AKUMIN | PREFERRED IMAGING
EXCELLENCE IN DIAGNOSTIC IMAGING

☐ **STAT**
☐ **Give CD to Patient**

Today's Date mm dd yy

Patient Information

First Name	Last Name	Date of Birth mm dd yy	Phone

Insurance Name	Insurance Member ID	☐ Authorization #: _____ ☐ Please obtain authorization (clinicals submitted with Rx)

Clinical indications/signs/symptoms	ICD-10

Referring Physician Information

Referring Physician Name	Signature (required)	Phone

MRI

☐ **Without Contrast** ☐ **With / Without Contrast**

Neuro/ENT/Spine
☐ Brain
☐ Orbits
☐ Pituitary
☐ IAC
☐ Cervical spine
☐ Thoracic spine
☐ Lumbar spine
☐ Sacrum/coccyx
☐ TMJ
☐ Soft tissue neck/parotid

Other _____

MRA
☐ Carotid MRA
☐ Intracranial/Circle of Willis
☐ MR venogram
Specify _____
☐ Carotid
☐ Aortic arch
☐ Renal arteries
☐ Mesenteric arteries
☐ Aorta/lower extremities

Orthopedic
☐ Shoulder ☐ R ☐ L
☐ Upper arm ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Forearm ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Finger ☐ R ☐ L
Specify _____
☐ Pelvis ☐ R ☐ L
☐ Hip ☐ R ☐ L
☐ Thigh ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Lower Leg ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ Toe ☐ R ☐ L
☐ MR Arthrogram
Specify _____

Body & Chest
☐ Abdomen
☐ Pelvis
☐ Prostate
☐ MRCP
☐ Chest
☐ Breast MRI
☐ Mediastinum
☐ Brachial plexus
☐ Clavicle/SC joint
☐ Scapula
☐ Sternum
☐ Thoracic outlet

Other _____

CT

☐ **Without Contrast**
☐ **With Contrast**
☐ **With / Without Contrast**
☐ **Oral Contrast only**
☐ **Without Oral Contrast**

CT Angiography
☐ Chest CT/PE
☐ CT angiogram
☐ Intracranial
☐ Carotid
☐ Aortic arch/thoracic aorta
☐ Abdomen/pelvis
☐ Renal
☐ Lower extremity run off

Neuro/ENT
☐ Brain
☐ Orbits
☐ Temporal bones
☐ Paranasal sinuses
☐ Soft tissue neck

Musculoskeletal
☐ Joint
Specify _____
☐ Extremity
Specify _____

Body
☐ Stone protocol
☐ Hematuria
☐ Chest only
☐ Soft tissue neck/chest/abdomen/pelvis
☐ Soft tissue neck only
☐ Chest/abdomen/pelvis
☐ Abdomen/pelvis
☐ Enterography
☐ Abdomen only
☐ Pelvis only
☐ Triple phase liver

Spine
☐ Cervical
☐ Thoracic
Specify levels
_____
☐ Lumbar
☐ Sacrum/coccyx

Other _____

DIGITAL X-RAY

☐ Skull
☐ Orbits
☐ Facial bones
☐ Nasal bones
☐ Cervical spine
☐ Thoracic spine
☐ Lumbar spine
☐ Sacrum
☐ Chest
☐ KUB abdomen
☐ Pelvis
☐ Bone age
☐ Ribs
☐ Shoulder ☐ R ☐ L
☐ Humerus ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Forearm ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Fingers ☐ R ☐ L
☐ Hips ☐ R ☐ L
☐ Femur ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Tibia/fibula ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ Toe ☐ R ☐ L

Other _____

ULTRASOUND

☐ Breast
☐ Bilateral ☐ R ☐ L
☐ Thyroid
☐ Scrotal/testicular
☐ Pelvic
☐ Transabdominal
☐ Transvaginal (1st trimester only)
☐ Obstetrical
☐ Transabdominal
☐ Transvaginal (1st trimester only)
☐ Abdomen
☐ Kidneys
☐ Bladder

Vascular
☐ Lower extremity
☐ R ☐ L ☐ Bilat.
☐ Upper extremity
☐ R ☐ L ☐ Bilat.
☐ Arterial doppler
☐ Lower extremity
☐ R ☐ L ☐ Bilat.
☐ Upper extremity
☐ R ☐ L ☐ Bilat.
☐ Renal arterial doppler
☐ Aorta only

Other _____

INTERVENTIONAL BIOPSY

☐ Breast ☐ Breast by ultrasound

Specify _____

*Not all procedures are performed in your region. See reverse side for details.

