



# Las Colinas Main Campus

6800 N. MacArthur Blvd. • Irving, TX 75039 • (972) 969-2130  
Las Colinas Scheduling Service (972) 612-6565



Please call for appointment (or to cancel) Monday - Friday 8:00 am - 5:30 pm

Please visit our Website for exam information: [LasColinasMedical.com](http://LasColinasMedical.com)

Contact patient to schedule an appointment     Allow Las Colinas scheduling to obtain physician Precert for procedure     Please send patient clinicals for precert

Patient's Name: \_\_\_\_\_ Diagnosis/Reason: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ Is it appropriate for the hospital to communicate with you by email?  Yes  No

Email address: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

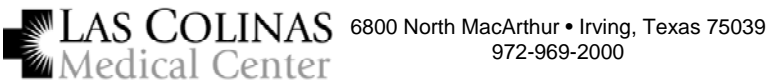
Id# for Insurance Company: \_\_\_\_\_ Contact Number of Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group ID#: \_\_\_\_\_

**PLEASE ALLOW 30 MINUTES FOR REGISTRATION PROCESS. BRING THIS FORM, ALL INSURANCE CARDS, PICTURE I.D., AND ANY PREVIOUS OUTSIDE EXAMS WITH YOU. PLEASE SEE REVERSE SIDE FOR IMPORTANT PRE-PROCEDURE PREPARATIONS.**

