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|---|---|---|---|---|---|--|--|---|
| <input type="checkbox"/> ARLINGTON
ARBROOK BLVD.
817-472-0801
Fax: 817-472-0840 | <input type="checkbox"/> ARLINGTON
MATLOCK RD.
817-467-6099
Fax: 817-466-9360 | <input type="checkbox"/> BURLESON
817-447-3443
Fax: 817-447-9094 | <input type="checkbox"/> DENTON
940-320-6901
Fax: 940-320-6969 | <input type="checkbox"/> FLOWER MOUND
972-724-0100
Fax: 972-724-4455 | <input type="checkbox"/> DT FT WORTH
817-922-7780
Fax: 817-768-3255 | <input type="checkbox"/> DT FT WORTH
PET/CT
817-335-5370
Fax: 817-335-5318 | <input type="checkbox"/> SW FORT WORTH
817-294-1131
Fax: 817-294-3882 | <input type="checkbox"/> FOSSIL CREEK
817-428-5002
Fax: 817-428-8101 |
| <input type="checkbox"/> NORTH GARLAND
972-495-7756
Fax: 972-495-1837 | <input type="checkbox"/> GRAND PRAIRIE
972-579-4480
Fax: 972-579-3909 | <input type="checkbox"/> HURST
817-498-6575
Fax: 817-498-8854 | <input type="checkbox"/> SOUTH IRVING
469-299-8549
Fax: 469-299-8547 | <input type="checkbox"/> KELLER
817-482-2000
Fax: 817-482-2050 | <input type="checkbox"/> LAS COLINAS
214-647-6161
Fax: 214-647-6162 | <input type="checkbox"/> LEWISVILLE
972-434-6737
Fax: 972-434-6739 | <input type="checkbox"/> MANSFIELD
682-518-1234
Fax: 682-518-8726 | <input type="checkbox"/> MCKINNEY
214-250-5090
Fax: 214-250-5095 |
| <input type="checkbox"/> MESQUITE
972-289-5558
Fax: 972-289-5786 | <input type="checkbox"/> PLANO
972-378-6858
Fax: 972-378-9088 | <input type="checkbox"/> RED OAK
972-617-7731
Fax: 214-736-9234 | <input type="checkbox"/> RICHARDSON
972-744-0882
Fax: 972-744-0884 | <input type="checkbox"/> SOUTHLAKE
817-424-4800
Fax: 817-305-5050 | <input type="checkbox"/> DALLAS FOREST LN
214-369-3795
Fax: 866-225-8389 | <input type="checkbox"/> DALLAS: <input type="checkbox"/> Advanced <input type="checkbox"/> Junius <input type="checkbox"/> North <input type="checkbox"/> Sammons
214-820-1700
Fax: 214-989-6684 | | |

Patient Name: _____ DOB: _____
 Cell Phone: _____ Insurance ID#: _____
 Home/Work Phone: _____ Authorization: _____

Referring Physician Signature: _____

STAT CALL _____ Cell Phone # _____
 STAT Fax# _____
 Deliver Films or CD to Office (Circle One)
 Send Films or CD w/Patient (Circle One)

May modify exam at radiologists discretion if clinically indicated Scan as Ordered Ordered Date

Diagnosis: _____

Print Referring Dr.: _____ Referring Office Contact: _____
 Office Phone: _____ Office Fax: _____

