

Diagnostic Outpatient Imaging

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See Preparation Instructions and Map on back

Appt. Date: _____

Appt. Time: _____

or

Call Patient to Schedule
 Yes, we precertify! FAX us:
→ Pt demographics w/ Insurance
→ Clinicals

Check here if you have requested Insurance Authorization

Patient Name _____ Date of Birth _____

Cell Phone _____ Phone # _____ Insurance _____

Referring Physician _____ Diagnosis _____

Report Preference: Patient's next appointment with the Doctor: _____

Stat-Call Dr. Cell Phone # _____ Report Only Website Report w/Image on CD Report w/Film

MRI		High Field	Open	DIGITAL X-RAY - CR	
CONTRAST: <input type="checkbox"/> WITHOUT <input type="checkbox"/> WITH AND WITHOUT <input type="checkbox"/> PER PROTOCOL					
Brain	MRA - Vascular	Ortho		Ortho	
___ Brain, Seizure Protocol	___ MRA - Brain	___ Shoulder R L Bil		___ Chest (2V)	
___ Brain, MS Protocol	___ MRA - Neck & Arch	___ Elbow R L Bil		___ Abdomen (2V)	
___ Brain & Orbits	___ MRA - Thoracic Aorta	___ Wrist R L Bil		___ Cervical (3V)	
___ Brain & Pituitary	___ MRA - Abdominal Aorta	___ Hand R L Bil		___ Thoracic (2V)	
___ Brain & IAC	___ MRA - Mesenteric	___ Hips R L Bil		___ Lumbar (3V)	
Spine	___ MRA - Renal	___ Pelvis		___ Foreman R L	
___ Cervical	___ MRA - Runoff	___ Knee R L Bil		___ Humerus R L	
___ Thoracic		___ Ankle R L Bil		___ Femur R L	
___ Lumbar	Body	___ Foot R L Bil		___ Tib/Fib R L	
___ Sacrum, Coccyx	___ Breast (Bilateral)			___ IVP	
___ C,T,L Cord Compression Screening	___ Chest	___ Pelvis	___ Pancreas	Other _____	
	___ Abdomen	___ Liver	___ Uterine Mapping	Diagnosis: _____	
		___ MRCP	Cardiac		
OTHER: _____			___ Functional		
Diagnosis: _____			___ (Viability & Anatomy)		

CT MultiSlice / MultiPlanar / 3D

CONTRAST: WITHOUT WITH AND WITHOUT

___ Brain	___ Temporal Bone & Mastoids	___ Chest	___ Abdomen
___ Sinus		___ Chest for PE	___ Pelvis
___ Spine <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L		___ Chest High Resolution	___ Neck
___ CT Myelogram <input type="checkbox"/> L <input type="checkbox"/> T <input type="checkbox"/> C		CTA ANGIO, WITH CONTRAST	
___ Kidney Stone Protocol (Abdo/Pelvis without)		___ Brain	___ Abdomen-Pelvis
___ CT Urogram		___ Neck	___ Aorta with runoff
___ Adrenal Washout		___ Chest	___ Renal
___ Pancreatic Protocol			
___ Liver, Hemangioma Protocol			

OTHER: _____
Diagnosis: _____

ULTRASOUND

___ Abdomen	___ Gallbladder
___ Renal	___ Bladder
___ Pelvis - Trans vaginal unless specified	
___ Breast R L <input type="checkbox"/> Biopsy	
___ Thyroid → <input type="checkbox"/> Biopsy/FNA	
___ Testicular	___ Other _____
___ Biophysical Profile	___ 3D/4D OB (25-32 Weeks, Best at 28-30)
___ Obstetrical <input type="checkbox"/> Early <input type="checkbox"/> Complete <input type="checkbox"/> Limited	

Diagnosis: _____

VASCULAR U/S

___ Abdo Aorta
___ Carotid
___ Venous Doppler <input type="checkbox"/> Upper Ext. - R L <input type="checkbox"/> Lower Ext. - R L
___ Arterial Doppler <input type="checkbox"/> Upper Ext. - R L <input type="checkbox"/> Lower Ext. - R L
___ Fistula/Graft Mapping

DEXA BONE DENSITOMETRY

HIP: RT LT Bilat LUMBAR SPINE

FOREARM: RT LT Bilat

Diagnosis: _____

BIOPSY - BODY PART

(We recommend direct discussion with radiologist.)

DIGITAL MAMMOGRAPHY

with computer assisted diagnosis
Bring Previous Mammograms

___ Bilateral Screening Mammogram (May do Ultrasound & Additional Mammographic views as indicated).
___ Bilateral Screening Mammogram
___ Diagnostic Bilateral Mammogram
___ Unilateral Mammogram R L
___ Spot Compression Mammograms R L
___ Spot Mag Mammograms R L
___ Other _____

Diagnosis: _____

Physician Signature _____ Date _____

Creatinine, GFR for Studies with Contrast

PREPARING FOR YOUR EXAM

ALL: Please wear comfortable clothing without any metal

MAGNETIC RESONANCE EXAMS (MR):

Each exam is 30-60 minutes depending on exam.

- No special preparation necessary. It is preferred that no facial or eye make-up be worn. DO NOT wear any metal objects. Wear comfortable clothing and bring any recent x-ray films pertinent to the study.