X-RAY EXAMS	EEG	CARDIOLOGY
___ Chest (PA & Lat) ___ Abdomen    ___ Abdomen (Flat & Upright) ___ Barium Enema (BE)*    ___ Upper GI Series (UGI)* ___ Small Bowel Series ___ Esophogram (Barium Swallow)* ___ Modified Barium Swallow with Speech Therapy ___ IVP with Tomo    ___ IVP w/o Tomo ___ Hysterosalpingiogram <b>(If over 55 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams)</b> Creatinine: _____ Date Drawn: _____ <input type="checkbox"/> Do creatinine blood draw level prior to exam ___ Cystogram ___ Voiding Cystourethrogram (VCUG)* ___ Ribs: L ___ R ___ Bilateral _____ ___ Cervical Spine ___ Complete    ___ AP & Lat. ___ With Flexion & Extension Views ___ Thoracic Spine Ap & Lat ___ Lumbosacral Spine ___ Complete ___ AP & Lat.    ___ Scoliosis Series ___ Hip    L ___ R ___ ___ Pelvis    ___ Skull    ___ Facial Bones    ___ Sinuses ___ Extremity (Specify below): _____ _____ L ___ R ___ Bilateral _____ ___ Other X-ray Exam: _____	___ EEG*    ___ EEG - Awake / Asleep** <b style="text-align: center;">NUCLEAR MEDICINE</b> <b>BONE SCAN</b> ___ Whole Body    ___ 3 Phase _____ ___ Limited _____ Specify Body Part* ___ Add Spect    ___ Y ___ N <b>WBC SCAN</b> ___ Indium    ___ Ceretec ___ Add Spect    ___ Y ___ N <b>CARDIAC SCAN</b> ___ Myocardial Perfusion    ___ exercise    ___ chemical <b>RENAL SCAN</b> ___ Lasix    ___ Captopril    ___ Differential (w/o lasix) <b>LUNG SCAN</b> ___ VQ    ___ Quant <b>THYROID SCAN</b> ___ I123 Uptake/Scan    ___ I131 Whole Body ___ I131 Therapy <b>HEPATOBIILIARY (HIDA) SCAN</b> ___ CCK-GBEF    *without CCK <b>PARATHYROID SCAN</b> ___ Scan/Spect    ___ Injection only/pre surgery ___ OCTREOSCAN <b>LYMPHOSCINTIGRAPHY</b> ___ *Injection Only* (no images)    ___ Scan <b>GASRIC EMPTY SCAN</b> ___ Solid Phase    ___ 4hr delay    ___ Liquid Phase <b>MECKEL'S SCAN</b> <b>G.I. BLEED SCAN</b> _____ OTHER	___ EKG    ___ TTE / ECHO ___ STRESS ECHO    ___ TEE ___ STRESS TEST    ___ TREADMILL    ___ CHEMICAL <b>Interpreting Cardiologist for above studies</b> _____ <b>Indication for study: (or ask scheduling for list)</b> _____ <b style="text-align: center;">RESPIRATORY CARE</b> ___ Complete Pulmonary Function Test ___ Bronchial Provocation Challenge (Methacholine) ___ Spirometry ___ ABG on Room Air    ___ ABG after Exercise ___ ABG on Oxygen    ___ Imp% ___ Other: _____ Interpreting Physician: _____ <b style="text-align: center;">MRI</b> 0 = without contrast    1 = with contrast    2 = Both <b>(If over 55 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams)</b> Creatinine: _____ Date Drawn: _____ <input type="checkbox"/> Do creatinine prior to exam <b>All abdominal/pelvic CT exams are w/ oral contrast unless otherwise indicated.</b> ___ MRI Brain    ___ MRI C-Spine ___ MRA Angio Head    ___ MRI T-Spine ___ MRA Angio Carotids    ___ MRI L-Spine ___ MRA Abdomen    ___ MRI Pelvis ___ MRI Orbits, Face, Neck    ___ MRI Abdomen ___ MRI Chest    ___ MRI Lower Ext. ___ MRI Upper Ext. with Arthrogram Area: _____ ___ MRI Upper Ext. without Arthrogram Area: _____ ___ MRI Lower Ext. ___ MRI Joint Lower Ext. ___ MRI Liver ___ MRI Breast ___ MRCP (Abdomen w/out) ___ MRI Other: _____
<b style="text-align: center;">ULTRASOUND</b> ___ Hysterosonogram ___ Gallbladder*    ___ Abdominal* ___ Aorta*    ___ Renal* ___ Carotid Study    ___ Thyroid ___ Venous Study    ___ Testicular ___ L ___ R ___ Bilateral    ___ Upper    ___ Lower ___ Segmental Doppler - Arterial w / ABI ___ Upper    ___ Lower ___ Pelvic w/ transvaginal if indicated ___ Paracentesis    ___ Thoracentesis ___ Biopsy (Specify Area) ___ Other _____	<b style="text-align: center;">CT SCANS</b> 0 = without contrast    1 = with contrast    2 = Both <b>(If over 55 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams)</b> Creatinine: _____ Date Drawn: _____ <input type="checkbox"/> Do creatinine prior to exam <b>All abdominal/pelvic CT exams are w/oral contrast unless otherwise indicated.</b> ___ CT Head/Brain    ___ CT Abdomen ___ CT Chest/Thorax    ___ CT Pelvis ___ CT Urogram (for Renal Caluculi) ___ CT Abdomen & Pelvis ___ CT Spine (Specify Area): _____ ___ CT Other (Specify Area): _____ ___ CT Angiography Abdomen ___ CT Angiography Chest    ___ CT Angiography Neck ___ CT Angiography Run-Off ___ CT Angiography Other: _____	<b style="text-align: center;">PLEASE SEE REVERSE SIDE FOR EXAM PREPARATION</b>

ORDERING PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ FAX TO: 469-484-1311



## PHYSICIAN ORDERS OUTPATIENT DIAGNOSTIC TEST MAIN CAMPUS



\* P O S \*

PATIENT IDENTIFICATION

## RADIOLOGY EXAM PREPS

### X-RAY

#### IVP (Intravenous Pyelogram):

- Consume a liquid diet the day before exam and nothing to eat or drink after midnight on day of exam.
- Patient must have current BUN & Creatine prior to exam.

#### B.E. (Barium Enema) or B.E. with Air:

- Consume a liquid diet two days before exam (clear liquid, soup, gelatin or juice).
- At 6:00 pm on the night before exam, drink one bottle of magnesium citrate.
- Nothing to eat or drink after midnight on day of exam.
- On the morning of the exam, use a Fleets enema prior to the exam.

#### UGI (Upper GI), Small Bowel Series, Esophogram:

- Do not eat or drink anything after midnight before the exam.
- Wear comfortable shoes.

#### Cystogram, Voiding Cystogram, Cystourethrogram:

- Requires catheterization of bladder. (This is done in the hospital's diagnostic area).

#### Myelogram:

- Must be off muscle relaxers 2 days prior to exam.
- Nothing to eat or drink after midnight prior to exam; force fluids two hours before the exam.
- Must be off aspirin 3 days prior to exam.

