

EXAM REQUISITION



Patient Name: _____ Date of Birth: _____
 Patient Phone (Day): _____ (Eve): _____ (Cell): _____
 Physician: _____ Phone: _____
 Physician Signature: _____

Today's Date: _____

Clinical Information/ Diagnosis: _____

BUN: _____ Creatinine: _____ Date: _____

Are you aware if the patient has M. Tuberculosis: YES NO

Does your patient have a pacemaker: YES NO

Appointment Date and Time: _____

IV Contrast used at the discretion of the radiologist unless otherwise indicated.

CT (including, at the discretion of the radiologist, 3D reconstruction and plain films of requested area unless otherwise indicated)
 Body Location: _____

CTA (including, at the discretion of the radiologist, plain films of requested area unless otherwise indicated)
 Body Location: _____

MYELOGRAM/CT (including, 3D reconstruction if indicated)
 Please specify site(s): LUMBAR THORACIC CERVICAL

MRI (including, at the discretion of the radiologist, 3D reconstruction, plain films of requested area, and/or orbits unless otherwise indicated)
 Body Location: _____

MRA (including, at the discretion of the radiologist, plain films of requested area, and/or orbits unless otherwise indicated)
 Body Location: _____

MRI Arthrogram (including, at the discretion of the radiologist, plain films of requested area, and/or orbits unless otherwise indicated)
 Body Location: _____

Ultrasound (including, at the discretion of the radiologist, 3D imaging unless otherwise indicated)
 Body Location: _____

Diagnostic Mammogram (Possible Breast Ultrasound if Indicated)

Special Views Diagnostic Mammogram (Possible Breast Ultrasound if Indicated)

Breast Screening Mammogram

Bone Densitometry (DEXA)

Diagnostic Radiology Examination Desired: _____

SPECIAL REQUESTS

- PACSCube CD-R
- CareGate
- Send films by courier
- Send films w/patient
- Call physician w/appt time
- Fax physician w/appt time
- Call if patient reschedules or cancels

Send copy of report to:
 Dr. _____
 PCP _____

Physician contact number for urgent findings:

After-hours/weekend #:

Patients should arrive fifteen minutes prior to appointment time. Detailed information about your exam is provided in the Southwest Diagnostic Imaging Center patient brochure and Web site.

www.swdic.com

Women during childbearing ages (12-55) should be screened for the possibility of pregnancy before scheduling Diagnostic, CT, and/or MRI procedures.

Payment is required at the time of service unless other arrangements have been made.

FOR PREPARATIONS, PLEASE SEE BACK OF FORM

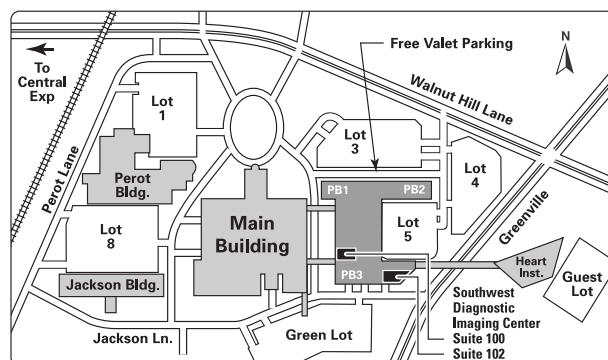
IMAGING CENTER:
Phone 214/345-6905

SCHEDULING:
Phone 214/345-4331
Fax 214/345-6230

LOCATION:
 Presbyterian Professional Building 3 (PB3)
 8230 Walnut Hill Lane, Suite 100 and 102
 Dallas, TX 75231-4472

PARKING:
 Please park in lot #5 (open parking).
 Parking validation will be provided.

WHITE – Patient Copy to Bring to SWDIC
YELLOW – Referring Physician's Office for Records.



EXAM PREPARATIONS

These preparations must be followed completely to ensure accurate test results.