COMPUTED TOMOGRAPHY (CT):

Clear liquids are allowed, and all prescribed medications should be taken as usual. In addition:

- Head-No solid food for 3 hours prior to exam
- Abdomen/Pelvis-No solid food for 6 hours prior. Please arrive 45 minutes before scheduled time.
- Chest-No solid food for 3 hours prior.
- Spine-No special preparation.
- Virtual Colonoscopy-Call at least 4 days in advance to arrange to pickup the prepkit.
- CT Angiography-Well hydrated the day before exam. No food after midnight.
- Myelogram-No food or drink 3 hours prior to exam.

MAMMOGRAPHY:

Do not wear antiperspirant, talcum powder, or lotion under your arms on the day of exam. Bring prior mammograms if possible or have the facilities name, address & telephone number available.

ULTRASOUND (ABDOMINAL, LIVER, GB, PANCREAS):

Nothing to eat or drink after midnight before exam (NO smoking or gum chewing before exam).

ULTRASOUND (OB & PELVIC):

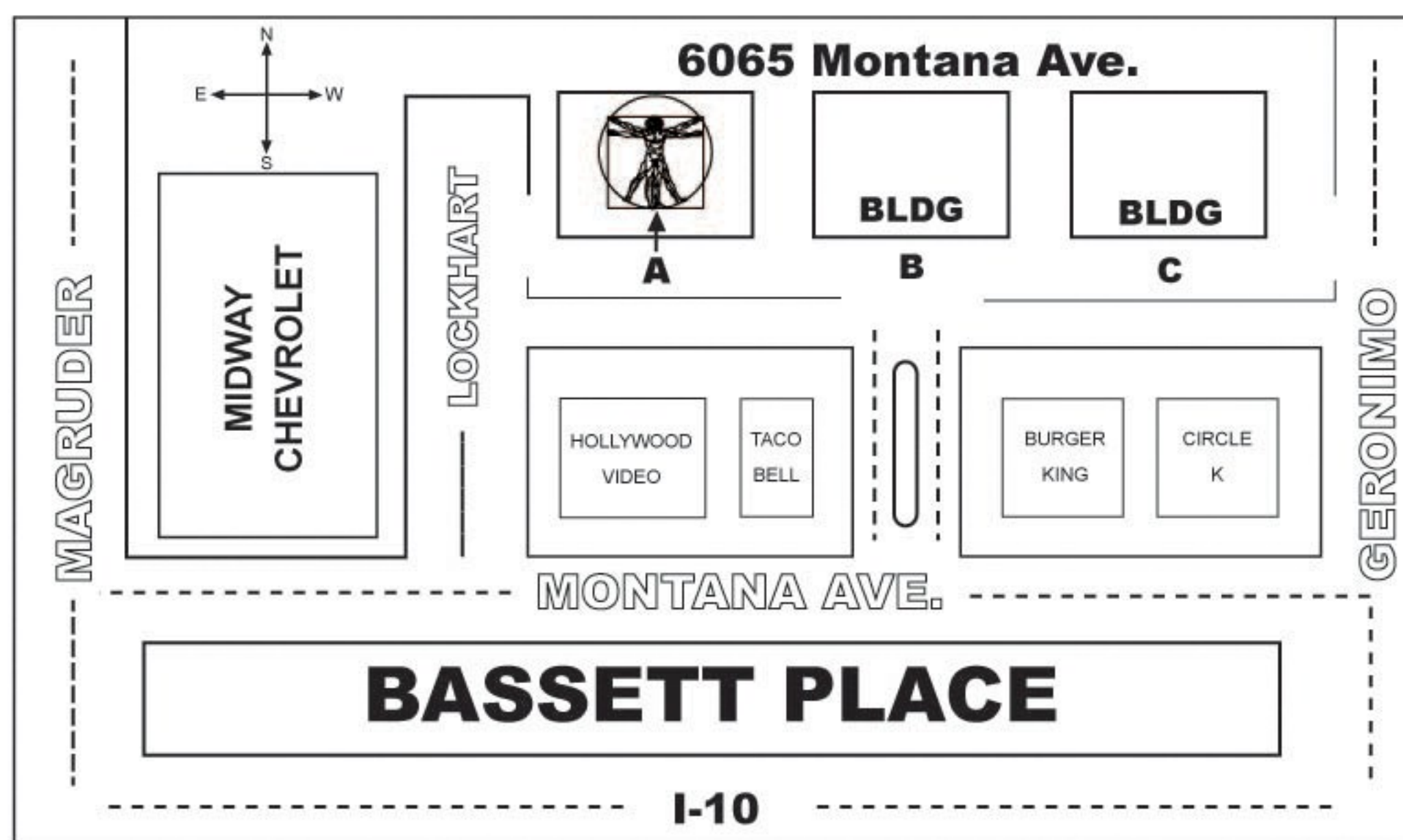
Empty your bladder one hour and a half before your scheduled appointment time, then drink five 8 oz. glasses of water within 30 minutes (four (4) glasses for OB patients). DO NOT empty your bladder, as a full bladder is necessary for this exam

BONE DENSITOMETRY:

Please do not take calcium pill the day of exam.

PLAIN FILM RADIOGRAPHY (X-RAY):

No special prep needed.



- 1) Exit 1-10 at Geronimo, turn North towards Bassett Center.
- 2) Turn left at Montana
- 3) Turn right immediately after Hollywood Video on Lockhart.
- 4) Diagnostic Outpatient Imaging is on your right. (Look for the man in the circle logo.)