#### Hysterosalpingogram:

- Must be done on day 7 to day 10 after the first day of menstrual cycle.

#### Mammogram:

- If previous films were not taken at this facility, the patient is required to bring previous films.
- Do not wear any deodorant or powders.

### ULTRASOUND

#### Gallbladder, Liver, Panreas, Aorta (Abdomen sono):

- Nothing to eat or drink after midnight prior to exam.

#### Pelvis and Fetal Age Sono:

- **MUST** have a full bladder. Finish drinking 32 oz. of noncarbonated fluid 1 hour prior to exam. **DO NOT** empty bladder before exam.

#### Thoracentesis:

- No preparation.

#### Breast Sono:

- If previous mammogram films are not at our facility, patient is required to bring them on day of exam.

#### Renal Sono:

- No preparation.

#### Stress Test / Stress Echo:

- Light breakfast (toast, juice) morning of exam - No caffeine.
- Wear loos, comfortable clothing.

### NUCLEAR MEDICINE

#### Bone Scan & Tri Phase:

- After injection, patient must **FORCE FLUIDS AND URINATE FREQUENTLY**.
- Patient is required to return approximately 3-4 hours later. **Return appointment must also be booked.**
- If any previous bone scan films are not at this facility, patient must bring them on exam day.

### NUCLEAR MEDICINE (CONTINUED)

#### Thyroid Scan and Uptake:

- NPO from midnight before test - Not even water.
- Do not eat dark greens, shellfish or other foods containing iodine 24 hours before scan. **NO THYROID MEDICATIONS OR CONTRAST DYES 6 WEEKS PRIOR TO EXAM.** Patient will return six hours after exam.
- No Multi-vitamins - 2 weeks.
- Instructions may vary: **call Technologist.**
- No antihistamine - and/or decongestant \* 2 weeks.

#### Renal Scan:

- If a Captopril Renal Scan, the patient must be off ACE inhibitors medication for **48** hours prior to exam. Have patient hydrate themselves with 32 oz. water 1 hour prior to scan.

#### Myocardial Perfusion Stress (Thallium / Cardiolite Stress Test):

- Nothing to eat or drink after midnight prior to exam.
- Do not eat or drink any soda's, tea, coffee, or chocolate.

#### Gastric Emptying Study:

- Nothing to eat or drink after midnight prior to exam.

#### Stress & Adenosine Thallium / Cardiolite:

- Nothing to eat or drink after midnight prior to exam.
- Wear tennis shoes and loose, comfortable clothing.
- Bring ALL medications.
- If IV Adenosine, patient's weight is needed.

#### Hepatobiliary (HIDA) Scan:

- NPO after midnight before test - Not even water.
- NO narcotic pain medication for 24 hours prior to exam.

#### Hepatobiliary Scan (with CCK/EF)

### CT SCANS

#### CT / Biopsy\*+:

- Patient is to bring all old films pertaining to the case.
- Patient should not take aspirin or any blood thinner medication 72 hours prior to exam.
- NPO 4 hours prior to exam.
- Should have someone to drive them home.

#### Abdomen and/or Pelvis\*+:

- Patient must have recent BUN and Creatine prior to exam.
- Nothing to eat or drink after midnight prior to exam.
- Patient chooses one of the following:
  - A. Outpatient arrives 2 hours before appointment time to register and drink barium.
  - B. Patient receives contrast media from the Radiology Department the day before the exam. Drinks contrast before arriving to register.

#### CT of Spine +:

- Any previous spine films are to be brought with the patient on the day of exam.

#### CT of Chest\*:

- Clear liquids 4 hours prior to exam.
- Patient is required to bring any previous chest x-rays.

#### All Other CT Scans \*:

- Nothing to eat or drink 3 hours prior to exam if patient is to receive contrast dye.

\*\* Medications are okay to take with small amount of food or juice.

++ If any previous films are not at this facility, patient must bring them on exam day

### RESPIRATORY / EEG

#### EEG:

- The patient should wash hair within 24 hours of exam using only shampoo.

#### PFT:

- No Bronchodilators 4 hours prior to exam. No smoking 2 hours prior to exam.

**(DO NOT SCAN)**



6800 North MacArthur • Irving, Texas 75039  
972-969-2000

## RADIOLOGY EXAM PREPS



PATIENT IDENTIFICATION