

- RRI to schedule the patient
 Call referring office to confirm appointment

Date and time of patients next appointment at physician office

Appointment Date: _____

Date: _____ Time: _____

Appointment Time: _____

Precert/Authorization # _____

Are there previous films on the area being scanned? Yes No

If so where are they located? _____

STAT Call to: _____
 Fax to: _____
 Deliver films to: _____

ROUTINE Films and report
 Faxed report only
 Deliver films to: _____

RADIOLOGIST READ: Neuro Radiologist Musculoskeletal Specific Radiologist: _____

PATIENT DEMOGRAPHICS

Patient Name: _____

Referring Physician: _____

Patient DOB: _____

Contact: _____

Patient SSN: _____

Physician Phone: _____

Home Phone: _____

Physician Signature: _____

Alternate Phone: _____

Diagnosis: _____

Symptoms: _____

Hi-FIELD MRI



Head/Brain

- w/ w/o
- Brain
 IAC's
 Pituitary
 Orbits
 TMJ

MRA

- Intracranial
 Extracranial
 Renal
 Other: _____

Chest/Abdomen

- w/ w/o
- Chest
 Brachial Plexus
 Abdomen
 Liver
 Kidneys
 Adrenals
 MR Cholangiogram
 Pelvis

Spine

- w/ w/o
- Cervical
 Thoracic
 Lumbar
 Sacrum
 Sacral Plexus

Neck

- Soft Tissue Neck

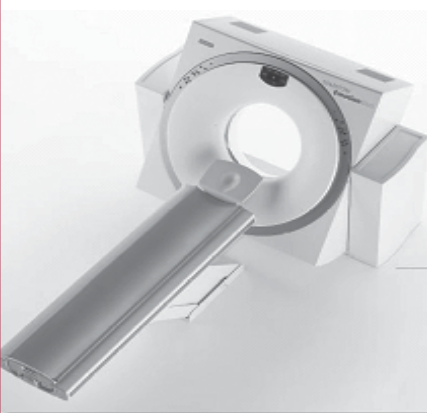
Other

- _____

Extremities

- L R
- Shoulder
 Elbow
 Wrist
 Hip
 Knee
 Ankle
 Foot

Multi-Slice CT



Head/Brain

- w/ w/o
- Brain
 Coronal Sinuses
 Full Sinuses
 Orbits
 Temporal Bones
 IAC's

Chest/Abdomen

- w/ w/o
- Chest
 Abdomen (Oral Contrast)
 Pelvis (Oral Contrast)
 Kidney Stone Protocol

Spine

- w/ w/o
- Cervical (levels: _____)
 Thoracic (levels: _____)
 Lumbar (levels: _____)
 3-D Reconstruction

Neck

- Soft Tissue Neck

Extremities

- L R
- Upper
 Lower
 Other: _____

CTA

- Intracranial (Head/Circle of Willis)
 Extracranial (Neck/Carotids)
 Thoracic Aorta
 Abdominal Aorta
 Renal Arteries
 Lower Extremity Run Off

 Heart Scoring

Other

- _____

Are there previous films on the area being scanned? Yes No

If so where are they located? _____

MRI Screening Questions

If you checked any of the question boxes below please contact the scheduling office immediately at 512-828-3220.

- Cardiac Pacemaker, Implanted Cardiac Defibrillator
- Aneurysm Clip(s)
- Neurostimulator, any type of Biostimulator
- Any type of internal electrode(s), including pacing wires
- Implanted insulin pump, Implanted drug infusion device
- Cochlear, Otologic or other ear implant
- Any type of intravascular coil, filter, or stent, including cardiac
- Any type of prosthesis such as heart valve, penile, artificial limb or joint
- Possibility of pregnancy

CT Screening Questions and Prep for exams

If you checked any of the question boxes below please contact the scheduling office immediately at 512-828-3220.

- Are you currently taking Glucophage, Glucovacne or Metformin?
- Have you ever had an allergic reaction to X-ray dye (IV Contrast) in the past?

CT and CTA Chest, Abdomen and pelvis exams:

NPO four hours prior to your scheduled arrival time

CT Brain, Sinus, Soft Tissue Neck and Spine:

No prep for these exams

Our office in the Oakwood Arbor Medical Park is located behind St. David's Round Rock Medical Center, on the corner of Park Valley Drive and Oakwood Boulevard.

