

Department of Radiology & Imaging Services

Patient Name	Date of Birth	Patient Phone Number
Referring Physician Name	UPIN Number	
Physician phone number	Physician Fax Number	Physician Signature
Diagnosis/Clinical Information/ICD 10 code	Appropriate Use Code (AUC) - See back page	AUC Met - See back page
Appointment Date	Appointment Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date and Time of Order

STAT STAT Call Report

Telephone _____

- | | |
|---|--|
| <input type="checkbox"/> Schedule | <input type="checkbox"/> Send Films w/PT |
| <input type="checkbox"/> Send Report | <input type="checkbox"/> Send CD to Office |
| <input type="checkbox"/> Call Report | <input type="checkbox"/> Send CD w/PT |
| <input type="checkbox"/> Send Films to Office | |

Accompany all orders with demographic and insurance information.

Tax ID: 48-1281376

NPI: 1316933609

MRI

Contrast

- MR Angiography _____
 - with without with/without
- MRI Brain with without with/without
- MRI IAC's with without with/without
- MRI Pituitary with without with/without
- MRI Soft Tissue Neck with without with/without
- MRI Bilat Breast with without with/without
- MRI C-Spine with without with/without
- MRI T-Spine with without with/without
- MRI L-Spine with without with/without
- MRI Abdomen with without with/without
- MRCP without
- MRI Pelvis with without with/without
- MRI Prostate
- MRI Upper Extremity _____
 - L R with without with/without
- MRI Lower Extremity _____
 - L R with without with/without
- MRI Arthrogram _____
 - L R
- MRI Other _____
- Sedation _____

CT

Contrast

- CT Head with without with/without
 - CT Temporal Bones with without with/without
 - CT Sinuses with without with/without
 - CT C-spine with without with/without
 - CT T-spine with without with/without
 - CT L-spine with without with/without
 - CT ST Neck with without with/without
 - CT Chest with without with/without
 - CT Abdomen with without with/without
 - CT Pelvis with without with/without
 - CT Abdomen and Pelvis with without with/without
 - CT Extremity _____
 - CT Other _____
 - CT with 3D reconstruction _____
- ### CT Angiography
- CTA _____
- ### Urological
- IVP
 - Cystogram
 - Voiding Cystogram
 - Retrograde Urethrogram
 - Other _____

Ultrasound

- Thyroid/Soft Tissue Neck
 - Abdomen
 - Renal
 - Gallbladder
 - OB Pelvis/Transvaginal with doppler
 - Pelvis/Transvaginal with doppler
 - Testicles/Scrotum with doppler
 - Other _____
- ### Ultrasound Vascular
- Venous Doppler Uni L R Upper Lower
 - Venous Doppler Bilat Upper Lower
 - Other _____

Special Procedures

- Myelogram
 - Cervical
 - Thoracic
 - Lumbar
- Arthrogram _____
- Hysterosalpingogram (HSG)
- Lumbar Puncture

Gastrointestinal

- Esophagram/Barium Swallow
- Upper GI
- Small Bowel Series

X-Ray Head

- Skull 2 view Series
- Sinuses Complete
- Water's
- Facial Bones
- Nasal Bones

X-Ray Chest

- Chest 1v 2v PA/LAT
- Rib Series L R

X-Ray Abdomen

- KUB
- KUB w/upright

X-Ray Other

X-Ray Upper Extremity

- Shoulder L R
- Clavicle L R
- Humerus L R
- Elbow L R
- Forearm L R
- Wrist L R
- Hand L R
- Fingers L R

X-Ray Spine

- Cervical 2v Complete
- Thoracic 2v Complete
- Lumbar 2v Complete

X-Ray Lower Extremity

- Hip L R
- Femur L R
- Knee L R
- Tib-Fib L R
- Ankle L R
- Foot L R
- Heel L R
- Toes L R

X-Ray Pelvis

- Pelvis 1v 2v
- Sacrum
- Coccyx
- SI Joints

Physician's Signature _____ Date _____



Texas Health Center for Diagnostics & Surgery
6020 W. Parker Rd. | Plano, TX 75093



