STONEBRIAR medical imaging

214-618-4MRI (4674)
Fax 214-618-4681

www.stonebriarimaging.com

3550 Parkwood Boulevard, Suite C-302, Frisco, Texas 75034

Patient ______________________ DOB ______________ Home/Work # ______________

Exam ______________________ Insurance Carrier ______________________

Group # ______________________ Member ID # ______________________

Diagnosis/Rule Out ______________________ / ______________________ ______________

Date of Exam ______________________ Time ______________________

Physician Signature ______________________ Phone # ______________ Fax # ______________

❑ **STAT**

❑ Send Films ❑ Send CD-Rom

MRI
1.5 Tesla

❑ W/O Contrast
❑ With & W/O Contrast
*Labs required for patients 65+

❑ Cervical Spine
❑ Lumbar Spine
❑ Thoracic Spine
❑ Shoulder ________ ❑ R ❑ L
❑ Knee ________ ❑ R ❑ L
❑ Ankle ________ ❑ R ❑ L
❑ Wrist ________ ❑ R ❑ L
❑ Extremity ________ ❑ R ❑ L
❑ Hips ________ ❑ R ❑ L
❑ Brain / Head ______ ❑ IAC
❑ Liver
❑ MRA ❑ Head ❑ Neck ❑ Other
❑ Neck (Soft Tissue)
❑ Orbits
❑ Pelvis
❑ Pituitary
❑ TMJ
❑ MRCP
❑ Kidneys
❑ Other ______________________
❑ Special Instructions ____________
____
____

CT
Multislice

❑ W/O Contrast ❑ With Contrast*
❑ With & W/O Contrast*
*Labs required for patients 65+

❑ Cervical Spine w/3D Recon
❑ Lumbar Spine w/3D Recon
❑ Thoracic Spine w/3D Recon
❑ Shoulder ________ ❑ R ❑ L
❑ Knee ________ ❑ R ❑ L
❑ Ankle ________ ❑ R ❑ L
❑ Abdomen
❑ Pelvis
❑ Brain / Head
❑ IAC
❑ Chest
❑ Extremity ________ ❑ R ❑ L
❑ Neck (Soft Tissue)
❑ Sinus ________ ❑ Limited
❑ Other ______________________
❑ Special Instructions ____________
____
____
____

Ultrasound
3D / 4D

GENERAL
❑ Abdominal
❑ Axillary
❑ Breast ________ ❑ R ❑ L
❑ Chest
❑ Extremity (Non-Vascular) ❑ R ❑ L
❑ Gallbladder
❑ Pelvic
❑ Transvaginal
❑ Renal
❑ Testicular
❑ Thyroid
❑ Other ______________________

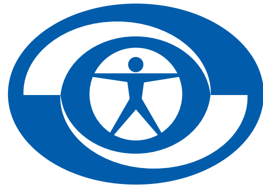
OB
❑ Limited 1st Trimester
❑ Transvaginal
❑ 2nd & 3rd Trimester
❑ 4D/Babyface
❑ Other ______________________

VASCULAR
❑ Carotid
❑ Upper Bilateral Venous
❑ Upper Unilateral Venous __ ❑ R ❑ L
❑ Lower Bilateral Venous
❑ Lower Unilateral Venous __ ❑ R ❑ L
❑ Other ______________________

ARTHROGRAMS ❑ CT ❑ MRI

❑ Wrist ________ ❑ R ❑ L
❑ Shoulder ________ ❑ R ❑ L
❑ Elbow ________ ❑ R ❑ L
❑ Ankle ________ ❑ R ❑ L
❑ Knee ________ ❑ R ❑ L
❑ Other ________ ❑ R ❑ L

We accept in-network and out-of-network benefits.



STONEBRIAR
medical *imaging*

N.E. corner of Parkwood Blvd. & Warren Parkway

380
Dallas Parkway
289 - Preston Road
Little Elm
McKinney
720
Legacy Dr.
Parkwood Blvd.
Centennial Medical Center
121
Warren Pkwy.
Frisco
Frisco Medical Center
Coit
Allen
The Colony
75
35E
Lewisville
Legacy Dr.
Presbyterian Hospital of Plano
W. Parker Rd.
W. Plano Pkwy.
Medical Center of Plano
Baylor Hospital of Plano
190
George Bush Turnpike
Plano

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