



Diagnostic Outpatient Imaging

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

www.dximaging.com

PACs Portal: portal.dximaging.com

Appt. Date:

☐ Please call my patient and schedule

Appt. Time:

Patients are welcome to call and schedule

(Fax to DOI)

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

☐ Dr. William Boushka, Radiologist
☐ Dr. Ankur Patel, Musculoskeletal Radiologist
☐ Dr. Jeff Krantz, CAQ Neuroradiologist

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

Provider (print): _____ O Routine OSTAT (Provider cell) _____ (required)

Provider Signature: _____ Diagnoses: _____

MRI

CT

① ☐ 3T ☐ 1.5T Contrast: ☐ wo ☐ w/wo
☐ Open ☐ per protocol

① Contrast: ☐ wo ☐ w
☐ w/wo ☐ per protocol

② —HEAD & NECK—
☐ Brain
O Pituitary
O IAC's
O Seizure
O MS
O Tumor Eval
☐ Brachial Plexus
☐ Orbits
☐ Maxillofacial
☐ TMJ
☐ Neck Soft Tissue
—VASCULAR—
☐ MRA Brain
☐ MRV Head
☐ MRA Neck & Arch
☐ MRA Thoracic Aorta
☐ MRA Abdominal Aorta
☐ MRA Runoff
☐ MRA Renal
☐ MRA Pelvis

—SPINE—
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum/Coccyx
—BODY—
☐ Breast (Bilateral)
☐ Chest
☐ Abdomen
☐ Pelvis
☐ MRCP
☐ Liver
☐ Pancreas
☐ Renal
☐ Adrenal
☐ Uterine Mapping
☐ Prostate (PSA=_____)

—ORTHO—
☐ Shoulder R L
☐ Scapula R L
☐ Humerus R L
☐ Elbow R L
☐ Forearm R L
☐ Wrist R L
☐ Hand R L
☐ Finger R L
☐ Hip R L
☐ Femur R L
☐ Knee R L
☐ Tibia/Fibula R L
☐ Ankle R L
☐ Foot R L
☐ MARS Protocol
O Knee R L
O Hip R L
☐ Indirect Knee Arthrogram w/wo
O R L
☐ Visionaire Presurgical Protocol
O Knee R L
☐ Arthrogram

② ☐ Cardiac Ca++ Score wo
☐ Brain
☐ Orbits
☐ Temporal Bone/Mastoids
☐ Sinus
☐ Neck
☐ Spine C T L
☐ Myelogram C T L
☐ Kidney Stone
☐ Urogram w/wo (renal mass)
☐ 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
☐ Extremities _____
☐ Arthrogram _____

—CT ANGIO—
☐ Brain w/
☐ Neck w/
☐ Chest w/ O Aorta O PE
☐ Abdomen/Pelvis w/
☐ Aorta (gated) w/
☐ Aorta & Runoff w/
☐ Renal w/
OTHER CT _____

Ultrasound

Digital Mammography w/CAD

☐ Abdomen
O Liver Elastography
O Gallbladder Ejection Fraction
☐ Renal/Renal Doppler
☐ Renal/Bladder
☐ Testicular (Scrotum)
☐ Groin/Inguinal R L
☐ Prostate
☐ Pelvis
O w/o endo vaginal O w/ endo vaginal
O w/ Doppler O w/o Doppler
☐ Breast R L
☐ Breast Bx R L
☐ Thyroid
☐ Thyroid Bx R L
☐ Soft Tissue
☐ Obstetric
O Complete O Early O Limited
O 3D/4D O Biophysical Profile
—VASCULAR—
☐ Carotids
☐ Abdominal Aorta
☐ Venous Doppler
O Upper R L
O Lower R L
☐ Arterial Doppler
O Upper R L
O Lower R L

