



5601 Warren Parkway
 Frisco, TX 75034
 214-407-5072 (Imaging Department)
 214-407-5075 (Fax)
 www.bmcf.com

PLEASE CHECK ALL THAT APPLY:

CALL PATIENT TO SCHEDULE APPOINTMENT

AUTHORIZATION APPROVAL #: _____

BMCF to PRE-AUTHORIZE (Please provide clinicals)

Date: _____ Weight: _____ Patient over 65, Diabetic, or with Impaired Kidney Function must have BUN/CREATININE LABS within 30 days of exam.

Patient Name: _____ Appointment Date: _____ Time: _____

DOB: _____ Home # _____ Alt # _____

Diagnosis Code: _____ Symptoms: _____

Special Instructions: _____

MAIL FILMS & REPORT SEND FILMS WITH PATIENT FAX REPORT STAT CALL REPORT TO:
 MAIL CD & REPORT SEND CD WITH PATIENT PH # _____

<input type="checkbox"/> MRI	<input type="checkbox"/> CT	<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> X-RAY
<p>CONTRAST: <input type="radio"/> With <input type="radio"/> Without <input type="radio"/> With & Without <input type="radio"/> At Radiologist Discretion</p> <p>Patient over 65, Diabetic, or with Impaired Kidney Function must have BUN/CREATININE LABS within 30 days of exam.</p> <p><input type="radio"/> Abdomen Attn: _____</p> <p><input type="radio"/> Adrenal Glands</p> <p><input type="radio"/> Ankle R _____ L _____</p> <p><input type="radio"/> Brachial Plexus R _____ L _____</p> <p><input type="radio"/> Elbow R _____ L _____</p> <p><input type="radio"/> Foot R _____ L _____</p> <p><input type="radio"/> Gallbladder (MRCP)</p> <p><input type="radio"/> Hand R _____ L _____</p> <p><input type="radio"/> Head <input type="radio"/> Brain <input type="radio"/> IAC's <input type="radio"/> MRA <input type="radio"/> Pituitary <input type="radio"/> Orbits</p> <p><input type="radio"/> Hip R _____ L _____</p> <p><input type="radio"/> Kidneys</p> <p><input type="radio"/> Knee R _____ L _____</p> <p><input type="radio"/> Liver</p> <p><input type="radio"/> MRCP</p> <p><input type="radio"/> Pelvis Attn: _____</p> <p><input type="radio"/> Sacrum</p> <p><input type="radio"/> Shoulder R _____ L _____</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> Spine <input type="radio"/> Cervical Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Lumbar Spine</p> <p><input type="radio"/> Wrist R _____ L _____</p> <p><input type="radio"/> Other: _____</p>	<p>CONTRAST: <input type="radio"/> With <input type="radio"/> Without <input type="radio"/> With & Without <input type="radio"/> At Radiologist Discretion</p> <p>Patient over 65, Diabetic, or with Impaired Kidney Function must have BUN/CREATININE LABS within 30 days of exam.</p> <p><input type="radio"/> Abdomen</p> <p><input type="radio"/> Abdomen / Pelvis</p> <p><input type="radio"/> Chest</p> <p><input type="radio"/> Chest PE Protocol</p> <p><input type="radio"/> Head/Brain <input type="radio"/> Facial Bones <input type="radio"/> IAC s/Temporal Bones</p> <p><input type="radio"/> Kidney Stone Protocol (no oral contrast)/Urogram</p> <p><input type="radio"/> Pelvis <input type="radio"/> Sinuses Limited <input type="radio"/> Sinuses Stryker</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> Spine <input type="radio"/> Cervical Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Lumbar Spine</p> <p><input type="radio"/> Upper Extremity R ____ L ____ Attn: _____</p> <p><input type="radio"/> Lower Extremity R ____ L ____ Attn: _____</p> <p><input type="radio"/> Other: _____</p> <p><input type="radio"/> Urograms (IV contrast only)</p>	<p><input type="radio"/> Abdomen Complete Attn: _____</p> <p><input type="radio"/> Carotid Doppler</p> <p><input type="radio"/> Gallbladder</p> <p><input type="radio"/> OB <input type="radio"/> Trimester _____</p> <p><input type="radio"/> Pelvic with Transvaginal (if needed)</p> <p><input type="radio"/> Renal</p> <p><input type="radio"/> Soft Tissue</p> <p><input type="radio"/> Testicular</p> <p><input type="radio"/> Thyroid</p> <p><input type="radio"/> Other: _____</p>	<p><input type="radio"/> Abdomen KUB</p> <p><input type="radio"/> Abdominal Series</p> <p><input type="radio"/> Arthrogram Area: _____</p> <p><input type="radio"/> BA Swallow</p> <p><input type="radio"/> Barium Enema</p> <p><input type="radio"/> Cervical Spine</p> <p><input type="radio"/> Chest 2 View</p> <p><input type="radio"/> Extremity Lower R _____ L _____ Area:</p> <p><input type="radio"/> Extremity Upper R _____ L _____ Area:</p> <p><input type="radio"/> Facial Bones</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> HSG (Hystrosalpingogram)</p> <p><input type="radio"/> IVP w/o Tomograms</p> <p><input type="radio"/> Lumbar Spine</p> <p><input type="radio"/> Myelogram Area _____</p> <p><input type="radio"/> Nasal Bones</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Rib Series R _____ L _____</p> <p><input type="radio"/> Scoliosis</p> <p><input type="radio"/> Sialogram</p> <p><input type="radio"/> Sinus Limited</p> <p><input type="radio"/> Sinus Complete</p> <p><input type="radio"/> Skull</p> <p><input type="radio"/> Small Bowel</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> Thoracic Spine</p> <p><input type="radio"/> VCUG</p>

