



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

Office Phone# \_\_\_\_\_ Office Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

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

**MRI**

- Without Contrast  With Contrast
- With and Without Contrast

- \_\_\_ Abdomen
- \_\_\_ Abdomen (MRCP)
- \_\_\_ Brain
- \_\_\_ Brain with DTI
- \_\_\_ Breast
- Bilateral  Unilateral Left Right
- \_\_\_ Chest
- \_\_\_ 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)

**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

**X-RAY**

- With Weights
- Exam Requested: \_\_\_\_\_

**QCT BONE DENSITY**

- \_\_\_ QCT Bone Density

**3D MAMMOGRAPHY**

- \_\_\_ Digital Screening
- \_\_\_ Digital Unilateral Diagnostic Right Left
- \_\_\_ Digital Bilateral Diagnostic
- \_\_\_ Compression Spot Views
- \_\_\_ Other \_\_\_\_\_



**ELASTOGRAPHY**

- \_\_\_ Breast with Elastography
- \_\_\_ Liver with Elastography
- \_\_\_ Thyroid with Elastography

**BREAST MRI**

- Without Contrast  With Contrast
- With and Without Contrast
- \_\_\_ Breast
- Bilateral
- Unilateral Left Right

**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
- Bilateral  Unilateral Left Right
- \_\_\_ Carotid Duplex
- \_\_\_ Complete Extremity Non-Vascular
- Upper  Lower Left Right
- \_\_\_ Liver
- \_\_\_ Pelvic - Transabdominal
- \_\_\_ Retroperitoneal
- Limited (Renal)  Complete (Renal & Bladder)
- \_\_\_ Renal Arteries (Abdomen Aorta, IVC)
- \_\_\_ Scrotum (Testicular) Duplex
- \_\_\_ Thyroid
- \_\_\_ Venous Upper Extremity
- Bilateral  Unilateral Left Right
- \_\_\_ Venous Lower Extremity
- Bilateral  Unilateral Left Right
- \_\_\_ Other \_\_\_\_\_

**ECHOCARDIOGRAM**

- \_\_\_ Echocardiogram

4900 North 10th Street, Suite F-1  
 McAllen, Texas 78504  
 www.OpenMRIofMcAllen.com  
 scheduling@openmriofmcallen.com

## 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 Read-CAT
3. Need to drink one bottle of Read-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 Read-CAT
3. Need to drink bottle of Read-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