MRI	<input type="checkbox"/> 1.5T Wide-Bore MRI <input type="checkbox"/> 1.5T High-Field MRI <input type="checkbox"/> 3T MRI <input type="checkbox"/> With/Without Contrast <input type="checkbox"/> Without Contrast * Labs Needed For IV Contrast IF: <input type="checkbox"/> Age 60 & Up <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal DX Creatinine: _____ <input type="checkbox"/> Brain <input type="checkbox"/> Draw Labs if Needed <input type="checkbox"/> NeuroQuant <input type="checkbox"/> Orbits <input type="checkbox"/> Orbits & Brain <input type="checkbox"/> Pituitary <input type="checkbox"/> Internal Auditory Canals	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacrum <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> TMJ <input type="checkbox"/> Abdomen <input type="checkbox"/> Chest (HF Only) <input type="checkbox"/> MRCP (HF Only) <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Extremity _____ <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> MRAngiogram Head <input type="checkbox"/> MRAngiogram Neck <input type="checkbox"/> MRAngiogram Renal (HF Only) <input type="checkbox"/> Arthrogram <input type="checkbox"/> Prostate with Mapping (Requires 3T) <input type="checkbox"/> Other _____
	<input type="checkbox"/> Without <input type="checkbox"/> With <input type="checkbox"/> With/Without * Labs Needed For IV Contrast IF: <input type="checkbox"/> Age 60 & Up <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal DX Creatinine: _____ <input type="checkbox"/> Brain <input type="checkbox"/> Draw Labs if Needed <input type="checkbox"/> Pituitary <input type="checkbox"/> Internal Auditory Canals <input type="checkbox"/> Orbits <input type="checkbox"/> Calcium Scoring <input type="checkbox"/> Sinuses <input type="checkbox"/> Coronal <input type="checkbox"/> Axial & Coronal	<input type="checkbox"/> Mandible/Facial Bones <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Neck (Soft Tissue) <input type="checkbox"/> Chest <input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> Thoracic <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen / Pelvis <input type="checkbox"/> Kidney Stone Protocol Abd/Pel wo <input type="checkbox"/> Enterography	<input type="checkbox"/> Scaphoid <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Extremity _____ CT ANGIOGRAPHY <input type="checkbox"/> CTA Abdomen/Pelvis w/ 3D Reformat <input type="checkbox"/> CTA Neck w/ 3D Reformat <input type="checkbox"/> CTA Renal w/ 3D Reformat <input type="checkbox"/> CTA Chest (P.E. Protocol) w/ 3D Reformat <input type="checkbox"/> Arthrogram <input type="checkbox"/> Other _____
	<input type="checkbox"/> Abdomen Complete (NPO) <input type="checkbox"/> Abdomen Doppler Complete <input type="checkbox"/> Abdomen Limited (NPO) <input type="checkbox"/> ABI (Arlington Arbrook, Junius) <input type="checkbox"/> Aorta <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Gallbladder/Liver/Pancreas	<input type="checkbox"/> OB Bio Physical Profile <input type="checkbox"/> OB Less Than 14 Weeks <input type="checkbox"/> OB More Than 14 Weeks <input type="checkbox"/> Pelvic w/ Transvaginal (if needed) <input type="checkbox"/> Retroperitoneal Limited (Kidneys only) <input type="checkbox"/> Retroperitoneal Complete (Kidneys/Aorta/Nodes) <input type="checkbox"/> Segmental Pressure (Arlington Arbrook, Junius)	<input type="checkbox"/> Soft Tissue _____ <input type="checkbox"/> Testicular/Scrotal <input type="checkbox"/> Thyroid <input type="checkbox"/> Transvaginal only VENOUS DOPPLER (specify below) <input type="checkbox"/> Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT <input type="checkbox"/> Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT

PLEASE FAX COPY OF PATIENT DEMOGRAPHICS, INSURANCE & CLINICALS

Arlington Arbrook Blvd.

