



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

Diagnosis: _____

Deliver Films or CD to Office (Circle One)

Send Films or CD w/Patient (Circle One)

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.