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|---|--|---|
| <input type="checkbox"/> Advanced Imaging Center                    | <input type="checkbox"/> Flower Mound      | <input type="checkbox"/> North Garland        |
| <input type="checkbox"/> Allen                                      | <input type="checkbox"/> Forney            | <input type="checkbox"/> Plano                |
| <input type="checkbox"/> Arlington Arbrook Blvd.                    | <input type="checkbox"/> Fossil Creek      | <input type="checkbox"/> Red Oak              |
| <input type="checkbox"/> Arlington Breast Center                    | <input type="checkbox"/> Grand Prairie     | <input type="checkbox"/> Richardson           |
| <input type="checkbox"/> Baylor Charles A. Sammons Cancer Center    | <input type="checkbox"/> Hurst             | <input type="checkbox"/> Rockwall             |
| <input type="checkbox"/> Baylor Diagnostic Imaging Center at Junius | <input type="checkbox"/> Keller            | <input type="checkbox"/> South Irving         |
| <input type="checkbox"/> Burleson                                   | <input type="checkbox"/> Las Colinas       | <input type="checkbox"/> Southlake            |
| <input type="checkbox"/> Dallas Forest Lane                         | <input type="checkbox"/> Lewisville        | <input type="checkbox"/> Southwest Fort Worth |
| <input type="checkbox"/> Dallas Washington Ave.                     | <input type="checkbox"/> McKinney          | <input type="checkbox"/> Tyler                |
| <input type="checkbox"/> Denton                                     | <input type="checkbox"/> Mesquite          | <input type="checkbox"/> Weatherford          |
| <input type="checkbox"/> Downtown Fort Worth                        | <input type="checkbox"/> Midlothian-Midway |   |
| <input type="checkbox"/> Downtown Fort Worth PET/CT                 | <input type="checkbox"/> North Dallas      |   |

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Authorization: \_\_\_\_\_

<b>REFERRING PHYSICIAN SIGNATURE:</b>		<input type="checkbox"/> STAT CALL _____
X _____		<input type="checkbox"/> STAT Fax# _____ Cell Phone # _____
_____		<input type="checkbox"/> Deliver CD to Office
_____		<input type="checkbox"/> Send CD w/Patient
_____		<input type="checkbox"/> Please Compare to Previous _____
<b>DIAGNOSIS:</b> _____		

Print Referring Dr.: \_\_\_\_\_ Referring Office Contact: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

