

RADIOLOGY ASSOCIATES

RADNTX TO CONTACT PATIENT TO SCHEDULE PATIENT WILL CALL RADNTX TO SCHEDULE RADNTX TO PRECERT (Please forward clinical)

Appointment Date:	Arrival Time:	Appointment Time:
Patient Name:		D.O.B.:
Home Phone:	Work Phone:	Other Phone:
Exam(s) Requested: _____		
Patient Height/Weight: _____		

CT & MRI: Contrast per Radiologist Discretion and Patient History W/O Contrast W & W/O Contrast W/Contrast

Pelvic Ultrasound: Routine Pelvic Ultrasound Only Transvaginal Ultrasound Only Routine Pelvic Ultrasound w/Transvaginal if Needed

Breast Imaging: Screening Mammogram Diagnostic Mammogram Percutaneous Core Breast Biopsy (Stereotactic/Ultrasound Guidance)
 Breast Ultrasound Only Wire Localization (Mammographic/Stereotactic/Ultrasound Guidance)
 Diagnostic Mammogram w/Breast Ultrasound if Needed Breast MRI

We Have Full Field Digital Mammography

Patient History/Diagnosis: _____

Creatinine Results (w/in 30 days): _____

Allergies: _____ Ins/Auth #: _____

Physician Name: _____ Signature: _____

Phone: _____ Primary Fax: _____ Date: _____

<input type="checkbox"/> STAT - Fax report only/No call report - Fax # _____	<input type="checkbox"/> Deliver CD <input type="checkbox"/> Send CD with patient
<input type="checkbox"/> STAT - Call report for positive findings	<input type="checkbox"/> Deliver films <input type="checkbox"/> Send films with patient
<input type="checkbox"/> STAT - Call report regardless of findings	Send films to specialist: Dr. _____

Facility/Location <small>(X-ray not available at all locations)</small>	Scheduling	Phone	Fax	High Field MRI	Open MRI	MRA	MRCP	Breast MRI	CT	CTA	Cardiac CTA	Calcium Score	PET/CT	Nuclear Medicine	Ultrasound	Bone Density (DEXA)	Digital Mammography	Biopsy - Wire Loc.	Fluoroscopy	Walk-in X-ray
<input type="radio"/> Bedford	817.267.0777	817.803.0100	817.267.8878	★		★	★		★						★				★	★
<input type="radio"/> Cleburne	817.517.2612	817.517.2600	817.517.2602	★		★	★		★	★					★					★
<input type="radio"/> CDI (Camp Bowie)	817.321.0470	817.885.7739	817.321.0399	★		★	★		★	★		★			★					★
<input type="radio"/> Granbury	817.408.3301	817.408.3300	817.408.3302	★		★	★		★	★					★	★	★			★
<input type="radio"/> Hulen	817.321.0470	817.923.6858	817.321.0399		★				★	★		★			★					
<input type="radio"/> North Arlington	817.461.0292	817.265.1099	817.317.7062	★		★	★		★	★				★	★	★	★		★	★
<input type="radio"/> Pennsylvania Ave. (FTW)	817.321.0470	817.321.0300	817.321.0399	★		★	★	★	★	★	★	★			★	★	★	★	★	★
<input type="radio"/> PET/CT of Fort Worth	817.321.0470	817.759.7068	817.321.0399										★	★						
<input type="radio"/> PET/CT of Las Colinas	972.830.9810	972.830.9800	972.830.9801						★				★							
<input type="radio"/> Prestonwood (Dallas)	972.407.3221	972.407.3220	972.407.3222	★		★	★		★	★										
<input type="radio"/> South Arlington	817.375.3199	817.375.3170	817.375.3185		★	★	★		★	★			★	★	★	★	★			★
<input type="radio"/> Southlake	817.442.9234	817.424.5872	817.424.3022	★		★	★		★	★				★	★	★	★		★	★
<input type="radio"/> Village (Plano)	214.778.0101	214.778.0100	214.778.0102	★		★	★		★	★					★	★	★			★
<input type="radio"/> Weatherford	817.341.3500	817.341.2861	817.341.3603	★		★	★		★						★	★	★			★

Physical addresses can be found on the map pages.