817.472.0801 | 817.472.0840 fax
 601 W. Arbrook Blvd. • Arlington, TX 76014
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro • Mammo [3D]
 Bone Density • Arthrogram • Segmental Pressures

Arlington Matlock Road

817.467.6099 | 817.466.9360 fax
 3025 Matlock Road, Suite 100 • Arlington, TX 76015
 MRI [HF] • CT • US • X-Ray • Mammo [3D]
 Bone Density • Arthrogram • Calcium Scoring

Burleson

817.447.3443 | 817.447.9094 fax
 665 N.E. Alsbury Blvd. • Burleson, TX 76028
 MRI [Wide-Bore] • CT • US • X-Ray
 Mammo [3D] • Bone Density

Dallas Forest Lane

214.369.3795 | 866.225.8389 fax
 11617 N. Central Expressway, Suite 132
 Dallas, TX 75243
 MRI [HF] • CT • US • X-Ray/Fluoro
 Mammo [3D] • Bone Density • Arthrogram

North Dallas

214.820.1700 | 214.989.6684 fax
 9101 North Central Expressway, Suite 100
 Dallas, TX 75231
 MRI [HF] • CT • US • X-Ray/Fluoro
 Arthrogram • Calcium Scoring

Denton

940.320.6901 | 940.320.6969 fax
 1435 S. Loop 288, Suite 101 • Denton, TX 76205
 MRI [Wide-Bore] • CT • US • X-Ray

Flower Mound

972.724.0100 | 972.724.4455 fax
 3000 Corporate Court, Suite 400
 Flower Mound, TX 75028
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro • Arthrogram

Downtown Fort Worth

817.922.7780 | 817.768.3255 fax
 1701 West Rosedale • Fort Worth, TX 76104
 MRI [3T Wide-Bore, HF] • CT • US • X-Ray/Fluoro
 Mammo [3D] • Bone Density • Arthrogram • Myelogram

Downtown Fort Worth PET/CT

817.335.5370 | 817.335.5318 fax
 1263 West Rosedale, Suite 105 • Fort Worth, TX 76104
 PET/CT • Calcium Scoring

Southwest Fort Worth

817.294.1131 | 817.294.3882 fax
 6900 Harris Pkwy., Suite 100 • Fort Worth, TX 76132
 MRI [HF] • CT • US • X-Ray/Fluoro • Arthrogram

Fossil Creek

817.428.5002 | 817.428.8101 fax
 5455 Basswood Blvd., Suite 550
 Fort Worth, TX 76137
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro
 Mammo [3D] • Bone Density • Arthrogram

North Garland

972.495.7756 | 972.495.1837 fax
 7217 Telecom Pkwy., Suite 150 • Garland, TX 75044
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro
 Mammo [3D] • Bone Density • Arthrogram

Grand Prairie

972.579.4480 | 972.579.3909 fax
 2740 N. State Hwy. 360, Suite 200
 Grand Prairie, TX 75050
 MRI [HF] • CT • US • X-Ray/Fluoro • Mammo [3D]
 Bone Density • Arthrogram

Hurst

817.498.6575 | 817.498.8854 fax
 1717 Precinct Line Rd., Suite 103 • Hurst, TX 76054
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro • Mammo [3D]
 Bone Density • Arthrogram • Calcium Scoring

South Irving

469.299.8549 | 469.299.8547 fax
 2005 West Park Drive, Suite 110 • Irving, TX 75061
 MRI [HF] • CT • US • X-Ray/Fluoro • Arthrogram

Keller

817.482.2000 | 817.482.2050 fax
 601 South Main Street, Suite 100 • Keller, TX 76248
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro • Mammo [3D]
 Bone Density • Arthrogram • Myelogram • Calcium Scoring

Las Colinas

214.647.6161 | 214.647.6162 fax
 440 W I 635, Suite 110 • Irving, TX 75063
 MRI [Wide-Bore] • CT • US • X-Ray

Lewisville

972.434.6737 | 972.434.6739 fax
 190 Civic Circle, Suite 125 • Lewisville, TX 75067
 MRI [HF] • CT • US • X-Ray • Mammo [3D] • Bone Density

Mansfield

682.518.1234 | 682.518.8726 fax
 1750 Broad Park Circle South, Suite 300
 Mansfield, TX 76063
 MRI [HF] • CT • US • X-Ray

McKinney

214.250.5090 | 214.250.5095 fax
 5321 W. University • McKinney, TX 75071
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro • Arthrogram

