

Scheduling Services • Hours 7 AM to 7 PM

512-453-6100 (Direct patient call line) ◆ Toll Free 800-998-8214 512-458-9098 (Doctor's office call line)

This list of ARA clinics will help you choose the best location to get your exam. Your scheduler will be able to provide the latest information on appropriate locations. Location information and screening mammogram scheduling is also available on ausrad.com. See reverse for location maps.

MAP # CLINIC MAP # CLINIC MAP # CLINIC

1 AUSTIN CENTER BOULEVARD

CT, 1.5T MRI, Myelogram, Ultrasound 6818 Austin Center Blvd., #101, Austin, TX 78731

512-795-8505 Fax 512-836-8869
Monday-Friday 8:00 am - 5:00 pm (MRI)
Monday-Friday 7:00 am - 6:00 pm (Ultrasound)

2 CEDAR PARK & CEDAR PARK WOMEN'S IMAGING

Bone Densitometry, Breast Biopsy, CT, 3D Screening & Diagnostic Mammography, 3T Open-Bore MRI, 1.5T Ultra-Short Open-Bore MRI, Ultrasound, X-ray 12800 W. Parmer Ln., #200, Cedar Park, TX 78613

 512-485-7199
 Fax 512-836-8869

 Monday-Friday
 8:00 am - 5:00 pm

 Monday-Friday
 7:30 am - 7:00 pm (CT)

 Monday-Friday
 7:30 am - 10:00 pm (Mammo)

 Monday-Friday
 7:00 am - 11:00 pm (MRI)

 Monday-Friday
 7:00 am - 6:00 pm (Ultrasound)

3 CHILDREN'S IMAGING CENTER

Fluoroscopy, 1.5T MRI, Ultrasound, X-ray 1301 Barbara Jordan Blvd., #104, Austin, TX 78723

512-480-0761 Fax 512-836-8869 Monday-Friday 8:00 am - 5:00 pm Monday-Friday 8:00 am - 6:30 pm (MRI) Monday-Friday 7:30 am - 6:00 pm (Ultrasound)

4 DRIPPING SPRINGS

Bone Densitometry, 3D Screening Mammography, Ultrasound, X-ray

170 Benney Lane, #101, Dripping Springs, TX 78620 512-776-1176 Fax 512-836-8869

Monday-Friday 8:00 am - 5:00 pm

5 GEORGETOWN

Bone Densitometry, CT, 3D Screening Mammography, 1.5T MRI, Ultrasound, X-ray

3201 South Austin Ave., #105, Georgetown, TX 78626 512-519-3441, 512-863-4648, 1-888-339-5340 Fax 512-836-8869

Monday - Friday 8:00 am - 5:00 pm Monday - Friday 7:00 am - 11:00 pm (MRI) Monday - Friday 7:00 am - 5:30 pm (Ultrasound)

6 KYLE & KYLE WOMEN'S IMAGING

Bone Densitometry, Breast Biopsy, CT, 3D Screening & Diagnostic Mammography, 3T Open-Bore MRI, Ultrasound, X-ray

4211 Benner Rd., #100, Kyle, TX 78640 512-776-1150 Fax 512-836-8869 Monday - Friday 8:00 am - 5:00 pm Monday - Friday 7:00 am - 11:00 pm (MRI)

7 MEDICAL PARK TOWER*

(On Southwest side of building) CT, 3T Open-Bore MRI, 1.5T Ultra-Short Open-Bore MRI, Ultrasound, X-ray 1301 West 38th Street, #118, Austin, TX 78705

512-454-7380 Fax 512-836-8869

Monday - Friday 8:00 am - 5:00 pm

Monday - Friday 7:00 am - 7:00 pm (CT)

Monday - Friday 6:30 am - 11:00 pm (MRI)

Sunday 8:00 am - 5:00 pm (MRI, X-ray)

8 MIDTOWN / AUSTIN VEIN CENTER

CT, Interventional, Molecular Radiology, 1.5T MRI, PET/CT, Ultrasound, X-ray
901 West 38th Street, #100, Austin, TX 78705
512-519-3456 Fax 512-836-8869
Monday - Friday - 8:00 am - 5:00 pm

512-519-3456 Fax 512-836-8869

Monday - Friday 8:00 am - 5:00 pm

Monday - Friday 7:30 am - 4:00 pm (CT)

Monday - Friday 7:30 am - 6:30 pm (MRI)

