



Diagnostic Outpatient Imaging

Scheduling 915-881-1900
Fax 915-771-9345

www.dximaging.com
(PACS Portal)

Appt. Date: _____

Please call my patient and schedule

Appt. Time: _____

(Fax to DOI)

Central 6065 Montana, A-6
 East 1426 George Dieter Dr.

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

Patient Name: _____ Date of Birth: _____ Cell: _____

Physician (print): _____ Routine Stat (cell) _____ (required)

Physician Signature: _____ Diagnoses: _____

MRI

3T 1.5T Open
Contrast: wo w/wo per protocol

- Brain
 - Pituitary
 - IAC's
 - Seizure
 - MS
 - Tumor Eval
 - Orbits
 - Maxillofacial
 - Neck Soft Tissue
- Spine—**
- Cervical
 - Thoracic
 - Lumbar
 - Sacrum/Coccyx

- Vascular—**
- MRA Brain
 - MRA Neck & Arch
 - MRA Thoracic Aorta
 - MRA Abdominal Aorta
 - MRA Runoff
 - MRA Renal
 - MRA Pelvis

- Ortho—**
- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Shoulder | R | L |
| <input type="checkbox"/> Elbow | R | L |
| <input type="checkbox"/> Wrist | R | L |
| <input type="checkbox"/> Hand | R | L |
| <input type="checkbox"/> Hip | R | L |
| <input type="checkbox"/> Knee | R | L |
| <input type="checkbox"/> Ankle | R | L |
| <input type="checkbox"/> Foot | R | L |
| <input type="checkbox"/> Arthrogram | | |

- Body—**
- Cardiac function wo w/wo
 - Breast (Bilateral)
 - Chest
 - Abdomen
 - Liver
 - MRCP
 - Pancreas
 - Renal
 - Adrenal
 - Pelvis
 - Prostate (PSA=_____)
 - Uterine Mapping

Other _____

CT

Contrast: wo w w/wo per protocol

- Cardiac Ca++ Score wo
- Cardiac/Coronary CTA w/
- CTA Aorta (gated) w/
- Structured Heart w/ (pulmonary veins)
- Brain
- Temporal Bone/Mastoids
- Sinus
- Neck
- Spine C T L
- Myelogram C T L
- Kidney Stone
- Urogram w/wo
- Adrenal Washout w/wo
- Pancreatic w/wo
- Liver (Hemangioma Protocol w/wo)
- Chest
- Lung Cancer Screening— low dose
- Chest High Resolution
- Parathyroid w/wo
- Abdomen
- Pelvis
- Arthrogram

- CT Angio—**
- Brain w/
 - Neck w/
 - Chest w/ Aorta PE
 - Abdomen/Pelvis w/
 - Aorta & Runoff w/
 - Renal w/

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 _____
*May do US or additional mammographic views as needed

Dexa Bone Densitometry

- Hip R L
- Lumbar
- Forearm R L

Other _____

Ultrasound

- Abdomen
 - Liver Elastography
 - Gallbladder Ejection Fraction
- Pelvis/Doppler
- Renal/Bladder
- Testicular
- Bladder
- Prostate
- Pelvis w/ endo vaginal w/o endo vaginal
- Breast R L
- Breast Bx R L
- Thyroid
- Thyroid Bx R L
- OB US: Complete Early Limited 3D/4D Biophysical Profile

- Vascular—**
- Carotids
 - Abdo Aorta
 - Mesenteric Arteries
 - Venous Doppler
 - Upper R L
 - Lower R L
 - Arterial Doppler
 - Upper R L
 - Lower R L

Other _____

Digital X-Ray

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

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 be worn. DO NOT wear any metal objects. Comfortable clothing is recommended.

COMPUTED TOMOGRAPHY (CT)

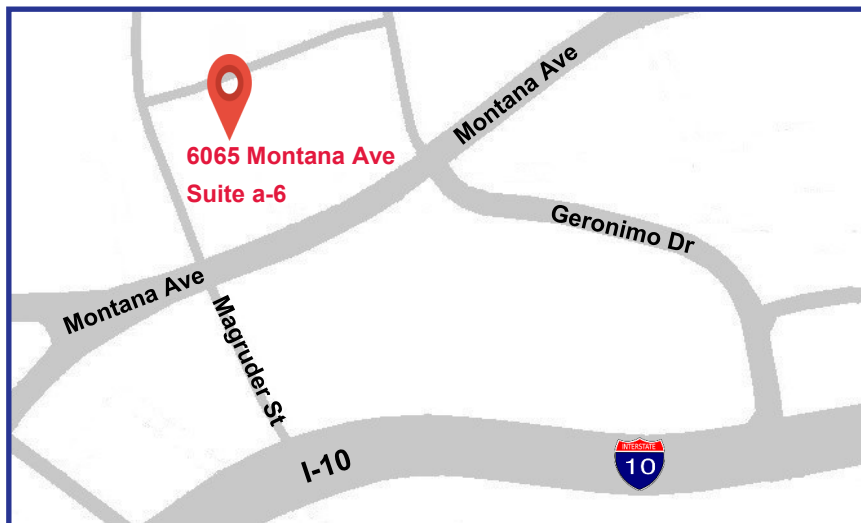
Clear liquids are allowed, and all prescribed medications should be taken as usual. In addition:

- Head—No solid food for 4 hours prior to exam.
- **Abdomen/Pelvis—Call for instructions.** You may need to arrive 1 hr 45 mins prior to exam time. No solid food or liquids 8 hours prior to exam, only water.
- CT Angiography—Well hydrated the day before exam. Fasting 4 hours prior to exam.
- Myelogram—No food or drink 4 hours prior to exam.

CARDIAC CTA

- No Caffeine or Energy supplements 24 hours prior to exam.
- No Viagra/Cialis/Levitra or other medications to treat erectile dysfunction 48 hours prior to exam.
- No food 4 hours prior to exam.
- No liquids 1 hour prior to exam.
- DO NOT suspend any cardiac medication.
- Patient should arrive at 1426 George Dieter 2 hours prior to exam, unless medication picked up the day before the exam. –If so, patient must arrive 1 hour prior to exam.

Central: 6065 Montana Ave, Ste A-6



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.

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.

PLAIN FILM RADIOGRAPHY (X-RAY)

No special prep needed.

East: 1426 George Dieter Dr