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PATIENT INSTRUCTIONS AND INFORMATION

*Magnetic Resonance Imaging (MRI)

You cannot have an MRI performed if you have a pacemaker, aneurysm clips in the brain, ear implants, implanted neurostimulators or metallic fragments in your eyes.

We will provide an exam gown/scrubs, or if you prefer you may bring a sweatsuit (without metal).

Please inform your physician of pregnancy, breastfeeding, anemia, any disease that affects red blood cells, asthma or other allergic respiratory disorders.

IV contrast may be used for your procedure.

*Computed Tomography (CT)

In most cases, IV contrast and/or oral contrast will be given.

Abdomen & Pelvis (or Pelvis only) -

Pick up prep at least one day prior to your exam. If barium studies have been done in the past few days, take a laxative the night before the exam.

Cardiac CTA - Please call 817-321-0470 for specific prep information.

Consult with your physician if you are diabetic.

PET/CT

Please call 817.321.0470 for specific prep instructions.

Nuclear Medicine

Female patients age 15-45 must be in the first 10 days of their menstrual cycle unless they have had a hysterectomy or tubal ligation.

Bone Scan - Drink 32 oz. of liquids after the injection before returning for the scan.

Hepatobiliary (HIDA) - Nothing to eat or drink after midnight.

Thyroid Scan - No X-ray contrast or thyroid medication for 8 weeks prior to exam.

Renal Scan - Drink several glasses of water prior to the exam.

Captopril Hypertensive Renal Scan -

No ACE inhibitors for 48 hours prior to your exam.

Drink several glasses of water.

Bone Mineral Density (DEXA)

You cannot have had a barium contrast study within the last 10 days.

PLEASE NOTE:

Routine medications may be taken with a small amount of water.

If you have a known allergy to IV contrast, please contact our X-ray/CT department prior to your appointment.

If there is a chance you might be pregnant, please have a blood test prior to all exams except ultrasounds.

*Creatinine levels are needed on all CT/MRI contrast patients over the age of 70, high risk renal or diabetic.

All Films will be reviewed by a board certified radiologist and results will be sent to your physician. In the event of urgent or emergency findings, we will expedite your results to your physician immediately.

Ultrasound

Obstetrical or Pelvis -

Drink 32 oz. of fluid other than milk one hour before your exam.
DO NOT EMPTY YOUR BLADDER.

Pancreas, Gallbladder, Abdomen and Liver -

Eat a fat-free dinner the night before your exam.

Limit foods to Jell-O, Bouillon and fresh fruit.

DO NOT EAT OR DRINK ANYTHING SIX HOURS PRIOR TO THE EXAM. THIS INCLUDES WATER AND GUM.

Kidney - Nothing to eat 6 hours prior to the exam. Drink 1 glass of water 1 hour prior to the exam and do not empty your bladder.

Renal Doppler - NPO (nothing by mouth) after midnight.

Abdominal Aorta - NPO (nothing by mouth) 6 hours prior to the exam.

Mammography/Breast Imaging

Mammographic procedures should be scheduled during the first 10 days following the beginning of the menstrual cycle. Avoid the use of deodorant, talc or creams before your procedure. Previous mammogram films are very important in diagnosing problems. Please have films sent to us or bring them with you at the time of your appointment. If your films are at another facility, let us know and we can arrange to have them sent over.

Breast Biopsy -

Please wear loose clothing and be sure to eat a small, non-dairy lunch prior to your biopsy. It is also suggested that you discuss any medications you are taking with your doctor as some may need to be suspended prior to your biopsy. Avoid the use of deodorant, talc or creams before your procedure.

X-Ray or Diagnostic Radiology

Barium Enema or Intravenous Pyelogram (IVP) -

Pick up prep at least 2 day prior to your study.

Upper GI & Small Bowel Series -

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT. THIS INCLUDES WATER AND GUM.

Film Delivery & Pickup

- If referring physician requests films, we will deliver your films to their office within 24-48 hours after your exam.
- If you send someone else to pick up your films, please note that it is required by Texas Law [Medical Practice Act] to have a signed statement from the patient before these can be released.