



First Available

# RADIOLOGY OUTPATIENT SERVICES

## PHONE NUMBERS

### ALL RADIOLOGY SCHEDULING

..... 214-320-7776

### FAX ORDERS

..... 214-319-2758 OR 214-319-4044

### RADIOLOGY DEPT (GALLOWAY)

..... 214-320-7008

MESQUITE DIAGNOSTICS..... 972-686-1944

**Patient:** *Please bring a copy of this order with you at time of service.*  
**Doctor's Office:** *Please fax this order to scheduling (214) 319-2758*

PATIENT		APPOINTMENT DATE	APPOINTMENT TIME
ADDRESS			
		PATIENT SSN #	HOME PHONE #
PHYSICIAN		WORK PHONE #	
OFFICE TELEPHONE		FAX	
ALLERGIES	DATE OF BIRTH	AUTHORIZATION NUMBER	
DIAGNOSIS		ICD-9 CODE	
PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ONSET OF LAST MENSTRUAL CYCLE	PATIENT CREATININE LEVEL (If drawn in last 10 days)	
FAX REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	CALL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	FILMS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN SIGNATURE		DATE	

## MRI (MAGNETIC RESONANCE IMAGING) *Please check procedure(s) or fill-in specific information in space(s) provided.* **MRA (MAGNETIC RESONANCE ANGIOGRAPHY)**

<input type="checkbox"/> Cervical	<input type="checkbox"/> Left Shoulder	<input type="checkbox"/> Right Shoulder	<input type="checkbox"/> Pituitary	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Renal <b>MRA</b>
<input type="checkbox"/> Thoracic	<input type="checkbox"/> Left Knee	<input type="checkbox"/> Right Knee	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Neck (soft)	<input type="checkbox"/> Neck <b>MRA</b>
<input type="checkbox"/> Lumbar	<input type="checkbox"/> Left Hip	<input type="checkbox"/> Right Hip	<input type="checkbox"/> Brain	<input type="checkbox"/> TMJ	<input type="checkbox"/> Intracranial <b>MRA</b>
					<input type="checkbox"/> Other: _____
<input type="checkbox"/> WITH CONTRAST		<input type="checkbox"/> WITHOUT CONTRAST		<input type="checkbox"/> Other: _____	
				<input type="checkbox"/> Right <input type="checkbox"/> Left	

## CT (COMPUTED TOMOGRAPHY)

<input type="checkbox"/> Head	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Sinuses	Extremities: _____	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Neck, Soft Tissue, Glands		
<input type="checkbox"/> Cervical	<input type="checkbox"/> Abdomen & Pelvis <small>(if needed)</small>	<input type="checkbox"/> With Contrast	Other: _____	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Lumbar	<input type="checkbox"/> Pelvis <small>(if needed)</small>	<input type="checkbox"/> Without Contrast		

## X-RAY / FLUOROSCOPY

<input type="checkbox"/> Upper GI (Stomach)	<input type="checkbox"/> IVP	<input type="checkbox"/> C-Spine	<input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Chest PA / LAT	<input type="checkbox"/> Skull	<input type="checkbox"/> Bone Densitometry (MDX)
<input type="checkbox"/> Lower GI (Colon)		<input type="checkbox"/> T-Spine	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Sinuses	<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Small Bowel		<input type="checkbox"/> L-Spine	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Esophogram/Barium Swallow				<input type="checkbox"/> Extremities: _____		<input type="checkbox"/> Right <input type="checkbox"/> Left

## ULTRASOUND      MAMMOGRAPHY      NUCLEAR MEDICINE

<input type="checkbox"/> OB	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Screening	<input type="checkbox"/> Liver / Spleen	<input type="checkbox"/> SPECT	<input type="checkbox"/> Testicular
<input type="checkbox"/> Kidney / Renal	<input type="checkbox"/> Breast	<input type="checkbox"/> Diagnostic	<input type="checkbox"/> Renal <input type="checkbox"/> With Lasix		<input type="checkbox"/> Hepatobiliary
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Venous Doppler	<input type="checkbox"/> Diagnostic & Breast Sono (if needed)	<input type="checkbox"/> Tri-Phase Bone Scan		<input type="checkbox"/> With Ejection Fraction
<input type="checkbox"/> Pelvic	<input type="checkbox"/> Arm <input type="checkbox"/> Leg	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Whole Body Bone		<input type="checkbox"/> Brain
<input type="checkbox"/> Pelvic & Trans- vaginal (if needed)	<input type="checkbox"/> Arterial Doppler	<input type="checkbox"/> Right	<input type="checkbox"/> Lungs / VQ		<input type="checkbox"/> Cardiac Stress Test
<input type="checkbox"/> Testicular	<input type="checkbox"/> Arm <input type="checkbox"/> Leg	<input type="checkbox"/> Left	<input type="checkbox"/> Thyroid Scan / Uptake		<input type="checkbox"/> MUGA
<input type="checkbox"/> Carotid Duplex	<input type="checkbox"/> Arterial / Segmental Pressures (Galloway)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Other: _____				

