

- Advanced Imaging Center
- Allen
- Arlington Arbrook Blvd.
- Arlington Breast Center
- Baylor Charles A. Sammons Cancer Center
- Baylor Diagnostic Imaging Center at Junius
- Burleson
- Dallas Forest Lane
- Dallas Washington Ave.
- Denton
- Downtown Fort Worth
- Downtown Fort Worth PET/CT

- Flower Mound
- Forney
- Fossil Creek
- Grand Prairie
- Hurst
- Keller
- Las Colinas
- Lewisville
- McKinney
- Mesquite
- Midlothian-Midway
- North Dallas

- North Garland
- Plano
- Red Oak
- Richardson
- Rockwall
- South Irving
- Southlake
- Southwest Fort Worth
- Tyler
- Weatherford

Patient Name: _____ DOB: _____

Cell Phone: _____ Insurance ID#: _____

Home/Work Phone: _____ Authorization: _____

| | |
|---------------------------------------|---|
| REFERRING PHYSICIAN SIGNATURE: | <input type="checkbox"/> STAT CALL _____ |
| X _____ | Cell Phone # _____ |
| Ordered Date _____ | <input type="checkbox"/> STAT Fax# _____ |
| DIAGNOSIS: _____ | <input type="checkbox"/> Deliver CD to Office |
| | <input type="checkbox"/> Send CD w/Patient |
| | <input type="checkbox"/> Please Compare to Previous _____ |

Print Referring Dr.: _____ Referring Office Contact: _____

Office Phone: _____ Office Fax: _____

| | | | | |
|------------|---|--|--|--|
| MRI | <input type="checkbox"/> 1.2T Open MRI <input type="checkbox"/> 1.5T High-Field MRI <input type="checkbox"/> 1.5T Wide-Bore MRI <input type="checkbox"/> 3T MRI <input type="checkbox"/> MRAngiogram <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without Contrast <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> *Labs needed for IV contrast IF: <input type="checkbox"/> Age 60 & up <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal DX Creatinine: _____ </div> <input type="checkbox"/> NeuroQuant® <input type="checkbox"/> LiverMultiScan® <input type="checkbox"/> Arthrogram (with intra-articular contrast) | <input type="checkbox"/> Head <input type="checkbox"/> Brain <input type="checkbox"/> Draw Labs if Needed <input type="checkbox"/> Brain for ARIA <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"/> Neck <input type="checkbox"/> TMJ <input type="checkbox"/> Abdomen <input type="checkbox"/> Enterography <input type="checkbox"/> Chest (HF Only) <input type="checkbox"/> MRCP (HF Only) <input type="checkbox"/> Renal (HF Only) <input type="checkbox"/> Pelvis <input type="checkbox"/> R <input type="checkbox"/> L <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"/> Extremity _____ <input type="checkbox"/> Prostate <input type="checkbox"/> DynaCAD <input type="checkbox"/> Other _____ |
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|-----------|---|--|--|--|
| CT | <input type="checkbox"/> CT <input type="checkbox"/> CTA (w/ 3D Reformat) <input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without Contrast <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> *Labs needed for IV contrast IF: <input type="checkbox"/> Age 60 & up <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal DX Creatinine: _____ </div> <input type="checkbox"/> Labs Attached <input type="checkbox"/> Calcium Scoring <input type="checkbox"/> Arthrogram (with intra-articular contrast) | <input type="checkbox"/> Brain <input type="checkbox"/> Draw Labs if Needed <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary <input type="checkbox"/> Internal Auditory Canals <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"/> Soft Tissue Neck <input type="checkbox"/> Chest <input type="checkbox"/> High-Res 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 <input type="checkbox"/> 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 _____ <input type="checkbox"/> Abdomen/Pelvis w/ 3D Reformat <input type="checkbox"/> Neck w/ 3D Reformat <input type="checkbox"/> Renal w/ 3D Reformat <input type="checkbox"/> Chest (P.E. Protocol) w/ 3D Reformat <input type="checkbox"/> Other _____ |
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| ULTRASOUND | <input type="checkbox"/> Abdominal Complete (NPO) <input type="checkbox"/> Abdominal Doppler Complete <input type="checkbox"/> Abdominal Limited (NPO) <input type="checkbox"/> Aorta <input type="checkbox"/> ABI (Arlington Arbrook, Junius) <input type="checkbox"/> Arterial Doppler Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Arterial Doppler Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Carotid Artery Doppler | <input type="checkbox"/> Gallbladder/Liver/Pancreas <input type="checkbox"/> OB Bio Physical Profile <input type="checkbox"/> OB > 14 Weeks <input type="checkbox"/> OB < 14 Weeks <input type="checkbox"/> Pelvic (w/ Transvaginal, if needed) <input type="checkbox"/> Pelvic Only <input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Renal Complete | <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 <input type="checkbox"/> Venous Doppler Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Venous Doppler Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Other _____ |
|-------------------|---|---|---|---|