- ❑ 1. **BARIUM ENEMA (BE)*:** Bowel preparation kits Evac-Q-Kwik or Tridrate Bowel Evacuant Kit may be purchased over the counter from a pharmacy. These kits include the following: **Magnesium Citrate Oral Solution, Bisacodyl tablets, and a Bisacodyl suppository.** (The contents can all be purchased individually if the kits are not available at your pharmacy.) Please refer to the separate "Colon Preparation Instructions" sheet from us for specific instructions. Beginning at noon the day before your exam have a clear liquid lunch and dinner. At 7 p.m. drink entire 10 oz. bottle of Magnesium Citrate, followed by 10 oz. of clear fluids. At 9 p.m. take the 3 Bisacodyl tablets. On the day of your exam, insert the suppository three hours before the exam.
- ❑ 2. **BARIUM ENEMA WITH INTRAVENOUS PYELOGRAM (IVP):** Same as above.
- ❑ 3. **CT SCAN:** Please inform the scheduler if you are allergic to iodine, have impaired kidney function, or are taking oral medication to control your diabetes. It is very important that we speak with you prior to your exam so the radiologist can review your medical history before you arrive. **IF WE ARE UNABLE TO REACH YOU BY 3PM THE DAY BEFORE YOUR EXAM, PLEASE CALL OUR CONFIRMATIONS DEPARTMENT AT (214)345-7035 OR YOUR APPOINTMENT MAY NEED TO BE RESCHEDULED.** Do not eat 3 hours prior to your exam time. You may drink clear liquids until your exam time.
 - ❑ 3a. **CT SCAN (abdomen):** See above #3. Please arrive 45 min. early to receive the contrast agents for your exam.
 - ❑ 3b. **CT SCAN (abdomen and pelvis):** See above #3. Please arrive 1 ¼ hours early to receive the contrast agents for your exam.
 - ❑ 3c. **CT SCAN (head, neck, chest, spine):** See above #3. Please arrive 15 minutes prior to exam time.
- ❑ 4. **ESOPHAGRAM (barium swallow):** No preparation necessary if not being done with another procedure.
- ❑ 5. **INTRAVENOUS PYELOGRAM (IVP) (kidneys):** 4 p.m. day prior to exam take 10 oz. of **Magnesium Citrate**, followed by 10 oz. of clear liquids (bouillon, broth, apple juice, grape juice) or 4 oz. of plain flavored gelatin (no cream or fruit). You may have water or liquids as desired during the evening. On the day of the exam you may have 8 oz. of clear liquids (bouillon, broth, apple juice, grape juice). Avoid carbonated beverages. Do not eat, drink, chew gum, or smoke four hours prior to your exam time. Please inform Scheduling if allergic to iodine or if taking the medications **Glucophage, Glucovance, Metformin, Avandamet, or Metaglip.**
- ❑ 6. **MRI SCAN:** It is very important that we speak with you prior to your exam so the radiologist can review your medical history before you arrive. **IF WE ARE UNABLE TO REACH YOU BY 3PM THE DAY BEFORE YOUR EXAM, PLEASE CALL OUR CONFIRMATIONS DEPARTMENT AT (214)345-7035 OR YOUR APPOINTMENT MAY NEED TO BE RESCHEDULED.** Do not wear makeup, hairpins, jewelry, or barrettes for this exam. You will be asked to change into a gown. If you are claustrophobic, please inform the person taking your medical history so the radiologist can prescribe a mild sedative. If you require sedation, please arrive 1 ¼ hours early. For your safety, someone needs to stay with you and drive you home following your exam.
 - ❑ 6a. **MRI SCAN (abdomen):** See above #6. Do not eat or drink 3 hours prior to your exam time.
- ❑ 7. **MAMMOGRAM:** Please wear a two-piece outfit so that you only have to undress from the waist up. It would be preferable to schedule a mammogram when breasts are less tender (5-10 days after the start of menstrual cycle).
- ❑ 8. **MYELOGRAM:** Nothing to eat three hours prior to exam time. You may have water or liquids as desired. Please wear loose fitting garments that do not contain metal objects, such as clasps, zippers, etc. For your safety and comfort, you **must** have someone accompany you during the procedure and drive you home. For 24 hours following the exam, you will be on strict bed rest.
- ❑ 9. **PLAIN FILMS OF REQUESTED MRI AREA:** As deemed necessary by the radiologist. This examination is frequently requested in coordination with the MRI.
- ❑ 10. **SMALL BOWEL:** Do not eat or drink after midnight prior to the day of a morning exam. Please do not schedule this exam after 1:00pm.
- ❑ 11. **ULTRASOUND – ABDOMEN (liver, gallbladder, pancreas, kidneys, aorta, spleen, or abdominal Doppler study):** Nothing to eat or drink (except water) for eight hours prior to exam. You may take medications. Note: Please schedule renal sonograms **with Doppler** in the mornings.
- ❑ 12. **ULTRASOUND – ABDOMEN WITH PELVIS:** Nothing to eat or drink (except water) for eight hours prior to exam. You may take medications. One hour prior to the first ultrasound exam, begin drinking 32 oz. of water. Finish drinking all water in 15 minutes. (Water must be finished 45 minutes prior to time of exam.) **DO NOT VOID** after drinking the 32 oz. of water. The bladder must be full for the exam.
- ❑ 13. **ULTRASOUND – ABDOMEN WITH UPPER GI:** Same instructions as Upper GI (#18).
- ❑ 14. **ULTRASOUND – PELVIS, HYSTEROSONOGRAM, OB LIMITED (under 14 weeks), or OB COMPLETE (over 14 weeks):** One hour prior to exam time, begin drinking 32 oz. of water. Finish drinking all water in 15 minutes. (Water must be finished 45 minutes prior to time of exam.) **DO NOT VOID** after drinking the 32 oz. of water. The bladder must be full for the exam.
- ❑ 15. **ULTRASOUND – RENAL (or Kidney):** No preparation necessary. For RENAL ULTRASOUND WITH DOPPLER – See Ultrasound - Abdomen prep (#13).
- ❑ 16. **ULTRASOUND – RENAL/BLADDER:** 1 hour prior to appointment time, begin drinking 24 oz. of water. Finish in 15 minutes. **DO NOT VOID.** Bladder must be full for exam.
- ❑ 17. **ULTRASOUND – THYROID, NECK, BREAST, SCROTUM, APPENDIX, HERNIA or EXTREMITY:** No preparation necessary.
- ❑ 18. **UPPER GI (UGI):** The night before your exam, eat a light supper. Limit meal to items such as a small sandwich, flavored gelatin, soup, or broth. After midnight, do not have anything else to drink or eat until after your exam. This includes no smoking, chewing gum, or eating hard candy.
- ❑ 19. **UPPER GI AND SMALL BOWEL (combined):** Same as Upper GI (#18) above.
- ❑ 20. **VIRTUAL COLONOSCOPY:** Please call scheduling department for instructions.

ATTENTION: FOR CHILDREN AND EXTREMELY ELDERLY OR DEBILITATED PATIENTS, YOU MAY WISH TO CONSULT A RADIOLOGIST OR YOUR PHYSICIAN REGARDING PREPARATIONS.

Thank You!