### Dear Patient:

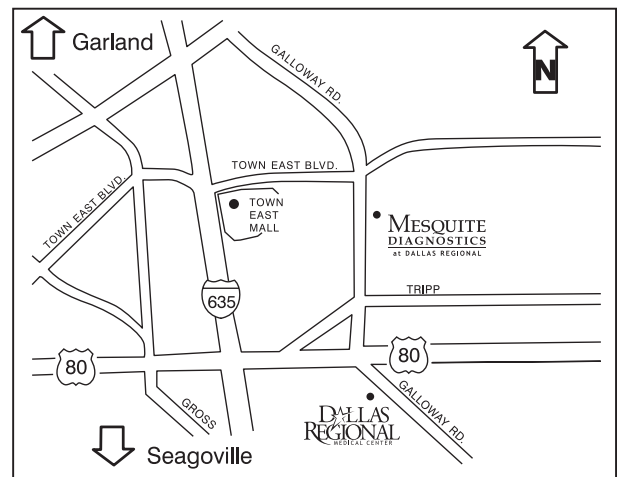
Your physician has ordered diagnostic imaging tests. If your examination requires preparation, it is important that you correctly follow the instructions listed on the back of this form. Please plan to register in Admitting at least 30 minutes before your appointment time.

Health care reform is prompting rapid change. Please check your Health care policy for coverage of the services being ordered.

Children are not allowed in the exam rooms with you. Please make child care arrangements or bring an adult with you to care for your children.

During the examination you may spend some time waiting since the x-rays will be checked for satisfactory quality. We will try to make you as comfortable as our waiting facilities permit. You will be able to leave the department as soon as the examination is finished to our complete satisfaction.

Please bring any previously taken films with you.



## GENERAL INSTRUCTIONS FOR THE PATIENT

If the examination is to be of greatest value, we must have your full cooperation in preparing yourself as outlined below. Please follow directions exactly and take only the medication, food and water in the amounts shown and at the times shown. Please check each step as completed and bring this form with you to the Outpatient Center. Please report any allergies or medical conditions related to your test to your care provider. If your procedure includes vascular contrast administration, and if serum creatinine has been performed within 14 days, the results should be brought with you. Please plan to arrive at least 30 minutes prior to your appointment time. If your test is not listed below, there is no preparation necessary.

### BREAST DIAGNOSTIC EXAM

Mammograms must be scheduled. Patients should not wear any perfumes, deodorant or body talcs from the waist up prior to the exam. Patients should bring mammogram films taken elsewhere to the exam.

### CARDIAC STRESS TESTING GENERAL STRESS TESTING

The morning of the test:

- If your test is after 10 a.m., you should have a liquid breakfast
- If your test is before 10 a.m., you should not eat or drink anything
- Do not drink any caffeine the day of your test
- Do not smoke for 2 hours before your test
- Wear comfortable clothes and low heel walking shoes
- Arrive at least 45 minutes before your exam time
- Bring with you any medications you are taking

### NUCLEAR STRESS TESTING

- Do not eat or drink anything after midnight the day prior to the exam
- Do not drink any caffeine the day of the exam
- Do not smoke 2 hours before the exam
- Wear comfortable clothes and low heel walking shoes
- Arrive at least 45 minutes before your exam time
- Bring with you any medications you are taking
- The test will take approximately 3 hours to complete
- Be prepared to have someone drive you home

### C.T. SCANNING

Please make the scheduler aware of any medications you are taking.  
**ABDOMEN, PELVIS, KIDNEY**

THE DAY BEFORE YOUR TEST:

- You may have a regular diet for supper
- Do not eat or drink anything after midnight

THE MORNING OF YOUR TEST:

- If your test is scheduled before 1:00 p.m. do not eat or drink anything before the test. If your test is scheduled after 1:00 p.m. you may drink water, coffee without cream, fruit juices, or sodas before 8:00 a.m. Nothing to eat or drink after 8:00 a.m.
- Do not take any medications after 7:00 a.m.