Mesquite

972.289.5558 | 972.289.5786 fax
 1425 Gross Rd., Suite 130 • Mesquite, TX 75149
 MRI [Wide-Bore, HF] • CT • US • X-Ray/Fluoro
 Mammo [3D] • Bone Density • Arthrogram

Plano

972.378.6858 | 972.378.9088 fax
 3304 Communications Pkwy., Suite 201
 Plano, TX 75093
 MRI [3T & 1.5T Wide-Bore] • CT • US
 X-Ray/Fluoro • Arthrogram • Myelogram

Red Oak

972.617.7731 | 214.736.9234 fax
 305 East Ovilla Road • Red Oak, TX 75154
 MRI [HF] • CT • US • X-Ray/Fluoro • Mammo [3D]
 Bone Density • Arthrogram

Richardson

972.744.0882 | 972.744.0884 fax
 1910 N. Collins Blvd. • Richardson, TX 75080
 MRI [HF] • CT • US • X-Ray

Southlake

817.424.4800 | 817.305.5050 fax
 925 E Southlake Blvd., Suite 220
 Southlake, TX 76092
 MRI [Wide-Bore] • CT • US • X-Ray/Fluoro
 Arthrogram • Myelogram • Calcium Scoring

Advanced Imaging Center

214.820.1700 | 214.989.6684 fax
 411 N. Washington Ave., Suite 1000
 Dallas, TX 75246
 MRI [3T Wide-Bore, HF] • CT • X-Ray/Fluoro • Myelogram

Baylor Diagnostic Imaging Center at Junius

214.820.1700 | 214.989.6684 fax
 3900 Junius Street, Suite 100 • Dallas, TX 75246
 MRI [3T Wide-Bore, HF] • CT • PET/CT • US • X-Ray/Fluoro
 Arthrogram • Calcium Scoring • Segmental Pressures

Baylor Charles A. Sammons Cancer Center

214.820.1700 | 214.989.6684 fax
 3410 Worth Street, Suite 770 • Dallas, TX 75246
 MRI [Wide-Bore]

If you have had previous diagnostic studies of the body part being evaluated, please bring those films and reports, or request they be sent to the Center. These studies or reports are very helpful to the Radiologist interpreting your exam.

COMPUTED TOMOGRAPHY (CT)**Abdomen or Abdomen and Pelvis**

You have the option of contacting our office to obtain your contrast (2% barium sulfate) one-two days prior to your exam.

Eat a light dinner the evening before your exam and have nothing to eat or drink 4-6 hours prior to your exam. You may take your regular medications with a small amount of water.

Oral Contrast Directions

ABDOMEN & PELVIS: On the day of your exam, drink one bottle (450ml) of your oral contrast two hours before your exam.

Drink the second bottle (450ml) one hour before your exam. Nothing to eat or drink 4-6 hours prior to your exam.

Tell the CT Technologist:

- If you are pregnant or breast feeding
- If you have had a barium enema or UGI within the last two weeks
- If you have had brain, heart, ear, eye or other surgeries
- If you have had an IVP within 48 hours

PET/CT

Call facility for further instructions.

MAGNETIC RESONANCE IMAGING (MRI)

Please let your MRI Technologist know if you have a pacemaker, surgical clips, a prosthesis, previous surgery, metal implants or any other metal objects in your body or if you are pregnant or nursing.

ULTRASOUND**Abdominal Ultrasound:**

Please do not eat or drink (NPO) 6-8 hours prior to the exam.

Pelvic/OB <30 weeks:

Please have finished drinking four 8-ounce glasses of water 1 hour prior to your appointment time.

Your bladder must be full upon arrival. Pediatric patients drink 12 ounces of water 1 hour prior to appointment time.

MAMMO Bring previous films and reports.

FLUORO/IVP/BE Please contact center for prep.

X-RAY No Prep.