

CT EXAMINATION OF THE PARANASAL SINUSES

Patient Name: _____ Date of Birth: _____

Patient Phone (Day): _____ (Evening): _____

Physician: _____ Phone: _____

Physician Signature: _____

Clinical Information/Diagnosis: _____

IV Contrast may be used at the discretion of the radiologist: YES NO

BUN: _____ Creatine: _____ Date: _____

Are you aware if the patient has M. Tuberculosis, Varicella Zoster, or any other contagious disorder? YES NO

Appointment Date and Time: _____

Patient Name (If Different from Above): _____

Today's Date: _____

SPECIAL REQUESTS

- PACSCube CD-R
- Caregate
- Send films by courier
- Send films w/patient
- Call w/appointment time
- Fax w/appointment time
- Courier w/appointment time
- Call if patient reschedules
- 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. You will be contacted by our staff prior to your exam so that we can ask a few questions. If you have not been contacted by 3:00 p.m. the day prior to your CT exam, please call 214-345-7035. Detailed information about your exam is provided in the Southwest Diagnostic Imaging Center patient brochure. Thank you.

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

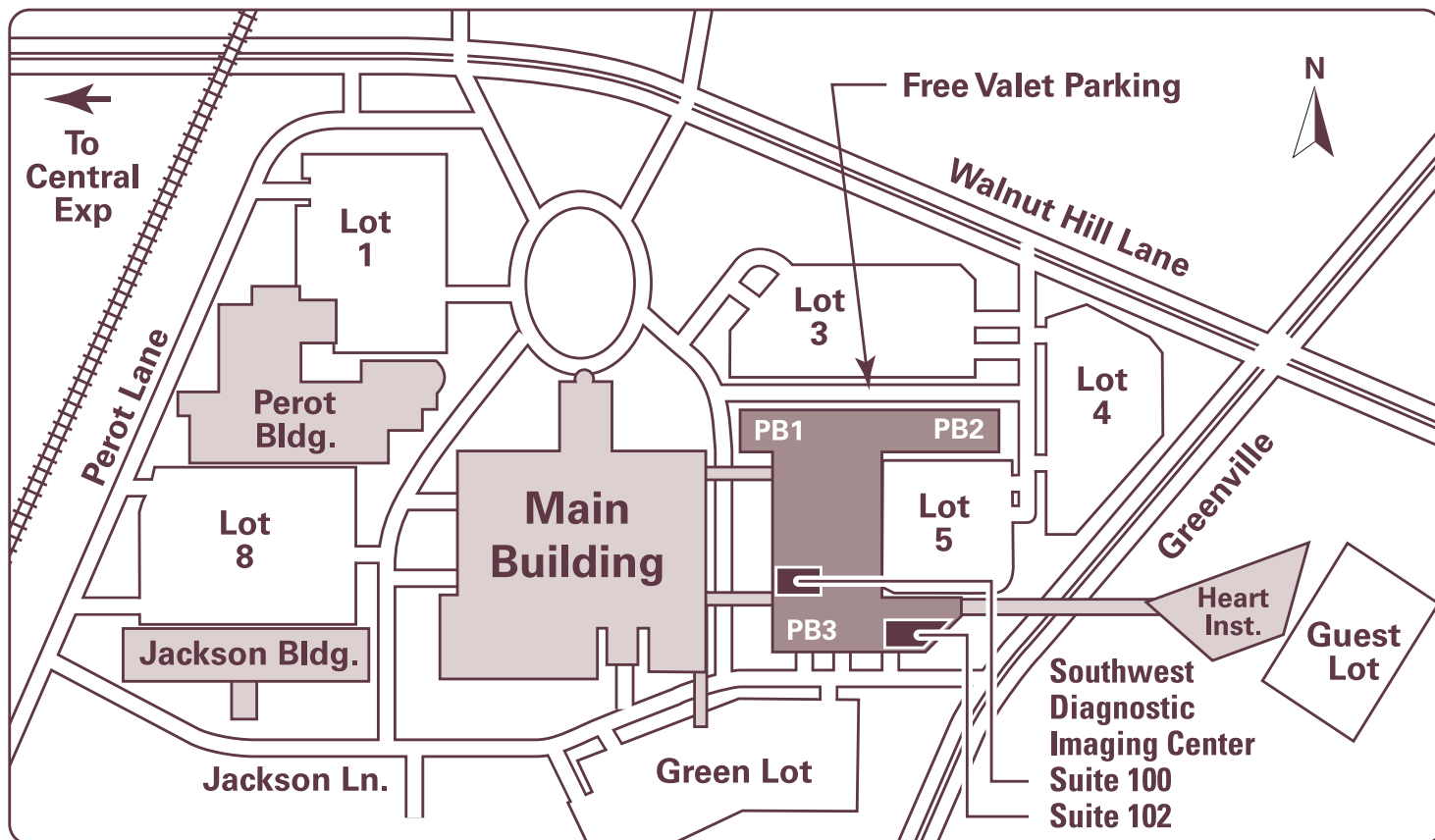
- CT Ostiomeatal Unit Screen (Single, Limited; Coronal): This exam delineates the ostiomeatal unit and the paranasal sinuses. Direct coronal images 1mm thick through OMU and paranasal sinuses.
- CT Complete Sinus Examination (Dual; Axial and Coronal): This exam includes the CT Ostiomeatal Unit Screen (Limited, Coronal) plus axial 5mm contiguous axial images from the hard palate through frontal sinuses.
- CT Paranasal Sinus Survey (Axial): This exam consists of screening of the sinuses for the presence or absence of inflammatory changes and comprises no more than 10 slices.
- CT InstaTrak VTI Single Plane (Axial): Pre-Op localization study for use with the VTI Stereotactic device at PHD OR. This exam consists of axial images from the bottom of the maxilla through 1mm above the highest metal ball in the headset. Images are obtained after the external applications of the Stereotactic frame.
- CT InstaTrak VTI Dual Plane (Axial VTI Study and Single Limited Coronal): Pre-Op localization study for the use with the VTI Stereotactic device at PHD OR. This exam consists of CT VTI Single Plane scan (see above) and CT Ostiomeatal Unit Screen (see above).

FOR MAP, PLEASE SEE BACK OF FORM

Payment is required at the time of service unless other arrangements have been made.
WHITE – Patient Copy to Bring to SWDIC · YELLOW – Referring Physician's Office for Records.

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

Thank You!



LOCATION:
Presbyterian Professional Building 3 (PB3)
8230 Walnut Hill Lane, Suite 100
Dallas, TX 75231-9930

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

Public Education website:
American College of Radiology
www.radiologyinfo.org

For additional information visit
Southwest Diagnostic
Imaging Center's Website.
www.swdic.com

IMAGING CENTER:
Phone 214/345-6905

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