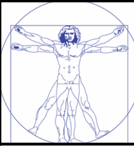


Diagnostic Outpatient Imaging

Scheduling 915-881-1900 www.dximaging.com
Fax 915-771-9345 (PACS Portal)

Appt. Date: ____________

Appt. Time: ____________

☐ Please call my patient and schedule

(Fax to DOI)

☐ Central
6065 Montana Ave

☐ Eastside
1426 George Dieter Dr.

☐ Dr. Luis Ramos, Neuroradiologist/Cardiovascular
☐ Dr. Ankur Patel, Musculoskeletal Radiologist
☐ Dr. William Boushka, Radiologist

Patient Name:______________________ Date of Birth:____________ Cell: ____________

Physician (print):______________________ O **Routine** O **Stat (cell)** ____________(required)

Physician Signature:______________________ **Diagnoses**:________ ________ ________ ________

DOI Neuroscience Order Form

MRI

☐ **3T** ☐ **1.5T** ☐ **Open**

Contrast: ☐ **wo** ☐ **w** ☐ **w/wo**

☐ **per protocol**

—Brain—

☐ Brain Standard
☐ Dementia ☐ Post trauma DTI
☐ Multiple Sclerosis
☐ Dementia
☐ Meningitis/Encephalitis
☐ Hyperacute Stroke
  -MRI + MRA Brain
  -MRA Neck
☐ Epilepsy
☐ Brain Tumor (3T only)
  -MRI Brain
  -Spectroscopy
☐ Sellar Macroadenoma
☐ Sellar Microadenoma
☐ IAC
☐ Chiari/NPH/Aqueductal Stenosis
  -CSF Flow
  -MRI Brain
☐ Trigeminal Neuralgia
  -MRI + MRA Brain
☐ Hemifacial Spasm
  -MRI + MRA Brain
☐ Spectroscopy (3T only)

—Spine—

☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum/Coccyx

—Vascular—

☐ Brain MRA
☐ Brain MRV
☐ Carotids/Neck MRA
☐ Vessel Wall Imaging
  O MRI Brain + MRA Brain
  O MRI Neck + MRA Neck

—Head and Neck—

☐ Orbits
☐ Nasopharynx/PNS/
  Skull Base/Cranial Nerves
☐ Larynx
☐ Salivary Glands
☐ Neck
☐ Brachial Plexus

Other______________________

CT

Contrast: ☐ **wo** ☐ **w** ☐ **w/wo**

☐ **per protocol**

—Neuro—

☐ Brain
☐ Brain Perfusion CT
☐ Sella
☐ Temporal Bone
☐ Orbit
☐ Maxillo-Facial
☐ Neck
☐ Larynx
☐ Paranasal Sinuses
☐ Spine C T L
☐ Myelogram C T L

—CT Angio—

☐ Neck CTA
☐ CTA of Circle of Willis
☐ CTA Arch to Cerebral Vertex

Other______________________

Ultrasound

☐ Abdomen
  O Liver Elastography
  O Gallbladder Ejection Fraction
☐ Pelvis/Doppler
☐ Testicular
☐ Pelvis w/ endo vaginal
  O w/o endo vaginal
☐ Breast R L
☐ Breast Bx R L
☐ Thyroid
☐ Thyroid Bx R L

—Vascular—

☐ Carotids
☐ Venous Doppler
  O Upper R L
  O Lower R L
☐ Arterial Doppler
  O Upper R L
  O Lower R L

Other______________________

Digital X-Ray

☐ Skull ☐ Shoulder R L
☐ Nasal ☐ Clavicle R L
☐ Chest ☐ Humerus R L
☐ Ribs R L ☐ Elbow R L
☐ Scoliosis ☐ Forearm R L
☐ Abdomen ☐ Wrist R L
☐ Cervical ☐ Hand R L
☐ Cervical Flex Ext ☐ Femur R L
☐ Thoracic ☐ Knee R L
☐ Lumbar ☐ Tib/Fib R L
☐ Lumbar Flex Ext ☐ Ankle R L
☐ Sacrum+Coccyx ☐ Foot R L
☐ SI Joints ☐ Calcaneus R L
☐ TMJ R L ☐ Toes R L
☐ Bone Age ☐ Hip R L
☐ Pelvis
☐ Finger R L 1 2 3 4 5

