

Department of Radiology & Imaging Services

Patient Name	Date of Birth	Patient Phone Number
Referring Physician Name	UPIN Number	
Physician phone number	Physician Fax Number	Physician Signature
Diagnosis/Clinical Information/ICD 10 code	Appropriate Use Code (AUC) - See back page	AUC Met - See back page
Appointment Date	Appointment Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date and Time of Order

MRI

Contrast*

- ☐ MR Angiography _____
☐ with ☐ without ☐ with/without
- ☐ MRI Brain ☐ with ☐ without ☐ with/without
- ☐ MRI IAC's ☐ with ☐ without ☐ with/without
- ☐ MRI Pituitary ☐ with ☐ without ☐ with/without
- ☐ MRI Soft Tissue Neck ☐ with ☐ without ☐ with/without
- ☐ MRI Bilat Breast ☐ with ☐ without ☐ with/without
- ☐ MRI C-Spine ☐ with ☐ without ☐ with/without
- ☐ MRI T-Spine ☐ with ☐ without ☐ with/without
- ☐ MRI L-Spine ☐ with ☐ without ☐ with/without
- ☐ MRI Abdomen ☐ with ☐ without ☐ with/without
- ☐ MRCP ☐ without
- ☐ MRI Pelvis ☐ with ☐ without ☐ with/without
- ☐ MRI Prostate ☐ with ☐ without ☐ with/without
- ☐ MRI _____
Upper Extremity _____
☐ L ☐ R ☐ with ☐ without ☐ with/without
- ☐ MRI _____
Lower Extremity _____
☐ L ☐ R ☐ with ☐ without ☐ with/without
- ☐ MRI Arthrogram _____
☐ L ☐ R
- ☐ MRI Other _____
- ☐ Sedation _____

CT

Contrast*

- ☐ CT Head ☐ with ☐ without ☐ with/without
- ☐ CT Temporal Bones ☐ with ☐ without ☐ with/without
- ☐ CT Sinuses ☐ with ☐ without ☐ with/without
- ☐ CT C-spine ☐ with ☐ without ☐ with/without
- ☐ CT T-spine ☐ with ☐ without ☐ with/without
- ☐ CT L-spine ☐ with ☐ without ☐ with/without
- ☐ CT ST Neck ☐ with ☐ without ☐ with/without
- ☐ CT Chest ☐ with ☐ without ☐ with/without
- ☐ CT Abdomen ☐ with ☐ without ☐ with/without
- ☐ CT Pelvis ☐ with ☐ without ☐ with/without
- ☐ CT Abdomen and Pelvis ☐ with ☐ without ☐ with/without
- ☐ CT Extremity _____
- ☐ CT Other _____
- ☐ CT with 3D reconstruction _____
- ## CT Angiography
- ☐ CTA _____
- ## Urological
- ☐ IVP
- ☐ Cystogram
- ☐ Voiding Cystogram
- ☐ Retrograde Urethrogram
- ☐ Other _____

Ultrasound

- ☐ Thyroid/Soft Tissue Neck
- ☐ Abdomen
- ☐ Renal
- ☐ Gallbladder
- ☐ OB Pelvis/Transvaginal with doppler
- ☐ Pelvis/Transvaginal with doppler
- ☐ Testicles/Scrotum with doppler
- ☐ Other _____

Ultrasound Vascular

- ☐ Venous Doppler Uni ☐ L ☐ R ☐ Upper ☐ Lower
- ☐ Venous Doppler Bilat ☐ Upper ☐ Lower
- ☐ Other _____

Special Procedures

- ☐ Myelogram
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Arthrogram _____
- ☐ Hysterosalpingogram (HSG)
- ☐ Lumbar Puncture

Gastrointestinal

- ☐ Esophagram/Barium Swallow
- ☐ Upper GI
- ☐ Small Bowel Series

**Unless otherwise specified all IV contrast studies will be administered via THCDs IV contrast protocol.*

X-Ray Head

- ☐ Skull ☐ 2 view ☐ Series
- ☐ Sinuses ☐ Complete
- ☐ Water's
- ☐ Facial Bones
- ☐ Nasal Bones

X-Ray Chest

- ☐ Chest ☐ 1v ☐ 2v PA/LAT
- ☐ Rib Series ☐ L ☐ R

X-Ray Abdomen

- ☐ KUB
- ☐ KUB w/upright

X-Ray Other

X-Ray Upper Extremity

- ☐ Shoulder ☐ L ☐ R
- ☐ Clavicle ☐ L ☐ R
- ☐ Humerus ☐ L ☐ R
- ☐ Elbow ☐ L ☐ R
- ☐ Forearm ☐ L ☐ R
- ☐ Wrist ☐ L ☐ R
- ☐ Hand ☐ L ☐ R
- ☐ Fingers ☐ L ☐ R

X-Ray Spine

- ☐ Cervical ☐ 2v ☐ Complete
- ☐ Thoracic ☐ 2v ☐ Complete
- ☐ Lumbar ☐ 2v ☐ Complete

X-Ray Lower Extremity

- ☐ Hip ☐ L ☐ R
- ☐ Femur ☐ L ☐ R
- ☐ Knee ☐ L ☐ R
- ☐ Tib-Fib ☐ L ☐ R
- ☐ Ankle ☐ L ☐ R
- ☐ Foot ☐ L ☐ R
- ☐ Heel ☐ L ☐ R
- ☐ Toes ☐ L ☐ R

X-Ray Pelvis

- ☐ Pelvis ☐ 1v ☐ 2v
- ☐ Sacrum
- ☐ Coccyx
- ☐ SI Joints

Physician's Signature _____ Date _____



Texas Health Center for Diagnostics & Surgery
6020 W. Parker Rd. | Plano, TX 75093