<b>MRI</b>	<input type="checkbox"/> 1.2T Open MRI <input type="checkbox"/> 1.5T High-Field MRI <input type="checkbox"/> 1.5T Wide-Bore MRI <input type="checkbox"/> 3T MRI <input type="checkbox"/> MRAngiogram <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without Contrast *Labs needed for IV contrast IF: <input type="checkbox"/> Age 60 & up <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal DX Creatinine: _____ <input type="checkbox"/> NeuroQuant® <input type="checkbox"/> LiverMultiScan® <input type="checkbox"/> Arthrogram(withintra-articularcontrast)	<input type="checkbox"/> Head <input type="checkbox"/> Brain <input type="checkbox"/> Draw Labs if Needed <input type="checkbox"/> Brain for ARIA <input type="checkbox"/> Orbits <input type="checkbox"/> Orbits & Brain <input type="checkbox"/> Pituitary <input type="checkbox"/> Internal Auditory Canals <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacrum	<input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Neck <input type="checkbox"/> TMJ <input type="checkbox"/> Abdomen <input type="checkbox"/> Enterography <input type="checkbox"/> Chest (HF Only) <input type="checkbox"/> MRCP (HF Only) <input type="checkbox"/> Renal (HF Only) <input type="checkbox"/> Pelvis <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Foot <input type="checkbox"/> Extremity _____ <input type="checkbox"/> Prostate <input type="checkbox"/> DynaCAD <input type="checkbox"/> Other _____
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<b>CT</b>	<input type="checkbox"/> CT <input type="checkbox"/> CTA (w/ 3D Reformat) <input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without Contrast *Labs needed for IV contrast IF: <input type="checkbox"/> Age 60 & up <input type="checkbox"/> Diabetic <input type="checkbox"/> Renal DX Creatinine: _____ <input type="checkbox"/> Labs Attached <input type="checkbox"/> Calcium Scoring <input type="checkbox"/> Arthrogram(withintra-articularcontrast)	<input type="checkbox"/> Brain <input type="checkbox"/> Draw Labs if Needed <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary <input type="checkbox"/> Internal Auditory Canals <input type="checkbox"/> Sinuses <input type="checkbox"/> Coronal <input type="checkbox"/> Axial & Coronal <input type="checkbox"/> Mandible/Facial Bones <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Chest <input type="checkbox"/> High-Res Chest	<input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> Thoracic <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Kidney Stone Protocol <input type="checkbox"/> Abd/Pel wo <input type="checkbox"/> Enterography <input type="checkbox"/> Scaphoid <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Extremity _____ <input type="checkbox"/> Abdomen/Pelvis w/ 3D Reformat <input type="checkbox"/> Neck w/ 3D Reformat <input type="checkbox"/> Renal w/ 3D Reformat <input type="checkbox"/> Chest (P.E. Protocol) w/ 3D Reformat <input type="checkbox"/> Other _____
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<b>ULTRASOUND</b>	<input type="checkbox"/> Abdominal Complete (NPO) <input type="checkbox"/> Abdominal Doppler Complete <input type="checkbox"/> Abdominal Limited (NPO) <input type="checkbox"/> Aorta <input type="checkbox"/> ABI (Arlington Arbrook, Junius) <input type="checkbox"/> Arterial Doppler Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Arterial Doppler Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Carotid Artery Doppler	<input type="checkbox"/> Gallbladder/Liver/Pancreas <input type="checkbox"/> OB Bio Physical Profile <input type="checkbox"/> OB > 14 Weeks <input type="checkbox"/> OB < 14 Weeks <input type="checkbox"/> Pelvic (w/ Transvaginal, if needed) <input type="checkbox"/> Pelvic Only <input type="checkbox"/> Renal Artery Doppler <input type="checkbox"/> Renal Complete	<input type="checkbox"/> Retroperitoneal Limited (kidneys only) <input type="checkbox"/> Retroperitoneal Complete (kidneys/aorta/nodes) <input type="checkbox"/> Segmental Pressure (Arlington Arbrook & Junius) <input type="checkbox"/> Soft Tissue: _____	<input type="checkbox"/> Testicular/Scrotal <input type="checkbox"/> Thyroid <input type="checkbox"/> Transvaginal Only <input type="checkbox"/> Venous Doppler Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Venous Doppler Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> Other _____
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<b>ADDITIONAL SERVICES</b>	<input type="checkbox"/> X-RAY Exam Requested: _____ <input type="checkbox"/> MAMMOGRAPHY <input type="checkbox"/> Screening Mammogram w/ callback visit: if the screening is abnormal, inconclusive, or questionable, then perform these additional diagnostic exams: diagnostic mammogram/sonogram <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic with Breast Ultrasound to follow if needed <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bilat <input type="checkbox"/> ABUS 3D Complete Bilateral Breast Ultrasound (Arlington Breast Center) <input type="checkbox"/> MYELOGRAM <input type="checkbox"/> Cervical _____ <input type="checkbox"/> Thoracic _____ <input type="checkbox"/> Lumbar _____	<input type="checkbox"/> BONE DENSITY <input type="checkbox"/> FLUOROSCOPY Exam Requested: _____ <input type="checkbox"/> PET/CT (Downtown Fort Worth, Junius) Clinical Reason for Ordering PET/CT: _____ Is patient currently receiving chemotherapy or radiation therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a previous PET/CT? <input type="checkbox"/> Yes <input type="checkbox"/> No When & Where: _____ <input type="checkbox"/> Standard Body (eyes to thighs) <input type="checkbox"/> Whole Body (head to toe) <input type="checkbox"/> Brain <input type="checkbox"/> Myocardial <input type="checkbox"/> PET/CT Amyvid <input type="checkbox"/> Limited area as noted _____
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**PLEASE FAX SIGNED ORDERS, PATIENT DEMOGRAPHICS, INSURANCE & CLINICALS**

**ALLEN**  
880 W. Exchange Pkwy., Suite 2100 | Allen, TX 75013  
Phone: 469.656.7723 Fax: 469.795.0289  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray • Calcium Scoring

**ARLINGTON ARBROOK BLVD.**  
601 West Arbrook Blvd. | Arlington, TX 76014  
Phone: 817.472.0801 Fax: 817.472.0840  
SERVICES: MRI [1.5T Wide-Bore, 1.2T Open] • CT • US • X-Ray/Fluoro • Arthrogram • Segmental Pressures

**ARLINGTON BREAST CENTER**  
4501 Matlock Rd, Suite 101 | Arlington, TX 76018  
Phone: 817.472.0801 Fax: 817.472.0840  
SERVICES: Mammogram [3D] • US • Bone Density

**BURLESON**  
665 N.E. Alsbury Boulevard | Burleson, TX 76028  
Phone: 817.447.3443 Fax: 817.447.9094  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray • Mammogram [3D] • Bone Density • Calcium Scoring

**DALLAS FOREST LANE**  
11617 North Central Expressway, Suite 132  
Dallas, TX 75243  
Phone: 214.369.3795 Fax: 866.225.8389  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray/Fluoro • Mammogram [3D] • Bone Density • Arthrogram • Calcium Scoring