### HEAD, CHEST

THE MORNING OF THE TEST:

- Do not eat or drink anything for 4 hours before the test is to be done

### ALL SPINE WORK

- No preparation necessary

### IVP

THE DAY BEFORE YOUR TEST:

- Starting at 8 a.m., drink 8 oz. of water every hour
- 7:00 p.m. take 10 oz. Magnesium Citrate
- Do not drink or eat anything after 9:00 p.m.

THE MORNING OF YOUR TEST

- Do not eat or drink anything until the completion of your procedure

### M.R.I.

MRI needs no physical preparation, unless risk factors exist. If you have any of the following risk factors, please notify the scheduling personnel or MRI technician:

- Claustrophobia
- Cardiac Pacemaker
- Cardiac Valve Prosthesis
- Intracranial Aneurysm Clips
- Metalworker
- Pregnancy

## NUCLEAR MEDICINE

- Schedule 48 hours in advance
- Females 12-55 years of age, must have a pregnancy test before the exam
- HIDA Scan, Gastric Emptying, Nuclear Stress Test
  - 1) nothing to eat after midnight on the night before exam day
  - 2) HIDA Scans — no morphine-like or demoral-like medications 6 to 8 hours before the exam
- MUGA, Bone Scan, Meckel's Diverticulum, V/Q Scans, GI Bleed Scan
  - 1) do not require any special preparation
- Thyroid Uptake Scan
  - 1) discontinue thyroid or anti-thyroid medications at least 2 weeks prior to exam
  - 2) Synthroid to be discontinued at least 6 weeks prior to exam day
  - 3) No CT Scans or other exams that utilize iodinated contrast, at least 6 weeks prior
- Renal Exams (Lasix or Captopril)
  - 1) discontinue diuretics or ACE inhibitors at least 24 hours before exam — Patient is to consult their physicians
- WBC, Ceretec, Gallium, Indium
  - 1) call Radiology at 214-320-7008 for preparation instructions

### SONOGRAMS / ULTRASOUND PANCREAS, ABDOMEN, AORTA, GALLBLADDER, LIVER

*Fasting studies are preferred in the mornings*

Do not eat or drink anything after midnight the day before the exam

### PELVIS, OB

*Non-fasting studies preferred after noon*

Eat a regular breakfast

Two hours before your test is scheduled, start drinking water, 8 oz. every 30 minutes. DO NOT EMPTY YOUR BLADDER. It is necessary for you to have a full bladder for the test to be done.

OB <12 weeks or >25 weeks – Full bladder is not necessary.

### ENDOVASCULAR, VASCULAR, KIDNEY, THYROID, BREAST

No preparation necessary

### SURGICAL PROCEDURES

- Do Not eat or drink anything after midnight or the day of your procedure
- Wear comfortable clothing
- Leave your valuables at home (purse, wallets, jewelry, keys, etc.)
- Do Not wear make-up, nail polish or anything in your hair
- Be prepared to have someone drive you home. You will not be able to drive for 24 hours
- Arrive 1.5 hours before your surgery unless directed otherwise
- Go to the admitting department first (Preadmission may be arranged by your physician)
- Be prepared to stay at least two to three hours after your procedure

### UPPER GI SERIES BARIUM ENEMA

- Clear liquid diet for 24 hours prior to exam
- At 4:00 p.m. on day prior to exam, 300 ml (10 oz.) Magnesium Citrate orally
- At 8:00 p.m. on day prior to exam, 60 ml (2 oz.) castor oil orally
- On morning of exam, two 1500 ml warm tap water enemas 1 hr before exam

### UGI / BOWEL SERIES / UGI FOLLOWING BARIUM ENEMA

THE DAY BEFORE YOUR TEST:

- Eat your regular meal for supper
- Do not eat or drink anything after midnight

### UPPER GI SERIES FOLLOWING BARIUM ENEMA (BE)

THE MORNING OF YOUR TEST:

- Do not eat or drink anything. Do not chew gum.
- Take water enemas until the water runs clear. THIS IS A VERY IMPORTANT STEP

THE DAY OF THE BARIUM ENEMA:

- Take a laxative as soon as you get home
- Eat your regular lunch and supper

UGI and BE are required to be scheduled at least 2 days apart.

## LOCATIONS

**Dallas Regional Medical Center:** 1011 N. Galloway, Mesquite 75149

**Mesquite Diagnostics Outpatient Center:** 2540 N. Galloway, Suite 207, Mesquite 75150