DALLAS & SURROUNDING AREAS

☐ **Casa Linda Plaza**
9440 Garland Rd, Ste 190, Dallas, TX 75218
P: 214-388-2030 | F: 214-388-0645
Open MRI

☐ **Corinth**
4851 S. Interstate 35E, Ste C-105, Corinth, TX 76210
P: 940-270-5110 | F: 940-270-5115
High-Field Open MRI, Breast MRI

☐ **Denton**
1614 Scripture St, Ste 2, Denton, TX 76201
P: 940-387-6159 | F: 940-387-3468
CT, X-ray, Ultrasound

☐ **Frisco**
4525 Ohio Dr, Ste 200, Frisco, TX 75035
P: 469-300-2025 | F: 469-362-5737
High-Field Open MRI, CT, Arthrogram, Breast MRI, Breast Guided Biopsy MRI

☐ **Irving**
660 W. Lyndon B. Johnson Fwy, Irving, TX 75063
P: 972-833-6120 | F: 972-999-4660
High-Field Open MRI, CT, Arthrogram, Breast MRI

☐ **McKinney**
1717 W. University Dr, Ste 405, McKinney, TX 75069
P: 214-544-1118 | F: 972-548-1445
High-Field Open MRI, Breast MRI

☐ **Medical Center**
5920 Forest Park Rd, Ste 560, Dallas, TX 75235
P: 214-350-0708 | F: 214-350-0712
High-Field MRI, CT, Ultrasound, Breast MRI

☐ **Medical City**
7777 Forest Lane, Ste C-112, Dallas, TX 75230
P: 972-566-2900 | F: 972-566-2930
High-Field MRI, CT, Breast MRI

☐ **Mesquite**
2540 N. Galloway Ave, Ste 202, Mesquite, TX 75150
P: 972-681-6340 | F: 972-681-6342
High-Field MRI, CT, X-ray, Ultrasound

☐ **Plano**
2205 N. Central Expwy, Ste 185, Plano, TX 75075
P: 972-312-0799 | F: 972-312-8187
High-Field Open MRI, CT, X-ray, Ultrasound, Breast MRI

☐ **Plano Parkway**
5072 W. Plano Pkwy, Ste 170, Plano, TX 75093
P: 972-248-1924 | F: 972-248-0333
High-Field MRI, Ultrasound, Breast MRI

☐ **Richardson**
1778 N. Plano Rd, Ste 300, Richardson, TX 75081
P: 972-234-0004 | F: 972-234-0035
High-Field MRI, CT, Ultrasound, C-Arm Fluoroscopy, Breast MRI

☐ **Rowlett**
8405 Lakeview Pkwy, Ste 220, Rowlett, TX 75088
P: 972-412-0211 | F: 972-412-0799
High-Field Open MRI, CT, Ultrasound, Breast MRI

FORT WORTH & SURROUNDING AREAS

☐ **Fort Worth**
851 Grainger St, Ste 101, Fort Worth, TX 76104
P: 817-659-2870 | F: 817-885-7912
High-Field Open MRI, CT, Breast MRI

☐ **Grapevine**
1600 W. Northwest Hwy, Ste 1000, Grapevine, TX 76051
P: 817-416-7545 | F: 817-416-7301
High-Field MRI, CT, X-ray, Ultrasound, C-Arm Fluoroscopy, Breast MRI

☐ **Hurst**
809 W. Harwood Rd, Ste 100, Hurst, TX 76054
P: 817-788-5502 | F: 817-788-5775
Open MRI

SPECIALIZED

☐ **Pediatric Imaging**
17051 N. Dallas Pkwy, Ste 200, Addison, TX 75001
P: 972-248-0077 | F: 972-248-0081
High-Field MRI, X-ray, Ultrasound

☐ **Sandra O'Neal Institute**
5072 W. Plano Pkwy, Ste 190, Plano, TX 75093
P: 972-733-3531 | F: 972-346-6564
Breast Ultrasound, Breast Ultrasound Biopsy, PEM (Positron Emission Mammography), PEM Biopsy

IV Contrast Guidelines

- Blood work is needed for all patients age 60+ and for all patients who have diabetes, hypertension, multiple myeloma, renal disease, renal insufficiency, renal failure, nephrectomy (one kidney) or renal surgery, and renal transplant.
- Blood work requirements:
  - Date drawn (within 6 weeks)
  - Creatinine
  - BUN
  - GFR (if available)

Preparation for Examination

It is extremely important that you follow the instructions for your exam. Should you have any questions about these instructions, call us immediately.

For the most up to date exam preparations, visit akumin.com

MRI

- For MRI with contrast, please review IV Contrast Guidelines above.
- Must bring previous CD (images) and reports for comparison.

CT

- For CT with IV contrast, please review IV Contrast Guidelines above.
- For CT with IV contrast, do not eat or drink anything prior to your exam.
- For CT without contrast, no preparation required.

Abdomen Ultrasound

- Do not eat or drink 8 hours prior to exam.

Obstetrical / Pelvic Ultrasound

- Drink four 8-oz glasses of water 60 minutes prior to exam.
- The bladder must be full at the time of exam. Do not urinate.
- An empty bladder will prevent us from performing the exam.
- For transvaginal, no preparation required.

Breast Biopsy

- Mammogram and Ultrasound required prior to exam.
- Please call to speak to our biopsy coordinator.

Please bring this form with you on the day of your appointment.

Notes _____

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Preferred Imaging has joined Akumin
Akumin.com | preferredmri.com