**DALLAS WASHINGTON AVE.**  
712 N. Washington Ave., Suite 102 | Dallas, TX 75246  
Phone: 214.515.0016 Fax: 214.515.0026  
SERVICES: MRI [1.5T Wide-Bore] • CT

**NORTH DALLAS**  
9101 North Central Expressway, Suite 100  
Dallas, TX 75231  
Phone: 972.560.9000 Fax: 214.989.6684  
SERVICES: MRI [3T Wide-Bore] • CT • US • X-Ray/Fluoro • Arthrogram • Calcium Scoring

**ADVANCED IMAGING CENTER**  
411 N. Washington Avenue, Suite 1000  
Dallas, TX 75246  
Phone: 972.560.9000 Fax: 214.989.6684  
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • X-Ray/Fluoro • Myelogram

**BAYLOR CHARLES A. SAMMONS CANCER CENTER**  
3410 North Street, Suite 770 | Dallas, TX 75246  
Phone: 972.560.9000 Fax: 214.989.6684  
SERVICES: MRI [1.5T Wide-Bore]

**BAYLOR DIAGNOSTIC IMAGING CENTER AT JUNIUS**  
3900 Junius Street, Suite 100 | Dallas, TX 75246  
Phone: 972.560.9000 Fax: 214.989.6684  
SERVICES: MRI [3T Wide-Bore, 1.5T HF] • PET • CT • US • X-Ray/Fluoro • Calcium Scoring • Segmental Pressures • Arthrogram

**DENTON**  
2817 S. Mayhill Road, Suite 100 | Denton, TX 76208  
Phone: 940.320.6901 Fax: 940.320.6969  
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT [64] • US • X-Ray • Calcium Scoring

**DOWNTOWN FORT WORTH**  
1280 8<sup>th</sup> Ave., Suite 400 | Fort Worth, TX 76104  
Phone: 817.922.7780 Fax: 817.768.3255  
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT [64] • US • X-Ray/Fluoro • Mammogram [3D] • Bone Density • Arthrogram • Myelogram • Calcium Scoring

**DOWNTOWN FORT WORTH PET/CT**  
1263 West Rosedale, Suite 105 | Fort Worth, TX 76104  
Phone: 817.335.5370 Fax: 817.335.5318  
SERVICES: PET/CT

**FLOWER MOUND**  
3000 Corporate Court, Suite 400  
Flower Mound, TX 75028  
Phone: 972.724.0100 Fax: 972.724.4455  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray • Arthrogram • Calcium Scoring

**FORNEY**  
215 Marketplace Blvd.  
Forney, TX 75126  
Phone: 469.954.8023 Fax: 469.954.8024  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray • Calcium Scoring

**FOSSIL CREEK**  
5455 Basswood Blvd., Suite 550 | Fort Worth, TX 76137  
Phone: 817.428.5002 Fax: 817.428.8101  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray • Mammogram [3D] • Bone Density • Arthrogram

**GRAND PRAIRIE**  
2740 N. State Hwy. 360, Suite 200  
Grand Prairie, TX 75050  
Phone: 972.990.4480 Fax: 972.579.3909  
SERVICES: MRI [1.5T HF] • CT [64] • US • X-Ray/Fluoro • Mammogram [3D] • Bone Density • Arthrogram • Myelogram

**HURST**  
1717 Precinct Line Road, Suite 103 | Hurst, TX 76054  
Phone: 817.498.6575 Fax: 817.498.8854  
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray • Mammogram [3D] • Bone Density • Arthrogram • Calcium Scoring

**KELLER**  
601 South Main Street, Suite 100 | Keller, TX 76248  
Phone: 817.482.2000 Fax: 817.482.2050  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray/Fluoro • Mammogram [3D] • Bone Density • Arthrogram • Myelogram • Calcium Scoring

**LAS COLINAS**  
440 W Interstate 635, Suite 110 | Irving, TX 75063  
Phone: 214.647.6161 Fax: 214.647.6162  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray

**LEWISVILLE**  
190 Civic Circle, Suite 125 | Lewisville, TX 75067  
Phone: 972.434.6737 Fax: 972.434.6739  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray • Mammogram [3D] • Bone Density • Calcium Scoring

**MCKINNEY**  
5321 W. University | McKinney, TX 75071  
Phone: 214.250.5090 Fax: 214.250.5095  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray

**MESQUITE**  
1425 Gross Road, Suite 130 | Mesquite, TX 75149  
Phone: 972.289.5558 Fax: 972.289.5786  
SERVICES: MRI [1.5T Wide-Bore] • CT • US • Mammogram [3D] • X-Ray/Fluoro • Bone Density • Arthrogram