NOTES:

Referring Physician: _____

Physician Signature: _____

IN GENERAL

ALL PATIENTS PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME

MRI

If you have a pacemaker, aneurysm clips, electronic implants, are breastfeeding, or are possibly pregnant please inform your physician, or call the imaging center prior to your appointment.

If you have an audio CD you would like to listen to during your exam, please bring it with you.

You may eat, drink and take your medications as usual, unless otherwise instructed.

CT

- If you are scheduled for a CT exam with contrast, do not eat four hours prior to exam.
- For abdomen and pelvis exams scheduled in the morning, have nothing by mouth after midnight before the exam. If you have an afternoon appointment – you may have a light breakfast (toast and coffee), pills with water no later than four hours before the exam, then nothing else by mouth until the appointment.
- Urogram, Chest, Head or extremities without contrast = No Prep.
- Patient may receive contrast media from BMCF Imaging at least one day before the exam, or patient may arrive 2 hours before appointment time to register and drink barium.
- If you are 65 or over, diabetic or have impaired kidney function and are scheduled for IV contrast you will need to have BUN/CREATININE lab results prior to your exam.

ULTRASOUND

If you have scheduled for a Pelvic or OB exam, drink 32 ozs. of water 1 hour before your appointment. Do not void once you have started drinking the water. Abdomen NPO after midnight.

X-RAY

Procedure

Patient Prep

Myelogram

No pain medications or food the morning of exam. Follow pre-myelogram instructions.

Upper GI

Nothing to eat/drink after midnight the night prior to exam.

Small bowel

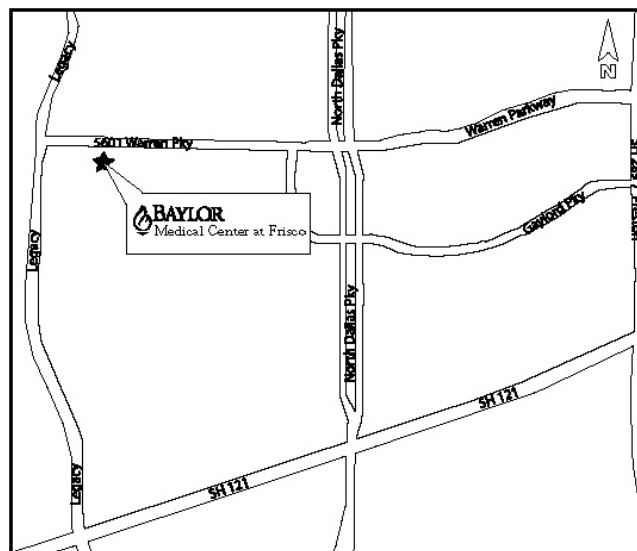
Barium Enema

Nothing to eat/drink after midnight and bowel prep the day before exam.

Directions to Baylor Medical Center at Frisco



From Dallas Parkway turn west on Warren Parkway
From Preston Road turn west on Warren Parkway
continue west across Dallas Parkway
From 121 turn north on Legacy Drive, then turn east on
Warren Parkway
From Legacy Drive turn east



Physicians are members of the medical staff at Baylor Medical Center at Frisco and are neither employees nor agents of Baylor Medical Center at Frisco, United Surgical Partners International, Baylor Health Care System, or any of their subsidiaries or affiliates.