



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,US,MG,BD,XR *MRI,CT,US,MG,BD,XR *MRI,US,MG

Dr. William Boushka, Radiologist
 Dr. Adam Sierra, 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	
<input type="checkbox"/> 3T <input type="checkbox"/> 1.5T	Contrast: <input type="checkbox"/> wo <input type="checkbox"/> w/wo	<input type="checkbox"/> wo <input type="checkbox"/> w	<input type="checkbox"/> w/wo <input type="checkbox"/> per protocol
<input type="checkbox"/> Open	<input type="checkbox"/> 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

OTHER MRI _____

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 w/ Doppler wo Doppler
 - Trans Abd w/ Doppler wo Doppler
- Breast R L
- Breast Bx R L
- Thyroid
- Thyroid Bx R L
- Soft Tissue
- Obstetric
 - O Complete Early Limited
 - O 3D/4D Biophysical Profile
- MSK _____
- VASCULAR—**
- Carotids
- Abdominal Aorta
- Venous Doppler
 - Upper R L
 - Lower R L
- Arterial Doppler
 - Upper R L
 - 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

Digital X-Ray

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

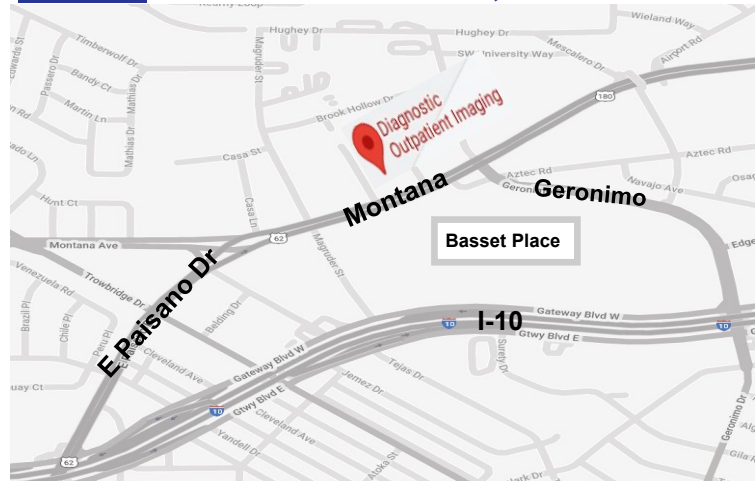
BONE DENSITOMETRY (BD)

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

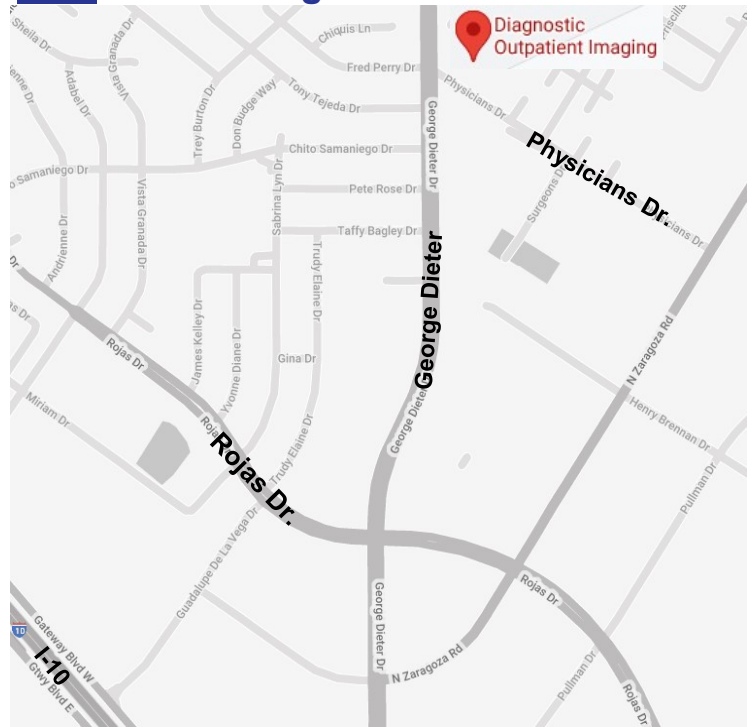
PLAIN FILM RADIOGRAPHY (X-RAY)

No special preparation needed.

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