**MIDLOTHIAN-MIDWAY**  
4431 E. US-Hwy 287, Suite 120  
Midlothian, TX 76065  
Phone: 469.846.8100 Fax: 469.846.8101  
SERVICES: MRI [1.5T Wide-Bore] • CT • US • Mammogram [3D] • X-Ray • Bone Density • Calcium Scoring

**NORTH GARLAND**  
7217 Telecom Pkwy., Suite 150 | Garland, TX 75044  
Phone: 972.495.7756 Fax: 972.495.1837  
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT [64] • US • X-Ray/Fluoro • Mammogram [3D] • Bone Density • Arthrogram

**PLANO**  
3304 Communications Pkwy., Suite 201  
Plano, TX 75093  
Phone: 972.378.6858 Fax: 972.378.9088  
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT [64] • US • X-Ray/Fluoro • Arthrogram • Myelogram

**RED OAK**  
3055 East Ovilla Road | Red Oak, TX 75154  
Phone: 972.617.7731 Fax: 214.736.9234  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray • Mammogram [3D] • Bone Density • Arthrogram • Calcium Scoring

**RICHARDSON**  
1910 North Collins Blvd. | Richardson, TX 75080  
Phone: 972.744.0882 Fax: 972.744.0884  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray

**ROCKWALL**  
901 Rockwall Parkway | Rockwall, TX 75082  
Phone: 469.897.5660 Fax: 469.897.5661  
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT [64] • US • X-Ray • Arthrogram • Calcium Scoring

**SOUTH IRVING**  
2005 West Park Drive, Suite 110 | Irving, TX 75061  
Phone: 469.299.8549 Fax: 469.299.8547  
SERVICES: MRI [1.5T HF] • CT • US • X-Ray • Arthrogram

**SOUTHLAKE**  
925 E Southlake Blvd., Suite 220 | Southlake, TX 76092  
Phone: 817.424.4800 Fax: 817.305.5050  
SERVICES: MRI [3T Wide-Bore, 1.5T Wide-Bore] • CT • US • X-Ray • Arthrogram • Myelogram • Calcium Scoring

**SOUTHWEST FORT WORTH**  
6900 Harris Pkwy., Suite 100 | Fort Worth, TX 76132  
Phone: 817.294.1131 Fax: 817.294.3882  
SERVICES: MRI [1.5T Wide-Bore] • CT [64] • US • X-Ray/Fluoro • Arthrogram • Calcium Scoring

**TYLER**  
2019 Old Troup Hwy. | Tyler, TX 75701  
Phone: 903.526.6736 Fax: 903.526.7911  
SERVICES: MRI [1.5T Wide-Bore, 1.2T Open] • CT [64] • US • X-Ray • Calcium Scoring

**WEATHERFORD**  
250 Santa Fe Drive | Weatherford, TX 76086  
Phone: 682.803.0010 Fax: 682.803.0020  
SERVICES: MRI [1.5T Wide-Bore] • CT • US • X-Ray • Calcium Scoring

If you have had previous diagnostic studies of the body part being evaluated, please bring those films and reports, or request they be sent to the Center. These studies or reports are very helpful to the Radiologist interpreting your exam.

#### COMPUTED TOMOGRAPHY (CT)

Abdomen or Abdomen and Pelvis  
You have the option of contacting our office to obtain your contrast (2% barium sulfate) one-two days prior to your exam. Eat a light dinner the evening before your exam and have nothing to eat or drink 4-6 hours prior to your exam. You may take your regular medications with a small amount of water. Oral Contrast Directions  
ABDOMEN & PELVIS: On the day of your exam, drink one bottle (450ml) of your oral contrast two hours before your exam. Drink the second bottle (450ml) one hour before your exam.

Nothing to eat or drink 4-6 hours prior to your exam.

#### Tell the CT Technologist:

- If you are pregnant or breast feeding
- If you have had a barium enema or UGI within the last two weeks
- If you have had brain, heart, ear, eye or other surgeries
- If you have had an IVP within 48 hours

#### PET/CT

Call facility for further instructions.

#### MAGNETIC RESONANCE IMAGING (MRI)

Please let your MRI Technologist know if you have a pacemaker, surgical clips, a prosthesis, previous surgery, metal implants or any other metal objects in your body or if you are pregnant or nursing.

#### ULTRASOUND

Abdominal Ultrasound:  
Please do not eat or drink (NPO) 6-8 hours prior to the exam.  
Pelvic/OB <30 weeks:  
Please have finished drinking four 8-ounce glasses of water 1 hour prior to your appointment time.  
Your bladder must be full upon arrival. Pediatric patients drink 12 ounces of water 1 hour prior to appointment time.  
**MAMMO** Bring previous films and reports.  
**FLUORO/IVP/BE** Please contact center for prep.  
**X-RAY** No Prep.