GO IMAGING

9802 FM 1960 Bypass W. Suite 100
Humble, TX 77338
281.358.3910 Fax
281.358.3800 Phone

Patient Information (required)

Patient Name:	DOB:
Cell Ph:	Home Ph:
Insurance:	Ins. Group #:
Ins. ID:	
ICD 10:	
Diagnosis:	

Physician Information (required)

Date:	
Physician Signature (required):	
Physician Name:	
Ph#:	Fax#:
Send CD w/ Patient: (Y / N)	
Special Instructions:	

MRI

Specify with or without contrast

	Exam		
☐	Brain	wo	w/wo
☐	Brain & IAC's	wo	w/wo
☐	Brain & Pituitary	wo	w/wo
☐	Brain & Post. Fossa	wo	w/wo
☐	Brain ATTN Sinuses	wo	w/wo
☐	Brain & Orbits	wo	w/wo
☐	Cervical	wo	w/wo
☐	Thoracic	wo	w/wo
☐	Lumbar	wo	w/wo
☐	Soft Tissue Neck	wo	w/wo
☐	Brach Plexus (Shoulder)	wo	w/wo
☐	Abdomen	wo	w/wo
☐	Pelvis	wo	w/wo
☐	MRCP (Abdomen w/o contrast)		
☐	Other:		

Extremity ☐ R ☐ L

☐ Ankle ☐ Elbow ☐ Foot
☐ Forearm ☐ Hand ☐ Hip
☐ Humerus ☐ Knee ☐ Lower Leg
☐ Thigh ☐ Scapula ☐ Shoulder
☐ Wrist ☐ Arthrogram
☐ w/wo contrast

CT (*Includes 3D rendering)

Specify with or without contrast

	Exam			
☐	Brain	w	wo	w/wo
☐	IAC's	w	wo	w/wo
☐	Orbits*	w	wo	w/wo
☐	Facial Bones*	w	wo	w/wo
☐	Cervical*	w	wo	w/wo
☐	Thoracic*	w	wo	w/wo
☐	Lumbar*	w	wo	w/wo
☐	Soft Tissue Neck	w	wo	w/wo
☐	Chest	w	wo	w/wo
☐	Chest – Lung Screen		wo	
☐	Abdomen (Routine)	w	wo	w/wo
☐	Abdomen (Specify)	w	wo	w/wo
	☐ Pancreas ☐ Liver ☐ Renal ☐ Adrenal			
☐	Pelvis			
☐	Sinuses ☐ Fusion			

Extremity ☐ R ☐ L

☐ Shoulder ☐ Scapula* ☐ Humerus*
☐ Elbow* ☐ Forearm* ☐ Wrist*
☐ Hand* ☐ Hip* ☐ Ankle*
☐ Knee* ☐ Lower
☐ Foot* ☐ Other: ____________

SEDATION (MRI Only)

☐	Oral Valium - Please administer one 5mg Tablet. If needed, a second 5mg tablet would be administered.
☐	IV Valium
☐	

ULTRASOUND

☐	Abdominal Aorta
☐	Abdominal Complete
☐	Abdominal Limited (Gallbladder)
☐	Arterial Duplex
	☐ Upper Ext ☐ Lower Ext ☐ Bilateral ☐ RT ☐ LT
☐	Breast
☐	Carotid Duplex
☐	Liver and Spleen
☐	Pelvic Complete Transabdominal
☐	Renal / Kidney
☐	Soft Tissue of Head and Neck
☐	Soft Tissue
☐	Testicular ☐Unilateral ☐Bilateral
☐	Thyroid (Vascular) ☐Unilateral ☐Bilateral
☐	Venous Duplex
	☐ Upper Ext ☐ Lower Ext ☐ Bilateral ☐ RT ☐ LT

MRA

Specify with or without contrast

	Exam		
☐	Head	w/o	
☐	MRV (Head)	w/o	
☐	Carotids	w/o	w/wo
☐	Aortic Arch (Chest)	w/ contrast	
☐	Abdomen	w/ contrast	
☐	Renals	w/ contrast	
☐	Other:		

CTA (All performed with IV contrast)

☐	Brain
☐	Neck
☐	Chest – Aorta
☐	Chest – Pulmonary Embolism (PE)
☐	Upper Extremity
☐	Abdomen – Aorta
☐	Abdomen w/Runoffs – Aorta + Lower
☐	Pelvis – Aorta
☐	Lower Extremities
☐	Other:

Open evenings and on Saturday by appointment only.

Other: ____