

WOMEN'S IMAGING REQUISITION



Patient Name: _____ Date of Birth: _____

Today's Date: _____

Patient Phone (Day): _____ (Eve): _____ (Cell): _____

Physician: _____ Phone: _____

Physician Signature: _____

Clinical Information/Diagnosis: _____

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

Appointment Date and Time: _____

Previous Mammogram Films: _____

SPECIAL REQUESTS

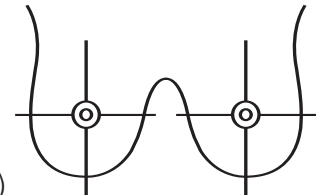
- Send films by courier
- Send films w/patient
- Call physician w/appt time
- Fax physician w/appt time
- Call if patient reschedules or cancels
- Send copy of report to:
Dr. _____
PCP _____
- Physician contact number for urgent findings:

- After-hours/weekend #: _____

EXAM DESIRED

- Bilateral MRI Breast with 3D reconstruction
(Possible Mammogram, Ultrasound and/or orbits if Indicated)
- Unilateral MRI Breast with 3D reconstruction
(Possible Mammogram, Ultrasound and/or orbits if Indicated)
- Breast Screening-Routine (No Problems)
- Bilateral Diagnostic Mammogram (Possible Breast Ultrasound if Indicated)
- Unilateral Diagnostic Mammogram (Possible Breast Ultrasound if Indicated)
- Special Views Diagnostic Mammogram (Possible Breast Ultrasound if Indicated)
- Bilateral Diagnostic Mammogram-Breast Implants (Possible Breast Ultrasound if Indicated)
- Unilateral Diagnostic Mammogram-Breast Implants (Possible Breast Ultrasound if Indicated)
- Abdomen with Pelvis Ultrasound (Transvaginal Ultrasound if Indicated)
- Abdomen Ultrasound
- Aorta Ultrasound
- Breast Ultrasound (Possible Mammogram if Indicated)
- Gall Bladder Ultrasound
- Hysterosalpingogram (Hsg)
- Hysterosonogram
- OB Ultrasound Complete (Over 14 Weeks)
- OB Ultrasound Limited (Under 14 Weeks) (Transvaginal Ultrasound if Indicated)
- Pelvic Ultrasound (Transvaginal Ultrasound if Indicated)
- Renal (Kidney) Ultrasound
- Thyroid Ultrasound

If Diagnostic, Please Indicate Area of Concern:



3D Imaging is used on ultrasound exams at the discretion of the radiologist unless otherwise indicated.

- Bone Densitometry (DEXA)
- Other: _____

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.

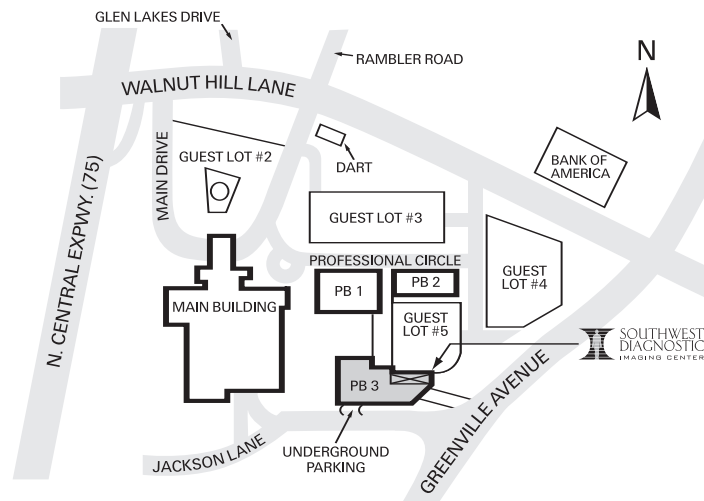
EXAM PREPARATIONS

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

- 1. **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.
- 2. **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.
- 3. **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 the 32 oz. of water. The bladder must be full for exam.
- 4. **ULTRASOUND – RENAL (KIDNEY)**: No preparation necessary. For **RENAL ULTRASOUND WITH DOPPLER** – See Ultrasound-Abdomen prep # 1.
- 5. **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.
- 6. **ULTRASOUND – THYROID, NECK, BREAST, APPENDIX, HERNIA or EXTREMITY**: No preparation necessary.
- 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).

ATTENTION: 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 102
Dallas, TX 75231-4472

PARKING:

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

Public Education Web site:

American College of Radiology
www.radiologyinfo.org

For additional information visit
Southwest Diagnostic
Imaging Center's Web site.

www.swdic.com

IMAGING CENTER:

Phone 214/345-6905

SCHEDULING:

Phone 214/345-4331

Fax 214/345-6230