

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

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: _____

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
<input type="checkbox"/> Chest (PA & Lat) <input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen (Flat & Upright) <input type="checkbox"/> Barium Enema (BE)* <input type="checkbox"/> Upper GI Series (UGI)* <input type="checkbox"/> Small Bowel Series <input type="checkbox"/> Esophogram (Barium Swallow)* <input type="checkbox"/> IVP with Tomo <input type="checkbox"/> IVP w/o Tomo <input type="checkbox"/> Hysterosalpingiogram (If over 55 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams) Creatinine: _____ Date Drawn: _____ <input type="checkbox"/> Do creatinine prior to exam <input type="checkbox"/> Cystogram <input type="checkbox"/> Voiding Cystourethrogram (VCUG)* Ribs: L _____ R _____ Bilateral _____ <input type="checkbox"/> Cervical Spine _____ Complete _____ AP & Lat. _____ With Flexion & Extension Views <input type="checkbox"/> Lumbosacral Spine _____ Complete _____ AP & Lat. _____ Scoliosis Series <input type="checkbox"/> Hip L _____ R _____ <input type="checkbox"/> Pelvis Skull _____ Facial Bones _____ Sinuses <input type="checkbox"/> Extremity (Specify below): _____ L _____ R _____ Bilateral _____ Other X-ray Exam: _____	<input type="checkbox"/> EEG** _____ EEG — Awake / Asleep** <div style="text-align: center;">NUCLEAR MEDICINE</div> <input type="checkbox"/> Bone Scan* _____ Liver / Spleen <input type="checkbox"/> Whole Body _____ Liver Hemangioma <input type="checkbox"/> Three Phase _____ G.I. Bleed <input type="checkbox"/> Ceretec White Blood Cells <input type="checkbox"/> Myocardial Perf / Stress* _____ Treadmill _____ Adenosine <input type="checkbox"/> Lungs: _____ <input type="checkbox"/> Lung (Vent & Perfusion) <input type="checkbox"/> Hepatobiliary Scan (HIDA)* — CCK <input type="checkbox"/> Hepatobiliary Scan (HIDA)* — GBEF <input type="checkbox"/> Renal Scan (Flow & Function) <input type="checkbox"/> Renal Scan w/Captopril <input type="checkbox"/> Renal Scan w/Lasix Washout <input type="checkbox"/> Thyroid Scan & Uptake* <input type="checkbox"/> Other (Specify Below): _____ <div style="text-align: center;">CT SCANS</div> 0 = without contrast 1 = with contrast 2 = Both (If over 55 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams) Creatinine: _____ Date Drawn: _____ <input type="checkbox"/> Do creatinine prior to exam All abdominal/pelvic CT exams are w/ oral contrast unless otherwise indicated. <input type="checkbox"/> CT Head / Brain _____ CT Abdomen <input type="checkbox"/> CT Chest / Thorax _____ CT Pelvis <input type="checkbox"/> CT Urogram (for Renal Calculi) <input type="checkbox"/> CT Abdomen & Pelvis <input type="checkbox"/> CT Spine (Specify Area): _____ <input type="checkbox"/> CT Other (Specify Area): _____ <input type="checkbox"/> CT Angiography Abodmen <input type="checkbox"/> CT Angiography Chest <input type="checkbox"/> CT Angiography Neck <input type="checkbox"/> CT Angiography Run-Off <input type="checkbox"/> CT Angiography Other: _____ <div style="text-align: center;">PLEASE SEE REVERSE SIDE FOR EXAM PREPARATION</div>	<div style="text-align: center;">RESPIRATORY CARE</div> <input type="checkbox"/> Complete Pulmonary Function Test <input type="checkbox"/> Bronchial Provocation Challenge (Methacholine) <input type="checkbox"/> Spirometry <input type="checkbox"/> ABG on Room Air _____ ABG after Exercise <input type="checkbox"/> ABG on Oxygen _____ Imp% <input type="checkbox"/> Other: _____ Interpreting Physician: _____ <div style="text-align: center;">MRI</div> 0 = without contrast 1 = with contrast 2 = Both (If over 55 or high risk renal patient with high blood pressure or diabetes need creatinine value for any IV contrast exams) Creatinine: _____ Date Drawn: _____ <input type="checkbox"/> Do creatinine prior to exam All abdominal/pelvic CT exams are w/ oral contrast unless otherwise indicated. <input type="checkbox"/> MRI Brain _____ MRI C-Spine <input type="checkbox"/> MRA Angio Head _____ MRI T-Spine <input type="checkbox"/> MRA Angio Carotids _____ MRI L-Spine <input type="checkbox"/> MRA Abdomen _____ MRI Pelvis <input type="checkbox"/> MRI Orbits, Face, Neck _____ MRI Abdomen <input type="checkbox"/> MRI Chest _____ MRI Lower Ext. <input type="checkbox"/> MRI Upper Ext. with Arthrogram Area: _____ <input type="checkbox"/> MRI Upper Ext. without Arthrogram Area: _____ <input type="checkbox"/> MRI Lower Ext. <input type="checkbox"/> MRI Joint Lower Ext <input type="checkbox"/> MRI Liver <input type="checkbox"/> MRI Breast <input type="checkbox"/> MRCP <input type="checkbox"/> MRI Other: _____

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



**PHYSICIAN ORDERS
OUTPATIENT DIAGNOSTIC TEST
MAIN CAMPUS**



POS

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:

- Nothing to eat or drink after midnight prior to exam; force fluids two hours before the 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 tennis shoes and loose, comfortable clothing.

Peripheral Vascular Exam:

- Wear loose, 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.

Mycardial 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.