

STAT: Yes ___ No ___
 Call Report Yes ___ No ___



FILM REQ'D: Yes ___ No ___
 CD REQ'D Yes ___ No ___

The Texas Clinic of Prestonwood
 6957 West Plano Parkway, Suite 1100, Plano TX 75093
 Office Phone 972-395-7533

DATE: ___/___/___

PATIENT INFORMATION	REFERRING PHYSICIAN INFO	INSURANCE INFO
Name: _____ Phone: _____ DOB: ___/___/___ M ___ F ___ ICD-9 CODE: _____ DIAGNOSIS/SYMPTOMS: _____ _____ SPECIAL INSTRUCTIONS: _____ _____	DR. NAME: _____ PHONE: _____ FAX: _____ CONTACT: _____ _____ DOCTOR'S SIGNATURE: _____ _____	INS: _____ AUTH # _____ IDX#: _____ WK COMP: _____ INJURY DATE: ___/___/___ CLAIM #: _____ BUN: _____ CREATININE: _____ Data Bun/Creatinine ___/___/___ APPT: ___/___/___ Time: _____

MRI EXAMS

MRI

___ With Contrast
 ___ With/Out Contrast
 ___ With and W/O Contrast
 ___ Contrast at Radiologist's Discretion
 ___ Abdomen (Diaphragm to Iliac Crest)
 ___ Chest
 ___ Head
 ___ Hip R ___ L ___
 ___ Knee R ___ L ___
 ___ Pelvis (Iliac Crest to Symphysis Pubis)
 ___ Sinus (Coronal only w/o)
 ___ Soft Tissue Neck
 ___ Shoulder R ___ L ___
 ___ Spine
 Cervical
 Lumbar
 Thoracic
 ___ Upper Ext. R ___ L ___
 ___ Lower Ext. R ___ L ___
 ___ Other _____

DIGITAL X-RAY

X-RAY

___ Abdomen (KUB)
 ___ Abdominal Series (Flat/Upright)
 ___ Ankle R ___ L ___
 ___ Cervical Spine (AP LAT)
 ___ Cervical Spine Series (5 Views)
 ___ Cervical Spine Flex. Ext. Only
 ___ Chest (1 View)
 ___ Chest (PA LAT)
 ___ Clavicle R ___ L ___
 ___ Elbow R ___ L ___
 ___ Facial Bones
 ___ Femur R ___ L ___
 ___ Fingers R ___ L ___
 ___ Foot R ___ L ___
 ___ Forearm R ___ L ___
 ___ Hand R ___ L ___
 ___ Heel (Calcaneus) R ___ L ___
 ___ Hip R ___ L ___
 ___ Humerus R ___ L ___
 ___ Knee R ___ L ___
 ___ Lumbar Spine (AP LAT)
 ___ Lumbar Spine Series (5 Views)
 ___ Lumbar Spine Flex. Ext. Only
 ___ Neck, Soft Tissue
 ___ Pelvis
 ___ Ribs, Unilateral R ___ L ___
 ___ Ribs, Bilateral
 ___ Sacroiliac Joints
 ___ Sacrum, Coccyx
 ___ Shoulder R ___ L ___
 ___ Sinus Series
 ___ Sinus, Waters View
 ___ Sinus, Caldwell's View
 ___ Skull Series (2 Views) _____
 ___ Thoracic Spine
 ___ Tibia, Fibula R ___ L ___
 ___ Toes R ___ L ___
 ___ Wrist R ___ L ___
 ___ Other _____
 ___ Other _____

MAMMOGRAPHY

MAMMO

___ Screening V76.12
 ___ Screening High Risk V76.11
 ___ Family History of Breast CA V16.3
 ___ Personal HX of Breast CA V10.03 (5 Yrs Prior)
 ___ Implants

BONE DENSITOMETRY

BD

___ AB Spine / Left Hip
 ___ Forearm
 Date of Last Dexa: ___/___/___
 Post Treatment: Yes ___ No ___
 Height: _____
 Weight: _____

CT SCAN

CT

___ With Contrast Oral
 ___ With/Out Contrast I.V.
 ___ With and W/O Contrast
 ___ Contrast at Radiologist's Discretion
 ___ Abdomen (Diaphragm to Iliac Crest)
 ___ Pelvis (Iliac Crest to Symphysis Pubis)
 ___ Chest
 ___ Head
 ___ Sinus (Coronal only w/o)
 ___ Soft Tissue Neck
 ___ Spine
 Cervical
 Lumbar
 Thoracic

CT ANGIOGRAPHY

___ Coronary
 ___ Carotid
 ___ Chest
 ___ ABD/Pelvis
 ___ ABD w/Run Off
 ___ Coronary Calcium Score

MRA EXAMS

MRA

___ With Contrast
 ___ With/Out Contrast
 ___ With and W/O Contrast
 ___ Contrast at Radiologist's Discretion
 ___ Abdomen/Pelvis (Diaphragm to Iliac Crest)
 ___ Brain/Head
 ___ Neck/Carotid

ULTRASOUND

US

___ Abdomen
 ___ Aorta
 ___ Extremities Non-Vascular
 ___ Gallbladder
 ___ Liver
 ___ Renal (Kidney)
 ___ Pelvic (Not OB)
 Transvaginal
 Transvaginal (If Necessary)
 ___ Soft Tissue
 ___ Testicular
 ___ Thyroid