972-403-2704



972-403-2703

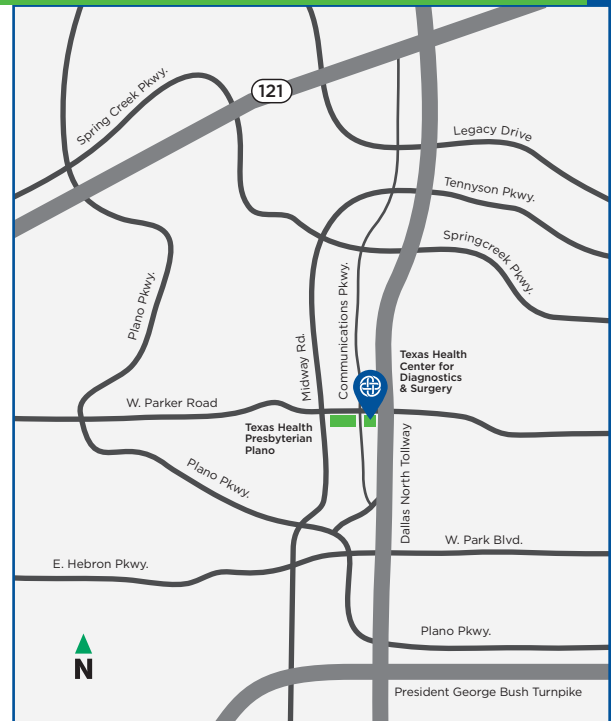


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Special Preparations

These preparations must be followed completely to ensure accurate test results. Inadequate preparations will result in rescheduling of your exam. Please consult your physician before discontinuing any medications.

- ☐ **1. Intravenous Pyelogram [Kidneys] (IVP)**
 - Beginning at noon two days before exam, eat only clear broth, clear Jell-O, clear fruit juices, soft drinks, tea, coffee (without milk or cream) until exam is completed. **DO NOT EAT SOLID FOOD, MILK OR MILK PRODUCTS.**
 - The day before the exam, between 1:00pm and 2:00pm drink 12-16 ounces of water.
 - At 3 p.m., drink 10 ounces of cold Magnesium Citrate.
 - At 4 p.m., take 2 Dulcolax tablets.
 - At 5 p.m., have a cup of bouillon, gelatin and plain tea or coffee or clear juice
 - Between 6 p.m. and 7 p.m., drink 12-16 ounces of water
 - Do not eat breakfast on the day of the procedure. You may drink plain tea or coffee or clear fruit juices.
- ☐ **2. CT Scan** (abdomen and/or pelvis): Nothing to eat 2 hours prior to exam time. Continue to hydrate with water. Oral contrast will be needed in most cases.
- ☐ **3. Sonogram** (aorta, abdomen, liver, gallbladder, pancreas): Nothing to eat or drink after midnight prior to the day of exam. If you are scheduled after 12 noon, do not eat or drink 8 hours prior to your exam time.
- ☐ **4. Sonogram** (abdomen with pelvis): Do not eat or drink after midnight. You will be required to drink water here once the abdominal portion of the exam is complete.
- ☐ **5. Sonogram** (pelvis): Drink four 8 oz. glasses of water at least 45 minutes prior to exam time. **DO NOT VOID!** Your bladder must be full when you arrive for your exam.
- ☐ **6. Sonogram** (renal): Drink two 8 oz. glasses of water 45 minutes prior to exam time. **DO NOT VOID!**
- ☐ **7. Upper GI/Small Bowel Series and/or Barium Swallow (UGI/SBS):**
Do not eat, drink or smoke after midnight the day before the exam until the exam is completed. **NOTE:** if you have had a barium enema within the past seven days, take 4 oz. Neoloid or 2 oz. castor oil at 2 p.m. on the day prior to the Upper GI exam.
- ☐ **8. MRI Abdomen:** Nothing to eat or drink 4-6 hours prior to exam time.
 - If you have had a previous allergic reaction to contrast, please notify the radiology nurse at 972-403-2881 prior to beginning your preparation.
 - If you are taking any blood thinning medication and are having an Arthrogram, please notify the nurse at 972-403-2881.
 - Female patients between the ages of 11-50 will be screened for pregnancy. This may result in the rescheduling of appointment(s). If you have any surgically implanted devices, please notify scheduling at 972-403-2704.
- ☐ **9. MRI Prostate Prep:**
 - Food & Drink** – Patients will be asked to refrain from eating food and drinking caffeinated products (restrict drinking to water only) in the 4 hours prior to their prostate MRI. Patients should follow normal routines for taking prescribed drugs and medications.
 - Sexual Activity** – Patients should refrain from ejaculating 72 hours prior to a prostate MRI to ensure best possible visualization of the seminal vesicles
 - Patients will be asked to empty their bladders and bowels, shortly before the exam begins.




Appropriate Use Code (AUC) Clinical Decision Support Mechanism

- G1000** - Applied Pathways
- G1001** - eviCore
- G1002** - MedCurrent
- G1003** - Medicalis
- G1004** - National Decision Support Company
- G1005** - National Imaging Associates
- G1006** - Test Appropriate
- G1007** - AIM Specialty Health
- G1008** - Cranberry Peak
- G1009** - Sage Health Management Solutions
- G1010** - Stanson
- G1011** - Qualified tool not otherwise specified

Appropriate Use Criteria (AUC) Met Codes

- ME** - Met
- MF** - Not Met
- MG** - Consulted but Not Applicable
- MA** - Not Consulted, Emergency Order
- Not Consulted, Other:
- MB** - Explain, i.e., internet issues
- MC** - Vendor issues
- MD** - Other hardship
- MH** - Information Not Provided

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