

SOUTH AUSTIN

4316 James Casey Street, Suite E-1
Austin, TX 78745-1157
Phone: 512.454.9597
Fax: 512.459.7449

CENTRAL AUSTIN

711 W. 38th Street, Suite B-7
Austin, TX 78705-1121
Phone: 512.454.9597
Fax: 512.459.7449

NORTH AUSTIN

11575 Jollyville Road
Austin, TX 78759-4028
Phone: 512.454.9597
Fax: 512.459.7449

ROUND ROCK

15808 RR 620 North, Suite 110
Austin, TX 78717-4923
Phone: 512.454.9597
Fax: 512.459.7449

WACO

312 Richland West Circle
Waco, TX 76712-7919
Phone: 254.755.4410
Fax: 254.755.4413

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

REFERRING PHYSICIAN SIGNATURE:

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

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 _____

DIAGNOSIS: _____

PHYSICIAN NOTES:

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

MRI

- 1.5T High-Field MRI 1.5T Wide-Bore MRI
- 3T MRI MRAngiogram
- Without Contrast With & Without Contrast
- *Labs needed for IV contrast IF:
 Age 60 & up Diabetic Renal DX
Creatinine: _____
- NeuroQuant
- Arthrogram (with intra-articular contrast)

- Head
- Brain Draw Labs if Needed
- Orbits
- Orbits & Brain
- Pituitary
- Internal Auditory Canals
- Cervical
- Thoracic
- Lumbar
- Sacrum
- Soft Tissue Neck
- Neck
- TMJ
- Abdomen
- Chest (HF Only)
- MRCP (HF Only)
- Renal (HF Only)
- Pelvis
- Shoulder R L
- Hip R L
- Hand R L
- Wrist R L
- Elbow R L
- Knee R L
- Ankle R L
- Foot R L
- Extremity _____
- Prostate with Mapping (Requires 3T)
- Other _____

CT

- CT CTA (w/ 3D Reformat)
- With Contrast
- Without Contrast With & Without Contrast
- *Labs needed for IV contrast IF:
 Age 60 & up Diabetic Renal DX
Creatinine: _____
- Labs Attached
- Calcium Scoring
- Arthrogram (with intra-articular contrast)

- Brain Draw Labs if Needed
- Orbits
- Sinuses - Axial
- Mandible/Facial Bones
- Temporal Bones
- Soft Tissue Neck
- Chest
- Cervical
- Lumbar
- Thoracic
- Abdomen
- Pelvis
- Abdomen/Pelvis
- Kidney Stone Protocol
Abd/Pel wo
- Enterography
- Scaphoid R L
- Hip R L
- Extremity _____
- Abdomen/Pelvis w/ 3D Reformat
- Neck w/ 3D Reformat
- Renal w/ 3D Reformat
- Chest (P.E. Protocol) w/ 3D Reformat
- Other _____

ULTRASOUND

- Abdominal Complete (NPO)
- Abdominal Doppler Complete
- Abdominal Limited (NPO)
- Aorta
- Arterial Doppler Lower Extremity R L Bilat
- Arterial Doppler Upper Extremity R L Bilat
- Carotid Artery Doppler
- Gallbladder/Liver/Pancreas
- OB Bio Physical Profile
- OB > 14 Weeks
- OB < 14 Weeks
- Pelvic (w/ Transvaginal, if needed)
- Pelvic Only
- Renal Artery Doppler
- Renal Complete
- Soft Tissue: _____
- Testicular/Scrotal
- Thyroid
- Transvaginal Only
- Venous Doppler Upper Extremity R L Bilat
- Venous Doppler Lower Extremity R L Bilat
- Other _____

ADDITIONAL SERVICES

- X-RAY**
Exam Requested: _____
Reason for Exam: _____
- MYELOGRAM** Cervical _____ Thoracic _____ Lumbar _____
- FLUOROSCOPY**
Exam Requested: _____
Reason for Exam: _____
- BONE DENSITY**

❑ **SOUTH AUSTIN**

4316 James Casey Street, Suite E-1
Austin, TX 78745-1157
Phone: 512.454.9597 Fax: 512.459.7449
Hours: (M-F) 8am-7pm

SERVICES: MRI [HF] • CT • US • X-Ray/Fluoro
Bone Density • Arthrogram • Myelogram

❑ **ROUND ROCK**

15808 RR 620 North, Suite 110
Austin, TX 78717-4923
Phone: 512.454.9597 Fax: 512.459.7449
Hours: (M, W) 8am-5pm, (T, Th, F) 8am-7pm

SERVICES: MRI [HF] • CT • US
X-Ray/Fluoro • Bone Density

❑ **CENTRAL AUSTIN**

711 W. 38th Street, Suite B-7
Austin, TX 78705-1121
Phone: 512.454.9597 Fax: 512.459.7449
Hours: (M-F) 8am-9pm, (Sat) 8am-2pm

SERVICES: MRI [Wide-Bore] • CT • US
X-Ray/Fluoro • Bone Density • Arthrogram
Myelogram

❑ **WACO**

312 Richland West Circle
Waco, TX 76712-7919
Phone: 254.755.4410 Fax: 254.755.4413
Hours: (M-Th) 8am-7pm, (F) 7:30am-7pm,
(Sat) 8am-2pm

SERVICES: MRI [HF Open] • CT • US
X-Ray/Fluoro • Arthrogram

❑ **NORTH AUSTIN**

11575 Jollyville Road
Austin, TX 78759-4028
Phone: 512.454.9597 Fax: 512.459.7449
Hours: (M-F) 8am-7pm, (Sat) 8am-5pm

SERVICES: MRI [3T Wide-Bore] • CT
X-Ray/Fluoro • Arthrogram

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.