Parc Plaza Imaging

1305 Airport Freeway, Ste. 100
Bedford, Texas 76021

Phone: (817) 868-6400
Fax: (469) 713 8492

Central Scheduling
(817)255-1999 opt. 2

Patient Name: Appointment Date: Appointment Time:

Patient D.O.B.: ______________________ Home Phone: ________________ Cell Phone: ________________

Diagnosis/reason for exam/special instructions: ____

Procedure(s) requested: Please check appropriate box or indicate in writing below: **Latex Allergy: YES ☐ NO ☐**

Referring Physician: ______________________________ Contact & Phone: ______________________

Fax reports to: ______________________________ Call report? ☐ Yes

Physician Signature: ______________________________ **Date:** ________________ **Time:**__________

Exam Preparation Directions for patients on back

IV CONTRAST instructions: ☐ **With** ☐ **Without** ☐ **With & Without** ☐ **At Radiologist Discretion**

*****GFR/Creatinine levels are needed for patients 65 and older, insulin dependent diabetic, or history of renal disease/failure for all contract studies.*****

CT

☐ Abdomen
☐ Abdomen & Pelvis
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Chest
☐ Chest for PE
☐ Extremity:
__R __L
__ upper __lower
☐ Facial Bones
☐ Head
☐ Neck Soft Tissue
☐ Sinuses
☐ Pelvis
☐ OTHER:___________

Creatnine___ GFR___
Date Drawn:________

Ultrasound

☐ Aorta
☐ Abdomen complete
☐ Carotid Artery
☐ Thyroid/Neck
☐ OB __> 14 weeks
__< 14 weeks
☐ OB biophysical profile
☐ OB Complete
☐ Pelvic
☐ Transvaginal
☐ Renal/Bladder
☐ Soft tissue - Specify:
____
☐ Testicular/Scrotum
☐ Hernia
☐ Extremities
__Venous upper
__R __L
__Venous lower
__R __L
☐ OTHER:__________

MRI

☐ Abdomen
☐ Brain (head)
__attn IAC
__attn pituitary
__attn orbits
☐ Neck (soft tissue)
☐ Spine
__cervical
__thoracic
__lumbar
☐ Extremity:
__R __L
__ upper __lower
☐ Extremity joint:
__R __L
__ upper __lower
☐ MRCP:
☐ Pelvis/Hips/Sacrum
☐ OTHER:_____________

Creatnine___ GFR___
Date Drawn:________

Nuclear Medicine

☐ Bone Scan
__limited area
__three phase
__whole body
__SPECT
☐ Cardiac Gated (MUGA)
☐ Cardiac Stress Test
__One Day
__Two Day
☐ Hepatobiliary Scan (HIDA)
__with CCK
__without CCK
☐ Hemangioma
☐ Liver Scan
☐ Parathyroid Scan
☐ Renal Scan
☐ Thyroid Uptake and Scan
☐ WBC scan
__IN-111
__99mTC
☐ OTHER:_______________

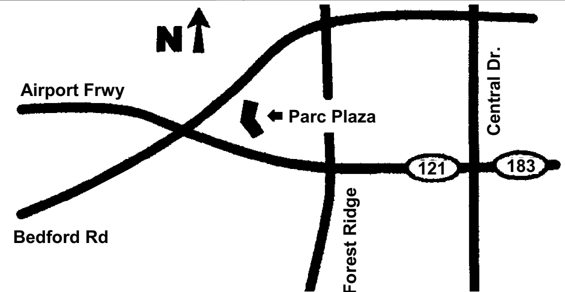
Diagnostic Radiology

☐ Abdomen 1 view (KUB)
☐ Abdomen 2 view (Flat and Up)
☐ Ankle __R __L
☐ Cervical Spine __5 views__3views
☐ Chest PA and Lat (routine)
☐ Chest PA only
☐ Coccyx & Sacrum
☐ Elbow __R __L
☐ Fingers __R __L
☐ Forearm __R __L
☐ Foot __R __L
☐ Hand __R __L
☐ Hip __R __L
☐ Humerus __R __L
☐ IVP
☐ Knee __R __L
☐ Lumbar Spine __5 views__3views
☐ Pelvis AP
☐ Ribs __R __L
☐ Scannogram/Leg length
☐ Scoliosis Survey
☐ Shoulder __R __L
☐ Sinuses
☐ Skull
☐ Thoracic Spine
☐ Toes __R __L
☐ Wrist __R __L
☐ OTHER:____________

Directions to Parc Plaza Imaging:

Located in the Parc Plaza Building
1305 Airport Freeway, Suite 100
Bedford, Texas 76021
Enter lobby and turn left to suite 100

Please plan to arrive 15 minutes before your scheduled appointment for Registration.
Please bring this form and your insurance card(s). We accept cash, check or credit card: (Mastercard, Visa, American Express or Discover).



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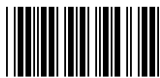
IMAGING ORDER REQUISITION



PATIENT PREPARATONS

For Questions about your appointment, preparations, or the procedure, please call 817-868-6400

CT

Abdominal and/or Pelvis Scans: Nothing to eat or drink 4 hours prior to your examination. If oral contrast is ordered, please come to Parc Plaza Imaging at least one day prior to your exam to receive oral contrast and instructions.

Head, Neck, Chest : Nothing by mouth 2 hours prior to appointment.

GFR/Creatnine levels are needed for patients 65 and older, insulin dependent diabetics, or history of renal disease/failure for all IV contrast studies.

Note: If you have a history of allergy to contrast media (X-ray dye), please contact the Imaging Center before scheduling the study.

Nursing mothers should stop breast feeding for 48 hours after study.

IVP

Take 4 Dulcolax tablets (over the counter item available at your pharmacy), between 1 and 2 p.m. the day before your procedure.

Do not eat after 8 p.m., you may drink clear liquids.

Nothing to drink 2 hours before exam.

GFR/Creatnine levels are needed for patients 65 and older, insulin dependent diabetics, or history of renal disease/failure for all IV contrast studies.

MRI

Please inform us if you have a pacemaker, artificial heart valves, any metal objects in your body, are pregnant or nursing.

GFR/Creatnine levels are needed for patients 65 and older, insulin dependent diabetics, or history of renal disease/failure for all IV contrast studies.

Without Contrast: No preparation is required.

Abdominal MRI: Nothing to eat or drink 4 hours before your exam.

Nuclear Medicine

Bone Scan - You may eat and drink. Your first appointment is for the injection. You will return 3 hours later for the scan, which takes about 1 hour.

HIDA Scan - Nothing to eat or drink after midnight until the exam. No morphine for 24 hours prior to exam. No pain meds 12 hours prior to scan. Note: Patient must have had a gall bladder ultrasound within prior 3 months.

Thyroid Uptake & Scan - Nothing to eat or drink after midnight until the exam. A telephone interview is required with the Nuclear Medicine department before the day of the exam. All Thyroid medications should be discontinued 6 weeks prior to scan.

Cardiac (Stress or Adenosine) Scan - Nothing to eat or drink after midnight until exam. Ask your doctor about taking medications.

Ultrasound

Abdominal - Do not eat, drink, or **che**w **gum** at least 6 hours prior to your appointment.

Pelvic or Obstetric - This examination requires a full bladder. One hour before your appointment, drink 32 oz. of liquid.

Please do not empty your bladder until after your examination is completed.

No preparation is necessary for patients more than 16 weeks pregnant.

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