Other______________________

Digital Mammography w/CAD

☐ Screening Bilateral*
☐ Screening Unilateral* R L
☐ Diagnostic Bilateral*
☐ Diagnostic Unilateral* R L
☐ Spot Compression* R L
☐ Spot Mag* R L

Other______________________

Dexa Bone Densitometry

☐ Hip R L
☐ Lumbar
☐ Forearm R L

Other______________________

Biopsy/Joint Injection

____

Recommend discussion with Radiologist

PREPARING FOR YOUR EXAM

Please bring your orders, insurance, and identification.

Please wear comfortable clothing without any metal.

MAGNETIC RESONANCE EXAMS (MRI)

Each exam is 30-60 minutes depending on exam.

- No special preparation is necessary. No facial or eye make-up is to be worn. DO NOT wear any metal objects. Comfortable clothing is recommended.

ULTRASOUND (US)

ABDOMINAL, LIVER, GB, PANCREAS

-Fasting for 6 hours after a light meal, prior to exam.

PELVIS, PROSTATE, OB, BLADDER, RENAL

-Drink 32oz./2 bottles of water 30 minutes prior to exam. DO NOT empty your bladder, as a full bladder is necessary for these exams.

BONE DENSITOMETRY (BD)

Please do not take calcium pill the day of the exam.

MAMMOGRAPHY (MG)

DO NOT wear antiperspirant, talcum powder, perfume, or lotion under your arms on the day of the exam. Bring prior Mammograms if possible, or have the facility's name, address and telephone number available.

COMPUTED TOMOGRAPHY (CT)

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

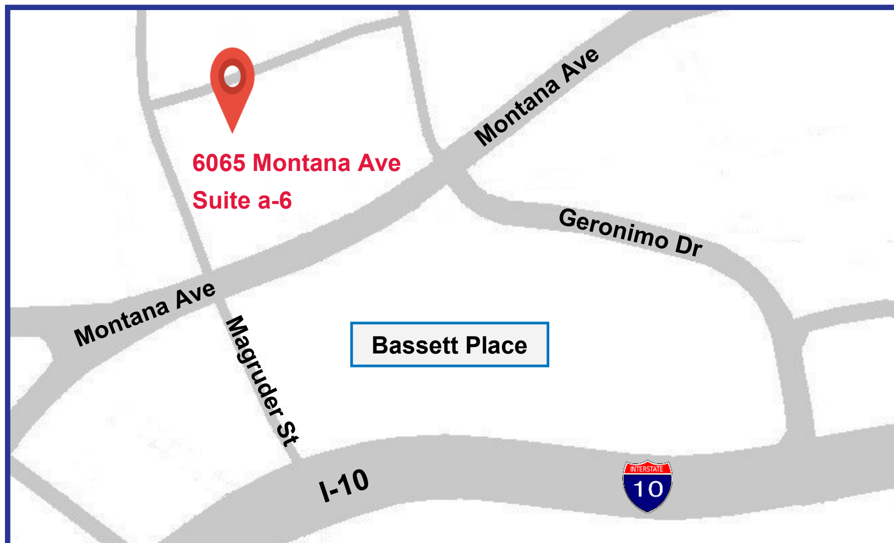
In addition:

- Head—No solid food for 4 hours prior to exam.
- CT Angiography—Well hydrated the day before exam. Fasting 4 hours prior to exam.
- Myelogram—No food or drink 4 hours prior to exam.

PLAIN FILM RADIOGRAPHY (X-RAY)

No special prep needed.

Central: 6065 Montana Ave, Ste A-6



East: 1426 George Dieter Dr