<table>
<thead>
<tr>
<th>MRI Type</th>
<th>Contrast Options</th>
<th>Body Areas</th>
<th>Digital X-Ray - CR</th>
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<tbody>
<tr>
<td>Wide Bore 3T</td>
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<td>1.5T</td>
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<td>Open</td>
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<tr>
<td>CONTRAST:</td>
<td>WITHOUT</td>
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<td>WITH AND WITHOUT</td>
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<td>PER PROTOCOL</td>
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<td>Brain</td>
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<tr>
<td>Brain, Seizure Protocol</td>
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<td>Brain, MS Protocol</td>
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<td>Brain &amp; Orbits</td>
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<td>Brain &amp; Pituitary</td>
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<td>Brain &amp; IAC</td>
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<td>Ortho</td>
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<td>Shoulder R L Bi</td>
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<td>Elbow R L Bi</td>
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<td>Wrist R L Bi</td>
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<td>Hand R L Bi</td>
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<td>Finger R L Bi</td>
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<td>Knee R L Bi</td>
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<td>Ankle R L Bi</td>
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<td>Foot R L Bi</td>
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<td>MRI Arthogram:</td>
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<td>Other:</td>
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<td>MRI Signature:</td>
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<td>Physician Signature:</td>
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<td>Date:</td>
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**MRI** (Contrast Options)

- **Wide Bore 3T**
- **1.5T**
- **Open**

**Contrast Options**

- WITHOUT
- WITH AND WITHOUT
- PER PROTOCOL

**Body Areas**

- Brain
- Brain, Seizure Protocol
- Brain, MS Protocol
- Brain & Orbits
- Brain & Pituitary
- Brain & IAC

**Ortho**

- Shoulder R L Bi
- Elbow R L Bi
- Wrist R L Bi
- Hand R L Bi
- Finger R L Bi
- Knee R L Bi
- Ankle R L Bi
- Foot R L Bi

**MRI Arthogram**

- Other:

**MRI Signature**

- Physician Signature:

**Date**

- Date:

**DIGITAL X-RAY - CR**

- Skull (4V)
- Nasal (3V)
- Chest (1V, 2V)
- Ribs R L Bil
- Shoulder R L Bil
- Clavicle R L Bil
- Humerus (2V)
- Elbow (3V)
- Forearm (2V)
- Wrist (3V)
- Hand (3V)
- Femur (2V)
- Knee (3V)
- Tib/Fib (2V)
- Ankle (3V)
- Foot (3V)
- Calcaneus (2V)
- Toes (3V)
- Finger (3V)

**CT** (Multislice / Multiplanar / 3D)

- Brain
- Temporal Bone & Mastoids
- Sinus
- Spine QC QT QL
- CT Myelogram QL QT QC
- Kidney Stone Protocol (Abdo/Pelvis without)
- CT Urogram
- Adrenal Washout
- Pancreatic Protocol
- Liver, Hemangioma Protocol

**CTA ANGIO, WITH CONTRAST**

- Brain
- Abdomen-Pelvis
- Neck
- Aorta with Runoff
- Chest
- Renal

**US** (Ultrasound)

- Abdomen
- Renal
- Testicular
- Pelvis - Trans vaginal unless specified
- Breast R L
- Breast Biopsy
- Thyroid
- Thyroid FNA
- Biophysical Profile
- Obstetrical Earl Complete Limited

**VASCULAR**

- Abdo Aorta
- Carotid
- Venous Doppler
- Arterial Dooaler

**Other**

- Diagnosis:

**US** (Ultrasound)

- Other:

**VASCULAR**

- Abdo Aorta
- Carotid
- Venous Doppler
- Arterial Dooaler

**Other**

- Diagnosis:

**DEXA BONE DENSITOMETRY**

- Forearm: RT LT
- Lumbar Spine: Q
- HIP: RT LT Bilat

**DIGITAL MAMMOGRAPHY**

- Bilateral Screening Mammogram
- Diagnostic Bilateral Mammogram
- Unilateral Mammogram
- Spot Compression Mammograms
- Spot Mag Mammograms

**BIOPSY - BODY PART**

- Bring Previous Mammograms

**Other**

- Diagnosis:

*We recommend direct discussion with radiologist*
PREPARING FOR YOUR EXAM

ALL: Please wear comfortable clothing without any metal

MAGNETIC RESONANCE EXAMS (MRI):
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 4 hours prior to exam
- Abdomen/Pelvis- Call for instructions. You may need to arrive 1 hr 30 minutes before exam time. No solid food for 8 hours prior.
- Virtual Colonoscopy-Call at least 4 days in advance to arrange to pickup the prepkit.
- CT Angiography-Well hydrated the day before exam. Fasting 4 hours before.
- Myelogram-No food or drink 4 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.

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