



Ph. (956) 668-8282 • Fax (956) 668-8181
scheduling@openmriofmcallen.com

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 ☐ Without Contrast ☐ With Contrast
___ Liver with Elastography ☐ With and Without Contrast
___ Thyroid with Elastography _____
Breast
☐ Bilateral
☐ Unilateral Left Right

BREAST MRI

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

