



Service is Our Image™

817-581-4354 – NORTH RICHLAND HILLS
817-488-9991 – GRAPEVINE

ECLIPSEIMAGINGANDPAIN.COM

TWO CONVENIENT LOCATIONS
FULL MODALITY CENTER
(ONE CALL WE HANDLE IT ALL)
NON-HOSPITAL AFFILIATED
(UP TO **75% LOWER OUT-OF-POCKET**)
SAME DAY/NEXT DAY SCHEDULING
(QUICKER RESULTS TO YOU)
BILINGUAL STAFF
FAX THE REQUEST, WE DO THE REST!

*Procedure offered at Grapevine only.

PLEASE SEE BACK FOR EXAM INSTRUCTIONS AND DIRECTIONS.

APPT TIME
DATE

NRH (FAX 817-581-4364)

GRAPEVINE (FAX 817-488-9992)

PATIENT INFORMATION	REFERRING PHYSICIAN INFORMATION	INSURANCE INFORMATION
NAME:	DR:	INS:
ADDRESS:	PH:	TYPE:
CITY, ZIP:	FAX:	ID# OR CLM#:
PHONE:	REF. COOR:	GROUP#:
DOB:	<i>DOCTOR'S SIGNATURE</i>	PREAUTH:
Dx:		DOI:
ICD-9:		ADJUSTER:
PLEASE INCLUDE UPDATED CLINICAL NOTES WITH FAX.		(MUST BE SIGNED BY ORDERING PHYSICIAN)

REQUESTED REPORT: FAX STAT **FILM REQUEST:** REPORT ONLY CD ROM FILMS W/PATIENT DELIVER FILMS & REPORT

MRI W/CONTRAST W/OUT CONTRAST W+W/O CONTRAST R L HIGH FIELD OPEN MRI

BRAIN	NECK MRA	HIP	WRIST
BRAIN MRA	CERVICAL SPINE	KNEE	HAND/FINGER
IAC'S	THORACIC SPINE	ANKLE	SHOULDER ARTHROGRAM
PITUITARY	LUMBAR SPINE	FOOT	OTHER
ORBITS	ABDOMEN	SHOULDER	
SOFT TISSUE NECK	PELVIS	ELBOW	

CT W/CONTRAST W/OUT CONTRAST W+W/O CONTRAST 3D RENDERING R L

BRAIN	CERVICAL SPINE	SOFT TISSUE NECK	POST DISCOGRAM
SINUS	THORACIC SPINE	ABDOMEN	SHOULDER ARTHROGRAM
MAXILLOFACIAL ORBITS	LUMBAR SPINE	PELVIS	OTHER
TEMPORAL BONES	CHEST	LUMBAR MYELOGRAM	

***DIGITAL MAMMOGRAM** PREVIOUS MAMMOGRAM RESULTS REQUIRED AT THE TIME OF DIAGNOSTIC MAMMOGRAM

SCREENING	DIAGNOSTIC BILATERAL w/ BREAST ULTRASOUND PRN	DIAGNOSTIC UNILATERAL w/ BREAST ULTRASOUND PRN
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*FLUOROSCOPY	*GRAPEVINE PAIN MANAGEMENT	EMG/NCV PCE EP
HSG	EPIDURAL STEROID INJECTION	UPPER EMG/NCV
BARIUM SWALLOW <input type="checkbox"/> W/ TABLET	FACET INJECTION	LOWER EMG/NCV
BARIUM ENEMA	NERVE BLOCK	PCE TOTAL BODY W/O HANDS
SMALL BOWEL FOLLOW THROUGH	RHIZOTOMY	PCE TOTAL BODY W/ HANDS
UGI	TRIGGER POINT	VISUAL EVOKED POTENTIAL
IVP	CONSULT AND TREAT OR CONSULT ONLY (CIRCLE)	BAER BRAIN STEM AUDITORY EP

*X-RAY BONE DENSITY	<input type="checkbox"/> R <input type="checkbox"/> L		DIGITAL ULTRASOUND	
DEXA/ BONE DENSITY	CERVICAL SPINE	SHOULDER	ABDOMEN	THYROID
SKULL	THORACIC SPINE	ELBOW	PELVIS/TRANSVAGINAL	TESTICULAR
SINUS	LUMBAR SPINE	WRIST	KIDNEY	OB () WEEKS
CHEST	HIP	HAND/FINGER	CAROTID	
KUB	KNEE	ANKLE	VENOUS DOPPLER BILATERAL	
PELVIS	RIBS	FOOT/TOE	VENOUS DOPPLER UNILATERAL	
OTHER			OTHER	