



<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: _____

Home Phone: _____ Insurance ID#: _____

Work Phone: _____ Authorization: _____

REFERRING PHYSICIAN SIGNATURE:

X _____ X _____

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

DIAGNOSIS: _____

STAT CALL _____ Cell Phone # _____

STAT Fax# _____

Deliver Films or CD to Office (Circle One)

Send Films or CD w/Patient (Circle One)

Please Compare to Previous _____

Print Referring Dr.: _____ Referring Office Contact: _____

Office Phone: _____ Office Fax: _____

1.5T High-Field MRI **1.5T Wide-Bore MRI** **3T MRI** **MRAngiogram**

Without Contrast With & Without Contrast

NeuroQuant

Exam Requested: _____

ARTHROGRAM (with intra-articular contrast): MRI CT

Specify _____

CT **CTA (W/3D Reformat)**

Without Contrast With Contrast With & Without Contrast

Creatinine Drawn On Site Labs attached (within 30 days)

Calcium Scoring

Exam Requested: _____

PET/CT (Downtown Fort Worth, Junius)

Clinical Reason For Ordering PET/CT: _____

Is patient currently receiving chemotherapy or radiation therapy? Yes No

Has the patient had a previous PET/CT?

When & Where: _____

Standard Body (eyes to thigh) Whole Body (head to toe)

Brain Myocardial Limited area as noted _____

PET/CT Amyvid

X-RAY Exam Requested: _____

FLUOROSCOPY Exam Requested: _____

MYELOGRAM

Cervical _____ Thoracic _____ Lumbar _____

ULTRASOUND

Abdominal Complete _____

Abdominal Doppler Complete

Abdominal Limited _____

ABI (Arlington Arbrook, Junius)

Aorta

Arterial Doppler Lower Extremity: Right Left Bilat

Arterial Doppler Upper Extremity: Right Left Bilat

Breast Right Left Bilat

Carotid Artery Doppler

Obstetrical > 14 weeks

Obstetrical < 14 weeks

Pelvic(w/transvaginal, if needed)

Pelvic Only

Renal Artery Doppler

Renal Complete

Scrotum

Segmental Pressure (Arlington Arbrook, Junius)

Soft Tissue _____

Transvaginal Only

Thyroid

Venous Doppler Upper Extremity: Right Left Bilat

Venous Doppler Lower Extremity: Right Left Bilat

Other _____

BONE DENSITY

MAMMOGRAPHY

Screening Mammogram w/callback visit: if the screening is abnormal, inconclusive, or questionable, then perform these additional diagnostic exams: diagnostic mammogram/sonogram

Screening _____

Diagnostic with Breast Ultrasound to follow if needed

Right Left Bilat

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 • Myelogram • Arthrogram

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

972.744.0888 | 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.