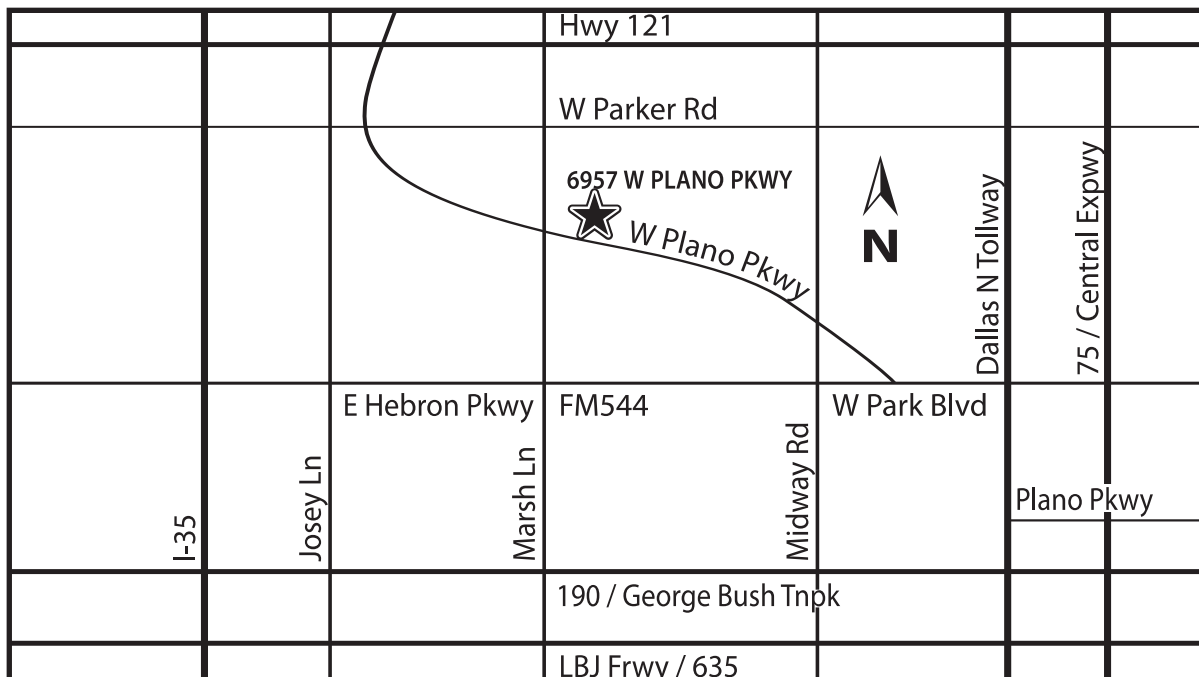
FAX ORDER & CLINICAL NOTES TO: 1-866-842-5417

Note	<p>MAMMOGRAM PATIENTS ONLY:</p> <ul style="list-style-type: none"> • <u>Bring previous films to 1st appointment.</u> This will assist in the interpretation of your mammogram. Not doing so could delay when your results are available. • Do not wear deodorant, powders, lotions or creams on your breasts or under your arms, on the day of your examination. • Try to schedule the mammogram during the time of month that your breasts are least sensitive • Wear a comfortable two piece outfit, on the day of the examination. • Refrain from eating or drinking caffeine or chocolate within 2 or 3 days prior to your examination. These make your breasts more tender.
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MAMM	V76.12 Screening V76.11 Screening High Risk V16.3 Family History of Breast CA V10.3 Personal HX of Breast CA (5 years prior)
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DEXA	82.81 Screening	737.10 Kyphosis (ABN Req.)
	240-242.91 Long-term Thyroid Replacement Therapy (ABN Req.)	758.6 Gonadal Dysgenesis
	252.0 Hyperthyroidism	805.00-806.90 Fractures Vertebrae
	256.2 Postablative Ovarian Failure	V49.81 Postmenopausal State, Natural, Age Related
256.3 Other Ovarian Failure	V67.51 Following Completion of High Risk Medication	
257.2 Other Testicular Hypofinction (ABN Req.)	Monitoring Pts. Ongoing Therapy, Testing more frequent than Preventative (Must Select 1DX code from each box)	
259.3.1 Ectopic Hyperparathyroidism	733.00 Osteoporosis, Unspecified	
259.9 Unspecified Endocrine Disorder (ABN Req.)	733.01 Senile Osteoporosis	
305.1 Tobacco Dependence (ABN Req.)	733.02 Idiopathic Osteoporosis	
585 Chronic Renal Failure (ABM Req.)	733.03 Disuse Osteoporosis	
626.0 Absence of menstruation (ABN Req.)	733.09 Other, Drug Induced Osteoporosis	
627.2 Menopausal or Female Climactic States	V58.65 (Use in add. to Osteoporosis Code) Lg term use of steroids	
627.4 States Associated with Artificial Menopuase	V67.59 Following Other Treatment (Ongoing Osteoporosis Treatment)	
627.9 Unspec. Menopausal or Postmenopausal Syndrome		
714.0 Rheumatoidarthritis (ABN Req.)		
733.13 Pathologic Fracture of Vertebrae (Compress. Fracture)		
733.90 Dis. of Bone & Cartilage Unspec. (Use for Osteopenia)		

Prestonwood Imaging Center
 Located on the 1st Floor, in Suite 1100 of
The Texas Clinic at Prestonwood



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