972-403-2704



972-403-2703

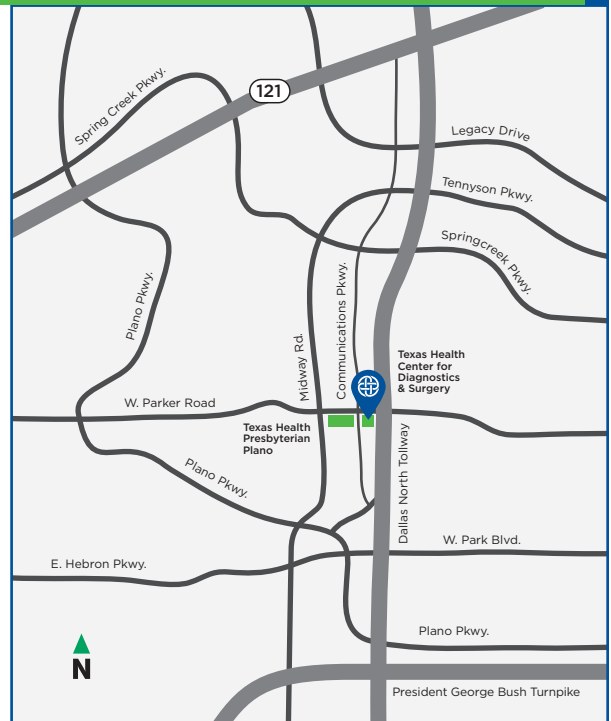


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Special Preparations

These preparations must be followed completely to ensure accurate test results. Inadequate preparations will result in rescheduling of your exam. Please consult your physician before discontinuing any medications.

- 1. Intravenous Pyelogram [Kidneys] (IVP)**
 - Beginning at noon two days before exam, eat only clear broth, clear Jell-O, clear fruit juices, soft drinks, tea, coffee (without milk or cream) until exam is completed. **DO NOT EAT SOLID FOOD, MILK OR MILK PRODUCTS.**
 - The day before the exam, between 1:00pm and 2:00pm drink 12-16 ounces of water.
 - At 3 p.m., drink 10 ounces of cold Magnesium Citrate.
 - At 4 p.m., take 2 Dulcolax tablets.
 - At 5 p.m., have a cup of bouillon, gelatin and plain tea or coffee or clear juice
 - Between 6 p.m. and 7 p.m., drink 12-16 ounces of water
 - Do not eat breakfast on the day of the procedure. You may drink plain tea or coffee or clear fruit juices.
- 2. CT Scan (abdomen and/or pelvis):** Nothing to eat 2 hours prior to exam time. Continue to hydrate with water. Oral contrast will be needed in most cases.
- 3. Sonogram (aorta, abdomen, liver, gallbladder, pancreas):** Nothing to eat or drink after midnight prior to the day of exam. If you are scheduled after 12 noon, do not eat or drink 8 hours prior to your exam time.
- 4. Sonogram (abdomen with pelvis):** Do not eat or drink after midnight. You will be required to drink water here once the abdominal portion of the exam is complete.
- 5. Sonogram (pelvis):** Drink four 8 oz. glasses of water at least 45 minutes prior to exam time. **DO NOT VOID!** Your bladder must be full when you arrive for your exam.
- 6. Sonogram (renal):** Drink two 8 oz. glasses of water 45 minutes prior to exam time. **DO NOT VOID!**
- 7. Upper GI/Small Bowel Series and/or Barium Swallow (UGI/SBS):** Do not eat, drink or smoke after midnight the day before the exam until the exam is completed. **NOTE:** if you have had a barium enema within the past seven days, take 4 oz. Neoloid or 2 oz. castor oil at 2 p.m. on the day prior to the Upper GI exam.
- 8. MRI Abdomen:** Nothing to eat or drink 4-6 hours prior to exam time.
 - If you have had a previous allergic reaction to contrast, please notify the radiology nurse at 972-403-2881 prior to beginning your preparation.
 - If you are taking any blood thinning medication and are having an Arthrogram, please notify the nurse at 972-403-2881.
 - Female patients between the ages of 11-50 will be screened for pregnancy. This may result in the rescheduling of appointment(s). If you have any surgically implanted devices, please notify scheduling at 972-403-2704.




Appropriate Use Code (AUC) Clinical Decision Support Mechanism

- G1000** - Applied Pathways
- G1001** - eviCore
- G1002** - MedCurrent
- G1003** - Medicalis
- G1004** - National Decision Support Company
- G1005** - National Imaging Associates
- G1006** - Test Appropriate
- G1007** - AIM Specialty Health
- G1008** - Cranberry Peak
- G1009** - Sage Health Management Solutions
- G1010** - Stanson
- G1011** - Qualified tool not otherwise specified

Appropriate Use Criteria (AUC) Met Codes

- ME** - Met
- MF** - Not Met
- MG** - Consulted but Not Applicable
- MA** - Not Consulted, Emergency Order
- Not Consulted, Other:
 - MB** - Explain, i.e., internet issues
 - MC** - Vendor issues
 - MD** - Other hardship
 - MH** - Information Not Provided

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