



Appt. Date \_\_\_\_\_

Appt. Time \_\_\_\_\_

Please Select Facility - See back for specific location information

**JACINTO CITY**  
713-451-2900  
713-451-2103 [Fax]

**STEEPLECHASE**  
281-955-0440  
281-955-0755 [Fax]

**PEARLAND**  
281-412-3916  
281-485-5712 [Fax]

**TOMBALL**  
281-207-8800  
281-207-8999 [Fax]

**SOUTH LOOP**  
713-665-6767  
713-666-2300 [Fax]

**BEAUMONT**  
409-833-1400  
409-833-8181 [Fax]  
281-207-8953 [Fax]

**SUGAR LAND**  
281-242-5800  
281-207-8955 [Fax]

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

DOB: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

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

Authorization: \_\_\_\_\_ Referral#: \_\_\_\_\_

**Referring Physician Signature:** \_\_\_\_\_

**STAT CALL** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**STAT Fax#** \_\_\_\_\_

May modify exam at radiologists discretion if clinically indicated

Scan as Ordered

Ordered Date

Deliver Films or CD to Office (Circle One)

Send Films or CD w/Patient (Circle One)

**Diagnosis:** \_\_\_\_\_

Print Referring Dr.: \_\_\_\_\_

Referring Office Contact: \_\_\_\_\_

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

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

**MRI**

**1.5T MRI**  
 With/Without Contrast  Without Contrast

**\* Labs Needed For IV Contrast IF:**  
 Age 60 & Up  Diabetic  Renal DX  
Creatinine: \_\_\_\_\_

Brain  **Draw Labs if Needed**  
 Orbits  Orbits & Brain  
 Pituitary  
 Internal Auditory Canals

Cervical  Thoracic  Lumbar  Sacrum  
 Soft Tissue Neck  
 TMJ  
 Abdomen  
 Chest (HF Only)  
 MRCP (HF Only)  
 Pelvis  
 Shoulder  R  L  
 Hip  R  L  
 Hand  R  L  
 Wrist  R  L

Elbow  R  L  
 Knee  R  L  
 Ankle  R  L  
 Foot  R  L  
 Extremity \_\_\_\_\_  R  L  
 MRAngiogram Head  
 MRAngiogram Neck  
 MRAngiogram Renal (HF Only)  
 Arthrogram (Steeplechase Only)  
 Other \_\_\_\_\_

**CT**

Without  With  With/Without

**\* Labs Needed For IV Contrast IF:**  
 Age 60 & Up  Diabetic  Renal DX  
Creatinine: \_\_\_\_\_

Brain  **Draw Labs if Needed**  
 Pituitary  Internal Auditory Canals  
 Orbits  
 Calcium Scoring  
 Sinuses  Coronal  Axial & Coronal

Mandible/Facial Bones  
 Temporal Bones  
 Neck (Soft Tissue)  
 Chest  
 Cervical  Lumbar  
 Thoracic  
 Abdomen  Pelvis  
 Abdomen / Pelvis  
 Kidney Stone Protocol Abd/Pel wo  
 Enterography

Scaphoid  R  L  
 Hip  R  L  
 Extremity \_\_\_\_\_  
**CT ANGIOGRAPHY**  
 CTA Abdomen/Pelvis w/ 3D Reformat  
 CTA Neck w/ 3D Reformat  
 CTA Renal w/ 3D Reformat  
 CTA Chest (P.E. Protocol) w/ 3D Reformat  
 Arthrogram (Steeplechase Only)  
 Other \_\_\_\_\_

**ULTRASOUND**

Abdomen Complete (NPO)  
 Abdomen Doppler Complete  
 Abdomen Limited (NPO)  
 ABI  
 Aorta  
 Arterial Doppler  
 Carotid Doppler  
 Echocardiogram

Gallbladder/Liver/Pancreas  
 OB Bio Physical Profile  
 OB Less Than 14 Weeks  
 OB More Than 14 Weeks  
 Pelvic w/ Transvaginal (if needed)  
 Retroperitoneal Limited (Kidneys only)  
 Retroperitoneal Complete (Kidneys/Aorta/Nodes)

Soft Tissue \_\_\_\_\_  
 Testicular/Scrotal  
 Thyroid  
 Transvaginal only  
**VENOUS DOPPLER** (specify below)  
 Lower Extremity  R  L  Bilat  
 Upper Extremity  R  L  Bilat

**ADDITIONAL SERVICES**

**X-RAY**  
Exam Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAMMOGRAPHY**  
 Screening Mammogram w/callback visit: if the screening is abnormal, inconclusive, or questionable, then perform these additional diagnostic exams: diagnostic mammogram/sonogram  
 Screening  
 Diagnostic with Breast Ultrasound to follow if needed  R  L  Bilat  
 ABUS 3D Complete Bilateral Breast Ultrasound

**BONE DENSITY**

**PLEASE FAX COPY OF PATIENT DEMOGRAPHICS, INSURANCE & CLINICALS**

## Jacinto City

713-451-2900  
713-451-2103 [Fax]  
10912 East Freeway  
Houston, TX 77029

MRI/MRA/MRV (Wide Bore) • CT/CTA  
US • X-Ray • Mammography • Bone Density

## Pearland

281-412-3916  
281-485-5712 [Fax]  
8633 Broadway St., Suite 109  
Pearland, TX 77584

MRI/MRA/MRV (Wide Bore) • CT/CTA  
US • X-Ray • Mammography • Bone Density • Arthrogram

## South Loop

713-665-6767  
713-666-2300 [Fax]  
2616 South Loop West, Suite 170-A  
Houston, TX 77054

MRI/MRA/MRV (Wide Bore) • CT/CTA  
US

## Sugar Land

281-242-5800  
281-207-8955 [Fax]  
14835 Southwest Freeway  
Sugar Land, TX 77478

MRI/MRA/MRV (Wide Bore) • CT/CTA  
US • X-Ray • Mammography • Bone Density

## Steeplechase

281-955-0440  
281-955-0755 [Fax]  
11301 Fallbrook Dr., Suite 102  
Houston, TX 77065

MRI/MRA/MRV (Wide Bore) • CT/CTA  
US • X-Ray • Mammography • Arthrogram

## Tomball

281-207-8800  
281-207-8999 [Fax]  
425 Holderrieth Boulevard, Suite 104  
Tomball, TX 77375

MRI/MRA/MRV (Wide Bore) • CT/CTA  
US • X-Ray • Mammography • Bone Density

## Beaumont

409-833-1400  
409-833-8181 [Fax]  
281-207-8953 [Fax]  
3684 College St.  
Beaumont, TX 77701

MRI/MRA/MRV (High Field Open) • CT/CTA  
US • X-Ray

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.