

Patient's Name	Date of Birth	Today's Date	
*Clinical Diagnosis / Symptoms (Rec	uired):		
Appt. Date: Time:	Patient Phone #:		
Physician's Name (Print)		re	
Office Phone#	Office Fax:Office	e Email:	
□CALL PATIENT TO SCHEDULE □TRANSPORTATION □STAT REPORT □ROUTINE REPORT			

Ph. (956) 213-0270 • Fax (956) 213-0271

DTI		
MRI brain with DTI (Diffusion Tensor Image)		
MRI		
☐ Without Contrast ☐ With Contrast ☐ With and Without Contrast Abdomen Abdomen (MRCP) Brain Brain with DTI		
Chest Face IAC's Mandible Neck Orbit		
Pelvis Pituitary Gland Sacro-iliac Joint Sacrum/Coccyx Spine		
☐ Cervical ☐ Thoracic ☐ Lumbar Temporomandibular Joints Upper Extremity (joint) Left Right ☐ Elbow ☐ Shoulder ☐ Wrist Upper Extremity (non joint) Left Right ☐ Hand ☐ Forearm ☐ Humerus		
Lower Extremity (joint) Left Right □ Ankle □ Hip □ Knee Lower Extremity (non joint) Left Right □ Femur □ Foot □ Tibia / Fibula MRA Carotids (w/reconstruction w/o contrast) MRA Cerebrals (w/reconstruction w/o contrast)		

CT SCAN	X-RAY
 ☐ Without Contrast ☐ With and Without Contrast ☐ With 3D Reconstruction (Musculoskeletal only) 	☐ Flex/Ext ☐ With Weights Exam Requested:
Abdomen	ULTRASOUND
Abdomen/Pelvis (Kidney Stone Protocol) Brain Chest IAC's Mandible Orbit Pelvis Pituitary Gland/ Sella Sacro-iliac Joint Sinus (Maxiofacial) Soft Tissue Neck Spine Cervical	Abdomen, Single Organ/QuadrantAbdomen TotalAorta DuplexArterial Lower Extremity DuplexBilateral
☐ Ankle ☐ Femur ☐ Foot ☐ Hip ☐ Knee ☐ Tibia/Fibula	Venous Lower Extremity Bilateral DUnilateral Left Right

Other

8801 N. 10th Street, Suite 150 B McAllen, Texas 78504 Ph. (956) 213-0270

MRI CONTRAINDICATIONS

If you have any of the following devices implanted in your body you will not be able to have an MRI exam.

- Pacemaker
- Brain Aneurysm Clip
- Battery Operated Pumps (Insulin, Pain meds, etc.)

MRI OF ABDOMEN

• Need to be fasting 3-4 hours before exam.

MRI SUGGESTIONS

- Do not wear jewelry (necklaces, bracelets, earrings, etc.)
- Wear comfortable loose clothing
- Do not wear clothing with metal buttons or zippers
- For Females, do not wear mascara

NOTE

The exam requires you to lay still for approximately 30 to 40 minutes. If you are in severe pain, we suggest that you take pain medication 1 hour prior to appointment time.

You may eat prior to the exam.

ULTRASOUND PREPARATIONS

ABDOMEN / GALLBLADER

NPO (Nothing to eat or drink after midnight)

• RENAL

NPO (nothing to ear or drink after midnight)

• PELVIC

Must have full bladder. Drink 32oz (about 6 full glasses of water or liquid 1 hour prior to appointment time) DO NOT empty bladder until exam is completed.

BREAST

If mammogram was done prior, please bring film and reports to appointment

PREPARATION FOR CT SCAN WITH CONTRAST

- BUN and Creatinine Lab Levels to be drawn within 30 days before exam
- You may take Glucophage or Glucovance the evening before the procedure. No Glucophage or Glucovance is to be taken the morning before the scan.

After the CT scan, no more Glucophage or Glucovance may be taken for 48 hours after the test. Please check with your ordering physician before resuming your next dosage.

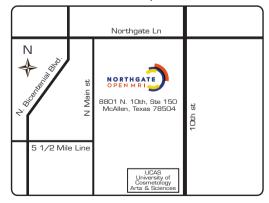
• If you are using insulin, you need to have the first morning appointment. Do not take your morning insulin injection and do not eat before the test. Bring your insulin along for injection after the procedure.

• CT PELVIS

- 1. Nothing to eat or drink after midnight the night before the exam
- 2. Need to stop by office to pick up two bottles of Readi-CAT
- 3. Need to drink one bottle of Readi-CAT the night before and the second bottle one hour before exam.
- CT ABDOMEN
- 1. Nothing to eat or drink after midnight the night before the exam
- 2. Need to stop by office to pick up bottle of Readi-CAT
- 3. Need to drink bottle of Readi-CAT 1 hour before exam
- CT CHEST

Please bring chest x-ray film with you at time of appointment

8801 N. 10th, Ste 150 B



^{*}PLEASE BRING LIST OF MEDICATIONS