



Diagnostic Outpatient Imaging

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

www.dximaging.com

PACs Portal: portal.dximaging.com

Appt. Date: _____

Appt. Time: _____

Please call my patient and schedule

Patients are welcome to call and schedule

Central* 6065 Montana, A-6
 East* 1426 George Dieter Dr.
 West* 181 Village Ct A-1
*MRI, MG, CT, US, XR

Dr. William Boushka, Radiologist
 Dr. Ankur Patel, Musculoskeletal Radiologist

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

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

Provider Signature: _____ **Diagnoses:** _____

Supervising Physician Print Name: _____ ***INCOMPLETE ORDERS WILL DELAY PATIENTS EXAMS***

MRI

CT

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

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

② **—HEAD & NECK—**
 Brain
 Pituitary
 IAC's
 Seizure
 MS
 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 (East Only)
 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/ Aorta PE
 Abdomen/Pelvis w/
 Aorta (gated) w/
 Aorta & Runoff w/
 Renal w/
OTHER CT _____

Ultrasound

Abdomen
 Liver Elastography
 Gallbladder Ejection Fraction
 Renal/Renal Doppler
 Renal/Bladder
 Testicular (Scrotum)
 Groin/Inguinal R L
 Prostate
 Pelvis
 Trans Vaginal Ow/ Doppler O wo Doppler
 Trans Abd Ow/ Doppler O wo 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

MSK _____

—VASCULAR—
 Carotids
 Abdominal Aorta
 Venous Doppler
 O Upper R L
 O Lower R L
 Arterial Doppler
 O Upper R L
 O Lower R L

OTHER US _____

Digital Mammography Tomo w/CAD

Screening Bilateral Tomo*
 Diagnostic Bilateral Tomo*
 Screening Unilateral Tomo* R L
 Diagnostic Unilateral Tomo* R L
 Spot Compression Tomo* R L
 Spot Mag* R L

Other _____

*May do US or additional mammographic views as needed

FibroScan

Liver FibroScan
 O Multi O NASH O HBV O HCV O Auto-Immune O PBC

Dexa Bone Densitometry

Lumbar, Left Hip, Left Wrist
 O Right Hip

Other _____

Therapeutic Joint Injection

Biopsy

Recommend discussion with Radiologist

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

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.

- **BREAST AND THYROID BIOPSY**

-Bring prior images and report to your appointment.

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** and have the facility's name, address and telephone number available.

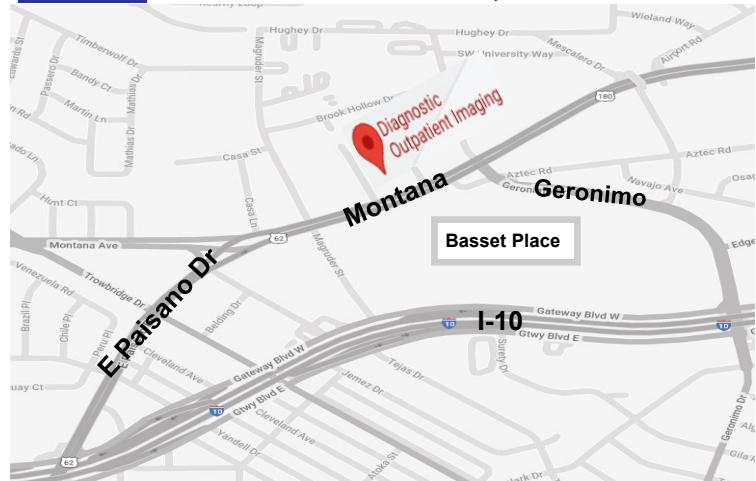
BONE DENSITOMETRY (BD)

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

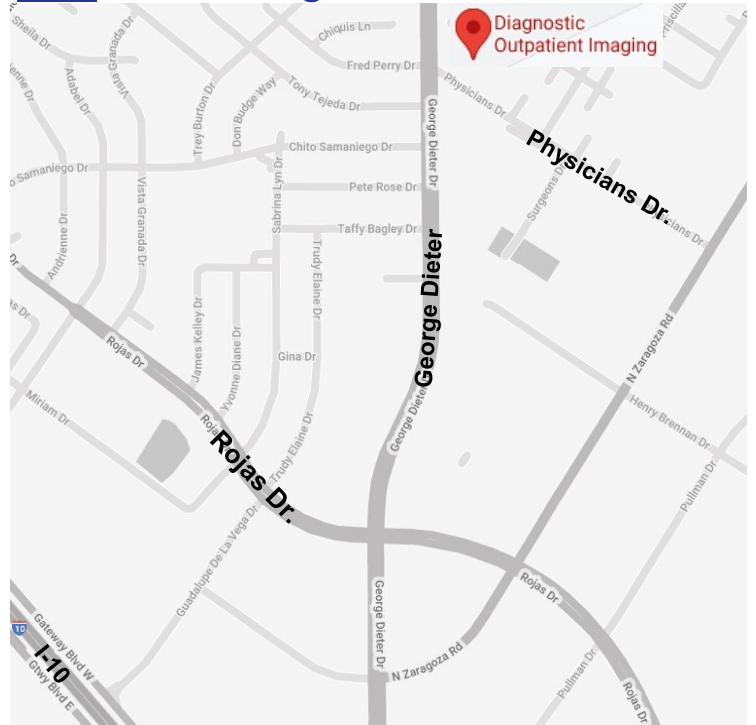
PLAIN FILM RADIOGRAPHY (X-RAY)

No special preparation needed.

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