



Referring Physician: \_\_\_\_\_ Contact: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Follow-Up Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pt. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Pt. Home Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Requested Radiologist: \_\_\_\_\_ Diabetic/Kidney Problems:  Yes  No

Special Instructions: \_\_\_\_\_ Sedation:  IV  PO

Date of Study: \_\_\_\_\_

Time: \_\_\_\_\_  am  pm

Location:  Medical Center  North Central  South

Call Patient to Schedule

Insurance Co: \_\_\_\_\_

Pre-Cert/Authorization Obtained?

Yes  No

Pre-Cert/Authorization #: \_\_\_\_\_

# STAT

STAT Call Phone #: \_\_\_\_\_

STAT After Hours #: \_\_\_\_\_

STAT Fax #: \_\_\_\_\_

CD with Patient

Deliver CD with Report

Fax Report #: \_\_\_\_\_

## CENTRALIZED SCHEDULING: (210) 614-0600 • 1-877-614-8899 OR FAX FORM: (210) 614-1611

1.5T MRI  1.5T WIDE BORE MRI  OPEN MRI

(w/ =With Contrast w/o = Without Contrast)

w/o w/wo

- Brain
- Brain w/Diffusion
- IAC'S
- Brain w/Pituitary
- Orbits
- Soft Tissue Neck
- TMJ (Hi-Field Only)
- Cervical
- Thoracic
- Lumbar
- Prostate

w/o w/wo

- Sacrum
- SI Joints
- Chest
- Bilateral Breast (Rupture)
- Unilateral Breast (Rupture)
- LT  RT
- Abdomen\*
- Pelvis
- MRCP\* (Hi-Field Only)
- Other: \_\_\_\_\_

**L R EXTREMITIES:**

- Shoulder
- Arm (specify): \_\_\_\_\_
- Elbow
- Wrist
- Hip

**L R EXTREMITIES:**

- Leg (specify): \_\_\_\_\_
- Knee
- Ankle
- Foot
- Other: \_\_\_\_\_

### MRA

- Intracranial (Head/Circle of Willis)
- Extracranial (Neck/Carotids)
- Run Off (Hi-Field Only)
- Renals (Hi-Field Only)\*
- MRV (Hi-Field Only)
- Other: \_\_\_\_\_

### DEXA (BONE DENSITY STUDY)

- Hip/Spine\*
- Wrist/Forearm\*

### \* EXAMS REQUIRING SPECIAL PREPARATION

#### CT

(w/ =With Contrast w/o = Without Contrast)

w/ w/o w/wo

- Brain
- Sinuses
- Orbits
- Temporal Bones/IAC's
- Soft Tissue Neck
- Chest
- Abdomen w/Pelvis if needed\*
- Pelvis\*
- Bony Pelvis
- Renal/Adrenals

w/ w/o w/wo

- Kidney Stone Protocol (Abd/Pelvis)
- Facial Bones
- Liver
- C-Spine (levels): \_\_\_\_\_
- T-Spine (levels): \_\_\_\_\_
- L-Spine (levels): \_\_\_\_\_
- 3-D Reconstruction
- Other: \_\_\_\_\_

**L R**

- Upper Extremity (specify): \_\_\_\_\_
- Lower Extremity (specify): \_\_\_\_\_

#### CTA

- Renals
- Peripheral Run Offs
- Carotids
- Intracranial
- Other: \_\_\_\_\_

#### WELLNESS EXAMS

- Heart (Cardiac Scoring)
- Lung

### ULTRASOUND

- Abdomen LTD (RUQ/Liver/GB)\*
- Abdomen Complete\*
- Gallbladder\*
- RUQ\*
- Liver\*
- Aorta\*
- Testicular w/Doppler
- Renal  BILAT  UNILAT
- Other
- Renal Transplant Evaluation
- Extremity Non-Vascular
- Thyroid
- Pelvic\* (w/Transvaginal if indicated)
- Transvaginal/Pelvic\*
- Breast  LT  RT
- OB Limited (w/Transvaginal if indicated)\*
- OB Complete (w/Transvaginal if indicated)\*

### VASCULAR ULTRASOUND

ARTERIAL

- Upper Extremity  LT  RT
- Lower Extremity  LT  RT
- Carotid
- Abdominal Aorta\*
- Dialysis Fistula/Graft Loc.
- Claudication ABI-Screen
- Renal Vascular\*

VENOUS

- Hepatic
- Renal
- Portal
- Mesenteric
- Other: \_\_\_\_\_

### RADIOGRAPHY

**HEAD:**

- Skull
- Facial Bones
- Nasal Bones
- Mandible
- Sinuses
- Waters View Only
- TMJ'S
- Orbits

