



Patient's Name _____ Date of Birth _____ Today's Date _____

*Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ Patient Phone #: _____

Physician's Name (Print) _____ Physician's Signature _____

OBTAIN INS. AUTH. CALL PATIENT TO SCHEDULE TRANSPORTATION STAT REPORT ROUTINE REPORT

Ph. (956) 668-8282 • Fax (956) 668-8181

MRI

- Without Contrast With Contrast
- With and Without Contrast

- ___ Abdomen
- ___ Brain
- ___ Face
- ___ IAC's
- ___ Mandible
- ___ Neck
- ___ Orbit
- ___ Pelvis
- ___ Pituitary Gland
- ___ Sacro-iliac Joint
- ___ Sacrum/Coccyx
- ___ Spine
 - Cervical Thoracic Lumbar
- ___ Temporomandibular Joints
- ___ Upper Extremity (joint) Left Right
 - Elbow Shoulder Wrist
- ___ Upper Extremity (non joint) Left Right
 - Hand Forearm Humerus
- ___ Lower Extremity (joint) Left Right
 - Ankle Hip Knee
- ___ Lower Extremity (non joint) Left Right
 - Femur Foot Tibia/Fibula
- Other _____

MRA

- ___ Cerebrals (w/reconstruction w/o contrast)
- ___ Carotids (w/reconstruction w/o contrast)

X-RAY

- With Weights
- Exam Requested: _____
- _____
- _____

CT SCAN

- Without Contrast
- With and Without Contrast
- With 3D Reconstruction
(Musculoskeletal only)

- ___ Abdomen
- ___ Abdomen/Pelvis
- ___ Abdomen/Pelvis (Kidney Stone Protocol)
- ___ Brain
- ___ Chest
- ___ IAC's
- ___ Mandible
- ___ Orbit
- ___ Pelvis
- ___ Pituitary Gland/ Sella
- ___ Sacro-iliac Joint
- ___ Sinus (Maxiofacial)
- ___ Soft Tissue Neck
- ___ Spine
 - Cervical Thoracic Lumbar
 - Post Discogram/Myelogram
- ___ Temporal Bones
- ___ Upper Extremity Left Right
 - Elbow Forearm Hand
 - Humerus Shoulder Wrist
- ___ Lower Extremity Left Right
 - Ankle Femur Foot
 - Hip Knee Tibia/Fibula

Two Convenient Locations

4900 North 10th Street, Suite F-1
McAllen, Texas 78504

1700 Dove Ave., Suite 60
McAllen, Texas 78504

www.OpenMRIofMcAllen.com

ULTRASOUND

- ___ Abdomen, Single Organ/Quadrant
- ___ Abdomen Total
- ___ Aorta Duplex
- ___ Arterial Lower Extremity Duplex
 - Bilateral Unilateral Left Right
- ___ Arterial Upper Extremity Duplex
 - Bilateral Unilateral Left Right
- ___ Bladder (Pre & Post Void)
- ___ Breast Left Right
- ___ Carotid Duplex
- ___ Complete Extremity Non-Vascular
 - Upper Lower Left Right
- ___ Pelvic - Transabdominal
- ___ Retroperitoneal
 - Limited Complete
- ___ Renal Arteries (Abdomen Aorta, IVC)
- ___ Scrotum (Testicular) Duplex
- ___ Thyroid
- ___ Venous Upper Extremity
 - Bilateral Unilateral Left Right
- ___ Venous Lower Extremity
 - Bilateral Unilateral Left Right
- ___ Other _____

DEXA SCAN

- ___ Bone Density, DEXA

MAMMOGRAPHY

- ___ Digital Screening
- ___ Digital Unilateral Diagnostic Right Left
- ___ Digital Bilateral Diagnostic
- ___ Compression Spot Views
- ___ Other _____



MRI CONTRAINDICATIONS

If you have any of the following devices implanted in your body you will not be able to have an MRI exam.

- Pacemaker
- Brain Aneurysm Clip
- Battery Operated Pumps (Insulin, Pain meds, etc.)

MRI OF ABDOMEN

- Need to be fasting 3-4 hours before exam.

MRI SUGGESTIONS

- Do not wear jewelry (necklaces, bracelets, earrings, etc.)
- Wear comfortable loose clothing
- Do not wear clothing with metal buttons or zippers
- For Females, do not wear mascara

NOTE

The exam requires you to lay still for approximately 30 to 40 minutes. If you are in severe pain, we suggest that you take pain medication 1 hour prior to appointment time.

You may eat prior to the exam.

ULTRASOUND PREPARATIONS

• ABDOMEN / GALLBLADDER

NPO (Nothing to eat or drink after midnight)

• RENAL

NPO (nothing to eat or drink after midnight)

• PELVIC

Must have full bladder. Drink 32oz (about 6 full glasses of water or liquid 1 hour prior to appointment time) DO NOT empty bladder until exam is completed.

• BREAST

If mammogram was done prior, please bring film and reports to appointment

MAMMOGRAM PREPARATIONS

- No deodorant, powder or cream under arms or chest the day of the mammogram.
- Bring previous mammogram films.

PREPARATION FOR CT SCAN WITH CONTRAST

- BUN and Creatinine Lab Levels to be drawn within 30 days before exam
- You may take Glucophage or Glucovance the evening before the procedure. No Glucophage or Glucovance is to be taken the morning before the scan.

After the CT scan, no more Glucophage or Glucovance may be taken for 48 hours after the test. Please check with your ordering physician before resuming your next dosage.

- If you are using insulin, you need to have the first morning appointment. Do not take your morning insulin injection and do not eat before the test. Bring your insulin along for injection after the procedure.

• CT PELVIS

1. Nothing to eat or drink after midnight the night before the exam
2. Need to stop by office to pick up two bottles of Readi-CAT
3. Need to drink one bottle of Readi-CAT the night before and the second bottle one hour before exam.

• CT ABDOMEN

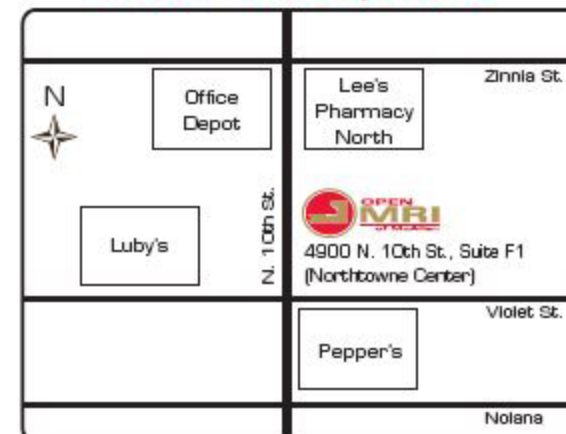
1. Nothing to eat or drink after midnight the night before the exam
2. Need to stop by office to pick up bottle of Readi-CAT
3. Need to drink bottle of Readi-CAT 1 hour before exam

• CT CHEST

Please bring chest x-ray film with you at time of appointment

*PLEASE BRING YOUR INSURANCE INFORMATION AND LIST OF MEDICATIONS

4900 N. 10th St., Suite F1



1700 Dove Ave., Ste 60

