



O. David Taunton, Jr., M.D.
Hip and Knee Replacement
Surgery

Howard W. Harris, M.D.
Sports Medicine and
Arthroscopy

Stephen J. Troum, M.D.
Surgery of the Hand and
Upper Extremity

Ryan E. Modlinski, M.D.
Primary Care Sports
Medicine

Michael Nguyen, M.D.
Sports Medicine and
Arthroscopy

MRI Referral Form

Please fax demographic and patient information with this referral from to (817)510-2702. Please complete ALL information to ensure timely scheduling. Thank you!

MRI Requested (Circle One):

- Shoulder L R Arthrogram
- Elbow L R Arthrogram
- Wrist L R Arthrogram
- Hip L R Arthrogram
- Knee L R Arthrogram
- Ankle L R Arthrogram
- Hand L R
- Foot L R

- Pelvis w/metal suppression _____
- Cervical Spine with metal suppression_____
- Thoracic Spine with metal suppression_____
- Lumbar Spine with metal suppression_____
- w/injection of Marcaine Yes___ No___
- w/injection of Lidocaine Yes___ No___
- w/injection of Kenalog Yes___ No___
- w/injection of Ripovacaine Yes___ No___

Patient Information:

Date:_____/_____/_____

Patient Name:_____ Contact Number:_____

Insurance Carrier:_____

Referring Doctor:_____ Referring Phone:_____

I certify that this patient is under my care and the above services are medically necessary.

Referring Physician Signature:_____

OFFICE USE ONLY:

Appt. Date:_____ Appt. Time:_____

Doctor:_____