**CHEST:**

- PA Only
- PA & Lateral

**RIBS:**

- LT
- RT
- BIL
- Sternum

**ABDOMEN/PELVIS:**

- AP (KUB)
- AP & Upright Abdomen
- AP Pelvis

**OTHER:**

- Bone Survey

**SPINE:**

- Lateral Only CT L (circle areas)
- AP & Lateral Only CT L (circle areas)
- Scoliosis Survey
- Sacroiliac Joints
- Sacrum/Coccyx

**CERVICAL:**

- 5 Views  3 Views
- flex & ext views
- C-Spine Davis (7 Views)

**THORACIC:**

- 2 Views
- 3 Views (Swimmers Incl.)

**LUMBAR:**

- 5 Views  3 Views
- flex & ext views
- L-Spine Davis (7 Views)
- Other: \_\_\_\_\_

**L R Upper Extremities**

- Clavicle
- Shoulder
- A-C Joints
- S-C Joints
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Finger

Bone Age Study

Other: \_\_\_\_\_

**L R Lower Extremities**

- Hip
- Femur
- Knee
- Tib/Fib (Lower Leg)
- Ankle
- Foot
- Heel (Calcaneous)
- Toe

Other: \_\_\_\_\_

### OTHER EXAM INSTRUCTIONS

- Weight Bearing/Standing

### FLUOROSCOPY

- Barium Enema w/Air\*
- Upper Gi w/Air\*
- Small Bowel Series\*
- Barium Swallow (Esophagus)\*
- IVP\*
- Lumbar Puncture\*

### ARTHROGRAPHY

**L R**

- Knee\*
- Shoulder\*
- Wrist\*
- Hip\*
- Other: \_\_\_\_\_

### MYELOGRAPHY

- Cervical\*
- Thoracic\*
- Lumbar\*
- Entire Spine\*
- Special Instructions: \_\_\_\_\_