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|----------------------------|--|---|
| ADDITIONAL SERVICES | <input type="checkbox"/> X-RAY Exam Requested: _____ <input type="checkbox"/> MAMMOGRAPHY <input type="checkbox"/> Screening Mammogram w/ callback visit: if the screening is abnormal, inconclusive, or questionable, then perform these additional diagnostic exams: diagnostic mammogram/sonogram <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic with Breast Ultrasound to follow if needed <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> ABUS 3D Complete Bilateral Breast Ultrasound (Arlington Breast Center) <input type="checkbox"/> MYELOGRAM <input type="checkbox"/> Cervical _____ <input type="checkbox"/> Thoracic _____ <input type="checkbox"/> Lumbar _____ | <input type="checkbox"/> BONE DENSITY <input type="checkbox"/> FLUOROSCOPY Exam Requested: _____ <input type="checkbox"/> PET/CT (Downtown Fort Worth, Junius) Clinical Reason for Ordering PET/CT: _____ Is patient currently receiving chemotherapy or radiation therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a previous PET/CT? <input type="checkbox"/> Yes <input type="checkbox"/> No When & Where: _____ <input type="checkbox"/> Standard Body (eyes to thighs) <input type="checkbox"/> Whole Body (head to toe) <input type="checkbox"/> Brain <input type="checkbox"/> Myocardial <input type="checkbox"/> PET/CT Amyvid <input type="checkbox"/> Limited area as noted _____ |
|----------------------------|--|---|

