



# Medical City Las Colinas

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: [MedicalCityLasColinas.com](http://MedicalCityLasColinas.com)

Contact patient to schedule an appointment  Allow Medical City 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: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_ 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)* ___ IVP with 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> <b>Creatinine: _____ Date Drawn: _____</b> <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: _____	___ Standard EEG (> 21 minutes) ___ Prolonged EEG (> 41 minutes) 24 hour EEG <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 72 hr <b>NUCLEAR MEDICINE</b> MYOCARDIAL PERFUSION (NUCLEAR STRESS TEST) ___ Exercise (Treadmill) ___ Chemical (Lexiscan) BONE SCAN ___ Whole Body ___ *Specify body part ___ 3 Phase ___ Limited ___ SPECT RENAL SCAN ___ without Lasix ___ with Lasix ___ with Captopril HEPATOBIILIARY SCAN ___ without CCK ___ with CCK (GBEF) THYROID ___ uptake and scan ___ scan only ___ I131 Whole Body ___ I131 Therapy LYMPHOSCINTIGRAPHY ___ injection and imaging ___ injection only (without imaging) WHITE BLOOD CELL SCAN ___ *Circle One-- Indium /Tc99m Ceretec ___ *Circle One-- Whole Body/Limited (Specify Body Part) ___ PARATHYROID ___ Scan/SPECT ___ Injection only (pre-op) ___ LUNG VQ SCAN ___ Chest X-Ray (for comparison) ___ GASTRIC EMPTYING SCAN ___ MECKEL'S DIVERTICULUM SCAN Other _____	___ EKG ___ STRESS TREADMILL ONLY (NO IMAGING) ___ TTE / ECHO ___ TEE ___ STRESS ECHO ___ TREADMILL ___ DOBUTAMINE ___ MYOCARDIAL PERFUSION IMAGING (NUCLEAR STRESS TEST) ___ Treadmill ___ Chemical <b>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>MRI</b> 0 = without contrast 1 = with and without contrast <b>(If over 50 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams)</b> <b>Creatinine: _____ Date Drawn: _____</b> <input type="checkbox"/> Do creatinine prior to exam ___ 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 Pituitary ___ MRI Abdomen ___ 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>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>CT SCANS</b> 0 = without contrast 1 = with contrast 2 = Both <b>(If over 50 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams)</b> <b>Creatinine: _____ Date Drawn: _____</b> <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 Calculi) ___ 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 Cardiac Calcium Scoring <b>PLEASE SEE REVERSE SIDE FOR EXAM PREPARATION</b>	

ORDERING PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ FAX TO: 833-232-8796



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

PATIENT IDENTIFICATION

PHYSICIAN ORDERS OP MAIN CAMPUS



# 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.**

## 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 regarding medications.**
- 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:

- Nothing to eat or drink for 4 hours prior to exam.
- Do not eat or drink any soda's, tea, coffee, or chocolate.
- Bring all medication currently taking.

### Gastric Emptying Study:

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

### Hepatobiliary (HIDA) Scan:

- NPO with CCK for 4 hours prior - Not even water.
- NO narcotic pain medication for 24 hours prior to exam.

## 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 caffeine drinks 4 hours prior to exam.
- No respiratory inhalers or treatments 4 hours prior to exam.
- No smoking 24 hours prior to exam.
- Bring a complete list of medications taken at home.

(DO NOT SCAN)



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\* P O S \*

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