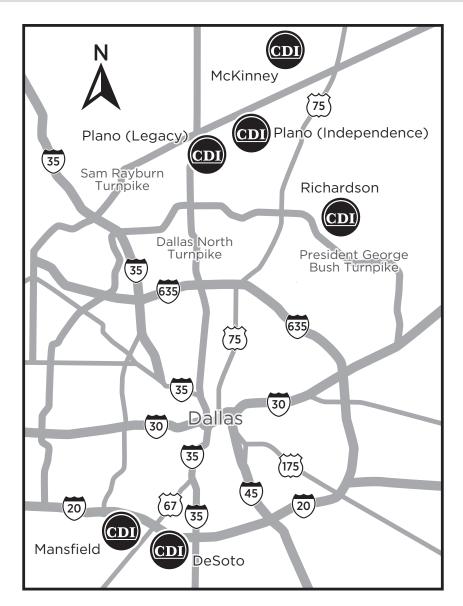
P: 972.920.0120 F: 972.208.1421 O Plano (Legacy)

5425 W. Spring Creek Pkwy., Suite 110 Plano, TX 75024 P: 972.920.0120 F: 214.778.0102

O Richardson

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

	email TXimagingorders@cdirad.com							
ppointment date and time		Check-in time		Patient DOB		MC	ОF	
Patient name (as shown on insurance card)		Phone #						
Insurance name	Insurance ID #		Group #	Claustrophobic				
○ Auto ○ Workers' comp ○ Commercial/Private	Date of injury	Pre-authoriza	tion #					
(REQUIRED) Written diagnosis/reason/symptom for examedical necessity for each test.	ım(s). Must includ	e specific clin	ical indica	tions (such as location,	context and seve	rity) to s	upport	
Is the exam/procedure related to an injury? O No O		ial 🔾 Subsequ	ent or O	O CD to prov	# vider's office atient			
○ MRI ○	CT							
○ Without contrast ○ With contrast ○ IV contrast as clinically indica	O With/Withouted by radiologis			,	X-RAY			
Creatinine lab results				O L Area of body	OR OBIL			
BUN Blood draw date*								
○ Creatinine on-site testir	ıg needed*			Views				
*Lab values needed within 30 days of the exam for IV contrast if the pa history of renal failure or renal disease 4) is having chemotherapy or 5)	has only one kidney	60 years or older	3) has					
NEURO O Neck (soft tissue) O TMJ O Other				Screening or O History of pathol No O Yes		1		
SPINE O Cervical O Thoracic				 Age-related oster pathological fractions 	oporosis w/o cu	rrent		
				O No O Yes • Estrogen deficien		or		
O Lumbar MSK O Extremity		_		 No O Yes Estrogen deficien osteoporosis? No O Yes Is patient taking 	ncy/clinical risk f FDA-approved (steopor		
O Lumbar MSK O Extremity O L O R O BIL O Joint	n (if indicated)	_		No O YesEstrogen deficien osteoporosis?No O Yes	ncy/clinical risk f FDA-approved (steopor		
O Lumbar MSK O Extremity O L O R O BIL	CT as available)	_		O No O Yes • Estrogen deficient osteoporosis? O No O Yes • Is patient taking drug or current loo No O Yes We also perform a therapeutic inject along with mammo	FDA-approved of the cong-term use of the congular variety of diagnotions at our DeScography and other	esteopor steroids estic and to location	s? d on, es at	
Lumbar MSK Extremity L R BIL Joint L R Arthrogran THER Screening to rule out metal (X-ray or 0) Other	CT as available) ecialized spine ra FICC. If you prefer,	diologist and S		O No O Yes • Estrogen deficient osteoporosis? O No O Yes • Is patient taking drug or current loon No O Yes We also perform a therapeutic inject	FDA-approved ong-term use of variety of diagnotions at our DeScography and others. See the back	esteopor steroids estic and to location r service	s? d on, es at form	
O Lumbar MSK ○ Extremity ○ L ○ R ○ BIL ○ Joint ○ L ○ R ○ Arthrograr OTHER ○ Screening to rule out metal (X-ray or 0) ○ Other MRI spine interpretations will be performed by a subsp Fridinger, DC, DACBR, or Timothy J. Mick, DC, DACBR, F	CT as available) ecialized spine ra FICC. If you prefer,	diologist and S , you may requ		O No O Yes • Estrogen deficient osteoporosis? ○ No O Yes • Is patient taking drug or current lood No O Yes We also perform a therapeutic inject along with mammore several of our cent for a complete list	FDA-approved ong-term use of variety of diagnotions at our DeScography and others. See the back	esteopor steroids estic and to location r service	s? d on, es at form	



CENTER	PHONE/ FAX	ADDRESS	HIGH-FIELD MRI	СТ	ULTRA- SOUND	маммо	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

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