Managed by **SENDERO** Imaging & Treatment Center

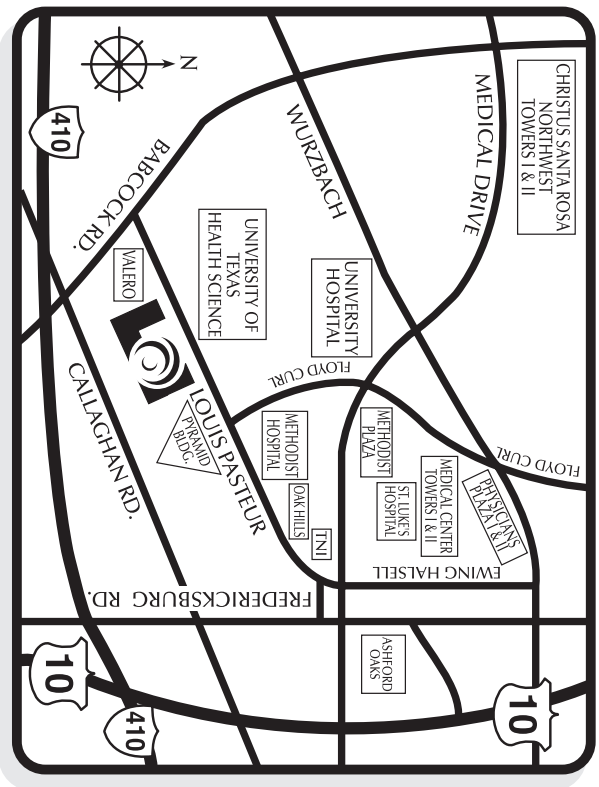
Touchstone MEDICAL IMAGING

# SENDERO

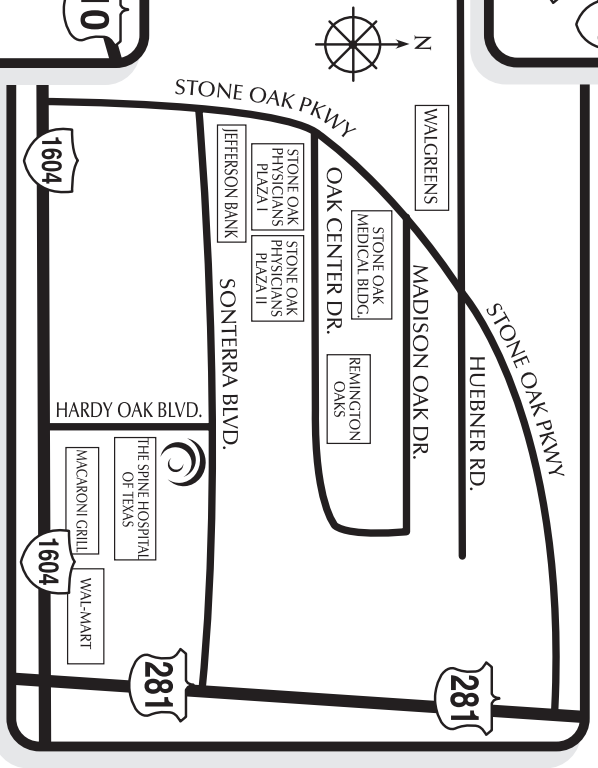
Imaging & Treatment Center

Managed by  
  
**Touchstone**  
 MEDICAL IMAGING

**Free parking**  
 Free city wide transportation for MRI & CT  
**Direct Scheduling: (210) 614-0600**  
**Medical Records: (210) 616-8000**



**MEDICAL CENTER**  
 7220 Louis Pasteur  
 Suite 115  
 San Antonio, Texas 78229



**NORTH CENTRAL**  
 18626 N. Hardy Oak Blvd.  
 Suite 100  
 San Antonio, TEXAS 78258



**SOUTH**

614 S.W. Military Dr.  
 San Antonio, Texas 78221

# EXAM PREPARATION

## BARIUM ENEMA

### \* DAY BEFORE EXAM \*

- Light breakfast (dry toast, clear juice, jell-o).
- No milk or milk products.
- Clear liquid lunch.
- One full glass of water every hour.
- Clear liquids for dinner.
- At 2 p.m., take 2 Dulcolax tabs with a full glass of water.
- At 6 p.m., drink 10 oz. bottle Magnesium Citrate
- Nothing to eat or drink after midnight.
- Take one suppository 1 hour before leaving the house for appointment—hold 10 minutes and release.

## UPPER GI/SMALL BOWEL SERIES

- Nothing to eat or drink after midnight.
- No calcium pills or supplements 24 hours prior to exam.

## DEXA

- No calcium pills or supplements 24 hours prior to exam.

## ESOPHAGUS (BARIUM SWALLOW)

- Nothing to eat or drink 4 hours prior to exam.
- **IVP W/ OR W/O TOMOS**
- Patient must stop taking glucophage 24 hrs. before exam and may resume 48 hrs. after renal function established.
- Eat a light dinner with no milk or milk products.
- At 7 p.m. take 2 Dulcolax tabs and with full glass of water.
- Nothing to eat or drink after midnight.

## MYELOGRAM/LUMBAR PUNCTURE

- Nothing to eat or drink after midnight for a.m. exams, or 6 hours prior to the exam if it is scheduled in the p.m.
- Patient must stop taking glucophage 24 hours before the exam. Patient may resume taking glucophage 48 hours after the exam and after normal renal function has been established.

## ARTHROGRAM

- No blood thinners.

**NOTE: PLEASE CALL IF YOU HAVE ANY QUESTIONS REGARDING YOUR PRESCRIPTION MEDICATION.**

## MRI

### ALL EXAMS SCHEDULED WITH IV SEDATION

- Nothing to eat or drink after midnight for a.m. exams, or 8 hours prior to the exam if the exam is scheduled in the p.m.

### MRI OR MRA OF THE ABDOMEN

- Nothing to eat or drink after midnight for a.m. exams, or 8 hours prior to the exam if the exam is scheduled in the p.m.

## CT

### CONTRAST ENHANCED CT EXAMS

- Patient must stop taking glucophage 24 hours before the exam. Patient may resume taking glucophage 48 hours after the exam and after normal renal function has been established.
- For any IV contrast enhanced exams-patient should have nothing to eat or drink for at least 4-6 hours.

### CT ABDOMEN AND/OR PELVIS

- Nothing to eat or drink after midnight for a.m. exams, or 6 hours prior to the exam if the exam is scheduled in the p.m.

## ULTRASOUND

(GALLBLADDER, RUQ, RENAL VASCULAR, LIVER & AORTA)

### ABDOMEN OR ABDOMEN AORTA

- Nothing to eat or drink after midnight for a.m. exams, or 6 hours prior to the exam if the exam is scheduled in the p.m.

### PELVIS OR TRANSVAGINAL PELVIC

- Patient should finish drinking 32 oz. of water 60 minutes prior to appointment time. Drink the fluids within a 20-30 minute time period. Do not void/urinate until after the exam is completed.

### OBSTETRIC

- Patient should finish drinking 32 oz. of water 60 minutes prior to appointment time. Drink the fluids within a 20-30 minute time period. Do not void/urinate until after the exam is completed.

**If you have any questions call (210) 614-8899 or toll free 1-877-614-8899**