



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

Patient's Name _____ Date of Birth _____ Today's Date _____

*Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ Patient Phone #: _____

Physician's Name (Print) _____ Physician's Signature _____

Office Phone# _____ Office Fax: _____ Office Email: _____

CALL PATIENT TO SCHEDULE TRANSPORTATION STAT REPORT ROUTINE REPORT

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

- Without Contrast
- With and Without Contrast
- With 3D Reconstruction
(Musculoskeletal only)

- ___ Abdomen
- ___ Abdomen/Pelvis
- ___ 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 Thoracic Lumbar
 - Post Discogram/Myelogram
- ___ Temporal Bones
- ___ Upper Extremity Left Right
 - Elbow Forearm Hand
 - Humerus Shoulder Wrist
- ___ Lower Extremity Left Right
 - Ankle Femur Foot
 - Hip Knee Tibia/Fibula

X-RAY

- Flex/Ext
- With Weights
- Exam Requested: _____

ULTRASOUND

- ___ Abdomen, Single Organ/Quadrant
- ___ Abdomen Total
- ___ Aorta Duplex
- ___ Arterial Lower Extremity Duplex
 - Bilateral Unilateral Left Right
- ___ Arterial Upper Extremity Duplex
 - Bilateral Unilateral Left Right
- ___ Bladder (Pre & Post Void)
- ___ Breast
- ___ Carotid Duplex
- ___ Complete Extremity Non-Vascular
 - Upper Lower Left Right
- ___ Liver
- ___ Pelvic - Transabdominal
- ___ Retroperitoneal
 - Limited Complete
- ___ Renal Arteries (Abdomen Aorta, IVC)
- ___ Scrotum (Testicular) Duplex
- ___ Thyroid
- ___ Venous Upper Extremity
 - Bilateral Unilateral Left Right
- ___ Venous Lower Extremity
 - Bilateral Unilateral Left Right
- ___ Other _____

8801 N. 10th Street, Suite 150 B
 McAllen, Texas 78504
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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 / GALLBLADDER
NPO (Nothing to eat or drink after midnight)
- RENAL
NPO (nothing to eat 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 Read-CAT
3. Need to drink one bottle of Read-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 Read-CAT
3. Need to drink bottle of Read-CAT 1 hour before exam

CT CHEST

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

*PLEASE BRING LIST OF MEDICATIONS

8801 N. 10th, Ste 150 B