- ALLEN**
880 W. Exchange Pkwy., Suite 2100 | Allen, TX 75013
Phone: 469.656.7723 Fax: 469.795.0289
SERVICES: MRI [1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Arthrogram • Calcium Scoring
- ARLINGTON ARBROOK BLVD.**
601 West Arbrook Blvd. | Arlington, TX 76014
Phone: 817.472.0801 Fax: 817.472.0840
SERVICES: MRI [1.5T Wide-Bore, 1.2T Open] • CT • US • X-Ray/
Fluoro • Arthrogram • Segmental Pressures
- ARLINGTON BREAST CENTER**
4501 Matlock Rd, Suite 101 | Arlington, TX 76018
Phone: 817.472.0801 Fax: 817.472.0840
SERVICES: Mammo [3D] • Invenia™ ABUS • US • Bone Density
- BURLESON**
665 N.E. Alsbury Boulevard | Burleson, TX 76028
Phone: 817.447.3443 Fax: 817.447.9094
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
Mammo [3D] • Bone Density
- DALLAS FOREST LANE**
11617 North Central Expressway, Suite 132
Dallas, TX 75243
Phone: 214.369.3795 Fax: 866.225.8389
SERVICES: MRI [1.5T HF] • CT • US • X-Ray/Fluoro
Mammo [3D] • Bone Density • Arthrogram
- DALLAS WASHINGTON AVE.**
712 N. Washington Ave., Suite 102 | Dallas, TX 75246
Phone: 214.515.0016 Fax: 214.515.0026
SERVICES: MRI [1.5T HF, 1.5T Wide-Bore] • CT • X-Ray/Fluoro
Arthrogram
- NORTH DALLAS**
9101 North Central Expressway, Suite 100
Dallas, TX 75231
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [1.5T HF] • CT • Calcium Scoring • US • X-Ray/
Fluoro • Arthrogram
- ADVANCED IMAGING CENTER**
411 N. Washington Avenue, Suite 1000
Dallas, TX 75246
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [3T Wide-Bore, 1.5T HF] • CT • X-Ray/Fluoro
Myelogram
- BAYLOR CHARLES A. SAMMONS CANCER CENTER**
3410 Worth Street, Suite 770 | Dallas, TX 75246
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [1.5T Wide-Bore]
- BAYLOR DIAGNOSTIC IMAGING CENTER AT JUNIUS**
3900 Junius Street, Suite 100 | Dallas, TX 75246
Phone: 972.560.9000 Fax: 214.989.6684
SERVICES: MRI [3T Wide-Bore, 1.5T HF] • PET • CT • US • X-Ray/
Fluoro • Calcium Scoring • Segmental Pressures • Arthrogram
- DENTON**
2817 S. Mayhill Road, Suite 100 | Denton, TX 76208
Phone: 940.320.6901 Fax: 940.320.6969
SERVICES: MRI [1.5T Wide-Bore, 3T Wide-Bore] • CT • US • X-Ray
Calcium Scoring
- DOWNTOWN FORT WORTH**
1701 West Rosedale | Fort Worth, TX 76104
Phone: 817.922.7780 Fax: 817.768.3255
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Mammo [3D] • Bone Density • Arthrogram
Myelogram • Calcium Scoring
- DOWNTOWN FORT WORTH PET/CT**
1263 West Rosedale, Suite 105 | Fort Worth, TX 76104
Phone: 817.335.5370 Fax: 817.335.5318
SERVICES: PET/CT
- FLOWER MOUND**
3000 Corporate Court, Suite 400
Flower Mound, TX 75028
Phone: 972.724.0100 Fax: 972.724.4455
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro
Arthrogram
- FORNEY**
215 Marketplace Blvd.
Forney, TX 75126
Phone: 469.954.8023 Fax: 469.954.8024
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
- FOSSIL CREEK**
5455 Basswood Blvd., Suite 550 | Fort Worth, TX 76137
Phone: 817.428.5002 Fax: 817.428.8101
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
Mammo [3D] • Bone Density • Arthrogram
- GRAND PRAIRIE**
2740 N. State Hwy. 360, Suite 200
Grand Prairie, TX 75050
Phone: 972.990.4480 Fax: 972.579.3909
SERVICES: MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D]
Bone Density • Arthrogram • Myelogram
- HURST**
1717 Precinct Line Road, Suite 103 | Hurst, TX 76054
Phone: 817.498.6575 Fax: 817.498.8854
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro
Mammo [3D] • Bone Density • Arthrogram • Calcium Scoring
- KELLER**
601 South Main Street, Suite 100 | Keller, TX 76248
Phone: 817.482.2000 Fax: 817.482.2050
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray/Fluoro
Mammo [3D] • Bone Density • Arthrogram • Myelogram
Calcium Scoring
- LAS COLINAS**
440 W Interstate 635, Suite 110 | Irving, TX 75063
Phone: 214.647.6161 Fax: 214.647.6162
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
- LEWISVILLE**
190 Civic Circle, Suite 125 | Lewisville, TX 75067
Phone: 972.434.6737 Fax: 972.434.6739
SERVICES: MRI [1.5T HF] • CT • US • X-Ray • Mammo [3D]
Bone Density
- MCKINNEY**
5321 W. University | McKinney, TX 75071
Phone: 214.250.5090 Fax: 214.250.5095
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
- MESQUITE**
1425 Gross Road, Suite 130 | Mesquite, TX 75149
Phone: 972.289.5558 Fax: 972.289.5786
SERVICES: MRI [1.5T Wide-Bore, 1.5T HF] • CT • US • Mammo [3D]
X-Ray/Fluoro • Bone Density • Arthrogram
- MIDLOTHIAN-MIDWAY**
4431 E. US-Hwy 287, Suite 120
Midlothian, TX 76065
Phone: 469.846.8100 Fax: 469.846.8101
SERVICES: MRI [1.5T Wide-Bore] • CT • US • Mammo [3D] • X-Ray
Bone Density • Calcium Scoring
- NORTH GARLAND**
7217 Telecom Pkwy., Suite 150 | Garland, TX 75044
Phone: 972.495.7756 Fax: 972.495.1837
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Mammo [3D] • Bone Density • Arthrogram
- PLANO**
3304 Communications Pkwy., Suite 201
Plano, TX 75093
Phone: 972.378.6858 Fax: 972.378.9088
SERVICES: MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D]
X-Ray/Fluoro • Arthrogram • Myelogram
- RED OAK**
305 East Ovilla Road | Red Oak, TX 75154
Phone: 972.617.7731 Fax: 214.736.9234
SERVICES: MRI [1.5T HF] • CT • US • X-Ray/Fluoro • Mammo [3D]
Bone Density • Arthrogram
- RICHARDSON**
1910 North Collins Blvd. | Richardson, TX 75080
Phone: 972.744.0882 Fax: 972.744.0884
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
- ROCKWALL**
901 Rockwall Parkway | Rockwall, TX 75082
Phone: 469.897.5660 Fax: 469.897.5661
SERVICES: MRI [3T Wide-Bore] • CT • US • X-Ray • Arthrogram
Calcium Scoring
- SOUTH IRVING**
2005 West Park Drive, Suite 110 | Irving, TX 75061
Phone: 469.299.8549 Fax: 469.299.8547
SERVICES: MRI [1.5T HF] • CT • US • X-Ray • Arthrogram
- SOUTHLAKE**
925 E Southlake Blvd., Suite 220 | Southlake, TX 76092
Phone: 817.424.4800 Fax: 817.305.5050
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US
X-Ray/Fluoro • Arthrogram • Myelogram • Calcium Scoring
- SOUTHWEST FORT WORTH**
6900 Harris Pkwy., Suite 100 | Fort Worth, TX 76132
Phone: 817.294.1131 Fax: 817.294.3882
SERVICES: MRI [1.5T Wide-Bore, 1.5T HF] • CT • US
X-Ray/Fluoro • Arthrogram
- TYLER**
2019 Old Troup Hwy. | Tyler, TX 75701
Phone: 903.526.6736 Fax: 903.526.7911
SERVICES: MRI [1.5T Wide-Bore, 1.2T Open] • CT • US • X-Ray
- WEATHERFORD**
250 Santa Fe Drive | Weatherford, TX 76086
Phone: 682.803.0010 Fax: 682.803.0020
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray
Calcium Scoring

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.