



LEGACY OPEN

MRI

Central Scheduling: Phone: 469-837-8306 / fax: 888-322-5431

Or email your referral to info@legacymri.com

101 EXECUTIVE CT. STE 100A
WAXAHACHIE, TX. 75165-1970

Date _____ Transportation Yes No Male Female Pregnant Yes No

Patient Name _____ D.O.I. _____ D.O.B. _____

Address _____ City, State & Zip _____

Patient Phone # _____ Email _____

Referring Physician _____ Diagnosis Code(s) _____

Physician's Signature _____ Contact Name _____

In making this referral, the referring physician certifies that it is necessary.

Office Phone # _____ Fax # _____ Email _____

Insurance Provider _____ Phone # _____

Legal Representative _____ Phone # _____ Email: _____

LOP Contact _____ Phone # _____ Email: _____

PLEASE ARRIVE 15 MN PRIOR TO YOUR SHCEDULED APPOINTMENT TIME AND PLEASE BRING YOUR VALID IDENTIFICATION.

WEIGHT: _____ IMPORTANT: Please let us know if you weigh over 300 lbs. or have any metal objects in your body.

MAGNETIC RESONANCE IMAGING	X-RAY
Select Body Part Below:	<input type="checkbox"/> Cervical Spine
<input type="checkbox"/> W/ <input type="checkbox"/> W/o <input type="checkbox"/> W/ & W/O	<input type="checkbox"/> Thoracic Spine
Contrast <input type="checkbox"/> Contrast <input type="checkbox"/> Contrast	<input type="checkbox"/> Lumbar Spine
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Chest
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Ribs
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Ankle RT LT
<input type="checkbox"/> Head / Brain	<input type="checkbox"/> Foot RT LT
<input type="checkbox"/> Knee RT LT	<input type="checkbox"/> Knee RT LT
<input type="checkbox"/> Hip RT LT	<input type="checkbox"/> Wrist RT LT
<input type="checkbox"/> Shoulder RT LT	<input type="checkbox"/> Hip RT LT
<input type="checkbox"/> Hand RT LT	<input type="checkbox"/> Hand RT LT
<input type="checkbox"/> Wrist RT LT	<input type="checkbox"/> Shoulder RT LT
<input type="checkbox"/> Elbow RT LT	<input type="checkbox"/> Elbow RT LT
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Pelvis
Other _____	ABD/KUB
	Other _____

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101 Executive Ct
Address · Waxahachie, Texas