



Patient's Name		DOB	Date	
Phone: Home	Cell	Work	Work	
Referring Physician	Ph.	# Fa	ax #	
Physician's Address				
		Time:		
Test(s) Requested				
Diagnosis				
Special Instructions				
□ MRI/High Field □ MRI/Open		☐ CT / Coronal Reconstruction		
☐ with contrast ☐ w/o contrast ☐ with & w/o contrast		☐ with contrast ☐ w/o contrast ☐ with & w/o contrast		
☐ MR Angiogram (MRA)		□ X-Ray □ 2view □ Series		
☐ Arthrogram		Ultrasound / Doppler		
☐ Pain Management		□ IVP / BE / UGI		
☐ Myelogram		☐ Nuclear Medicine		
□ Echo		☐ Creatinine Level Check On Site for Contrast Studies		
☐ Oral / IV Sedation				
Insurance		Authorization#		
Physician's Signature		Specialty		
☐ Please Schedule Patient	☐ Deliver Film	☐ Phone Report	□ STAT Report	
Compare with Previous Study	☐ Deliver CD	Ph#	Ph#	
——————————————————————————————————————	ng this form and your	insurance information with	h you	
☐ Gulf Coast Clear Lake		☐ Gulf Coast Pasadena		
830 Gemini		3692 E. Sam Houston Pkwy S.		
Houston, Texas 77058 (281) 488-7226		Suite 200 Pasadena, Texas 77505		

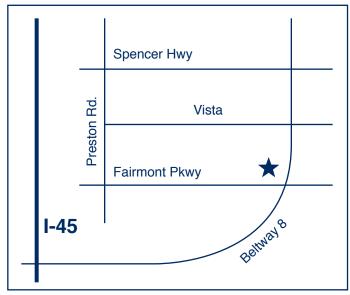
Fax (281) 488-2077

(281) 991-1674

Fax (281) 991-3800

## **Gulf Coast Pasadena**

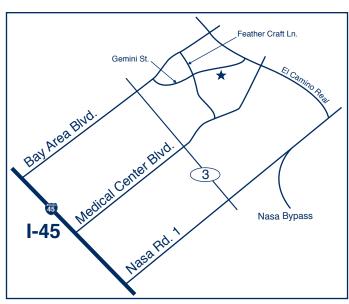
3692 E. Sam Houston Pkwy S.
Suite 200
Pasadena, Texas 77505
281-991-1674
Fax 281-991-3800



Located on Beltway 8 feeder between Vista Rd. and Fairmont Parkway.

## **Gulf Coast Clear Lake**

830 Gemini Houston, Texas 77058 281-488-7226 Fax 281-488-2077



Located on Gemini across from Norman Frede Chervolet.