☐ 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

FibroScan

☐ Liver FibroScan

Dexa Bone Densitometry

☐ Lumbar and Left Hip
O Right Hip

Other _____

Therapeutic Joint Injection

Biopsy

Recommend discussion with Radiologist

Digital X-Ray

☐ Skull ☐ Shoulder R L
☐ Nasal ☐ Humerus R L
☐ Sinus ☐ Elbow R L
☐ TMJ R L ☐ Forearm R L
☐ Clavicle R L ☐ Wrist R L
☐ Chest ☐ Hand R L
☐ KUB ☐ SI Joints
☐ Ribs R L ☐ Pelvis
☐ Abdomen ☐ Hip R L
☐ Cervical 3V 5V ☐ Femur R L
☐ Cervical Flex Ext ☐ Knee R L
☐ Thoracic 3V 5V ☐ Tib/Fib R L
☐ Lumbar 3V 5V ☐ Ankle R L
☐ Lumbar Flex Ext ☐ Foot R L
☐ Sacrum+Coccyx ☐ Calcaneus R L
☐ Bone Age ☐ Toes R L
☐ Finger R L 1 2 3 4 5

OTHER X-RAY

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 should be worn. DO NOT wear any metal objects. Comfortable clothing is recommended.
- Head—DO NOT wear facial or eye make up.

ULTRASOUND (US)

- **ABDOMINAL, LIVER, GB, PANCREAS**

-Fasting for 8 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.

COMPUTED TOMOGRAPHY (CT)

Plain water is 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 2 hours 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.

MAMMOGRAPHY (MG)

DO NOT wear antiperspirant, talcum powder, perfume, or lotion under your arms on the day of the exam. Bring prior Mammogram images and reports if possible, or have the facility's name, address and telephone number available.

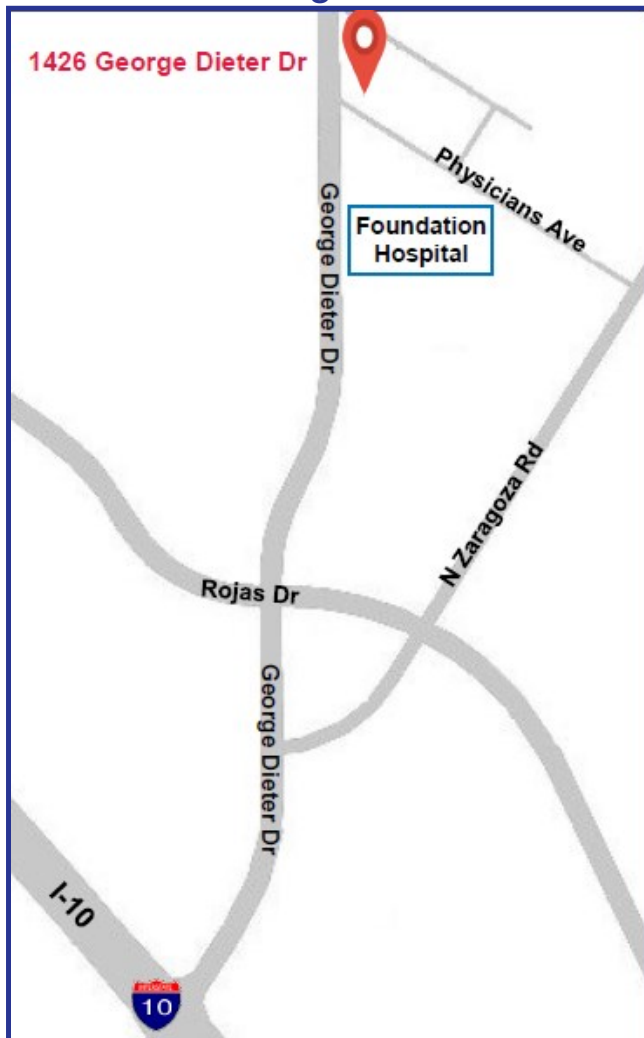
BONE DENSITOMETRY (BD)

Please DO NOT take calcium supplement on the day of the exam.

PLAIN FILM RADIOGRAPHY (X-RAY)

No special preparation needed.

East: 1426 George Dieter Dr



Central: 6065 Montana Ave, Ste A-6