Monday - Friday 7:30 am - 6:30 pm (PET/CT)

Monday - Friday 8:00 am - 6:00 pm (Ultrasound)

9 QUARRY LAKE*

Bone Densitometry, CT, Fluoroscopy, 3D Screening Mammography, Molecular Radiology, 1.5T MRI, Ultrasound, X-ray

4515 Seton Center Parkway, #105, Austin, TX 78759

 512-519-3402
 Fax 512-836-8869

 Monday - Friday
 8:00 am - 5:00 pm

 Monday - Friday
 7:00 am - 10:00 pm (CT)

 Monday - Friday
 6:30 am - 11:00 pm (MRI)

 Monday - Friday
 7:00 am - 6:00 pm (Ultrasound)

10 ROCK CREEK PLAZA*

(Faces IH35 – see directions on map.) Bone Densitometry, CT, Fluoroscopy, 3D Screening Mammography, Molecular Radiology, 1.5T MRI, 1.5T Ultra-Short Open-Bore MRI, Ultrasound, X-ray 2120 North Mays, #220, Round Rock, TX 78664

 512-238-7195
 Fax 512-836-8869

 Monday - Friday
 8:00 am - 5:00 pm

 Monday - Friday
 7:30 am - 11:00 pm (CT)

 Monday - Friday
 7:00 am - 11:00 pm (MRI)

 Monday - Friday
 7:00 am - 11:00 pm (Ultrasound)

11 SAN MARCOS

Bone Densitometry, CT, 3D Screening & Diagnostic Mammography, Molecular Radiology, 1.5T MRI, PET/CT, Ultrasound, X-ray

1348 B Texas 123 South, San Marcos, TX 78666 512-519-3431, 512-392-1831, 1-888-261-2149, Fax 512-836-8869

Monday - Friday 8:00 am - 6:00 pm Monday - Friday 8:00 am - 6:30 pm (MRI)

12 SOUTHWEST MEDICAL VILLAGE

Bone Densitometry, CT, 3D Screening Mammography, 1.5T MRI, Ultrasound, X-ray

5625 Eiger Rd., #165, Austin, TX 78735 512-519-3474 Fax 512-836-8869 Monday - Friday 8:00 am - 5:00 pm (MRI)

13 SOUTHWOOD*

Bone Densitometry, CT, Fluoroscopy, 3D Screening Mammography, Molecular Imaging, 1.5T MRI, 3T Open-Bore MRI, Myelogram, Ultrasound, X-ray 1701 West Ben White Blvd., #170, Austin, TX 78704

512-428-9090 Fax 512-836-8869 Monday - Friday 8:00 am - 5:00 pm Monday - Friday 7:30 am - 7:00 pm (CT)

Monday - Friday 6:30 am - 11:00 pm (MRI, Mammo) Monday - Friday 6:30 am - 10:30 pm (Ultrasound)

14 WESTLAKE

Bone Densitometry, Breast Biopsy, 3D Screening and Diagnostic Mammography, 1.5T MRI, Ultrasound,

5656 Bee Caves Rd., Bldg. H, #200, Austin, TX 78746

512-328-4984 Fax 512-836-8869 Monday - Friday 8:00 am - 5:00 pm Monday - Friday 8:00 am - 6:00 pm (MRI)

15 WILLIAM CANNON*

Bone Densitometry, CT, 3D Screening Mammography, 1.5T MRI, Ultrasound, X-ray

2501 West William Cannon Dr., Bldg. 5

Austin, TX 78745

512-346-7311 Fax 512-836-8869

Monday - Friday Monday - Friday Friday Monday - Friday Friday

16 WILSON PARKE

Bone Densitometry, CT, 3D Screening Mammography, 3T Open-Bore MRI, Ultrasound, X-ray

11714 Wilson Parke Ave., #175, Austin, TX 78726

512-519-3457 Fax 512-836-8869 Monday - Friday 8:00 am - 5:00 pm Monday - Friday 7:00 am - 5:30 pm (MRI)

17 WOMEN'S IMAGING CENTER-CENTRAL

(Located in the Jefferson Building.)

Bone Densitometry, Breast Biopsy, 3D Screening & Diagnostic Mammography, Ultrasound, X-ray

1600 West 38th Street, #100, Austin, TX 78731

512-275-0013 Fax 512-836-8869

Monday - Friday 8:00 am - 5:30 pm

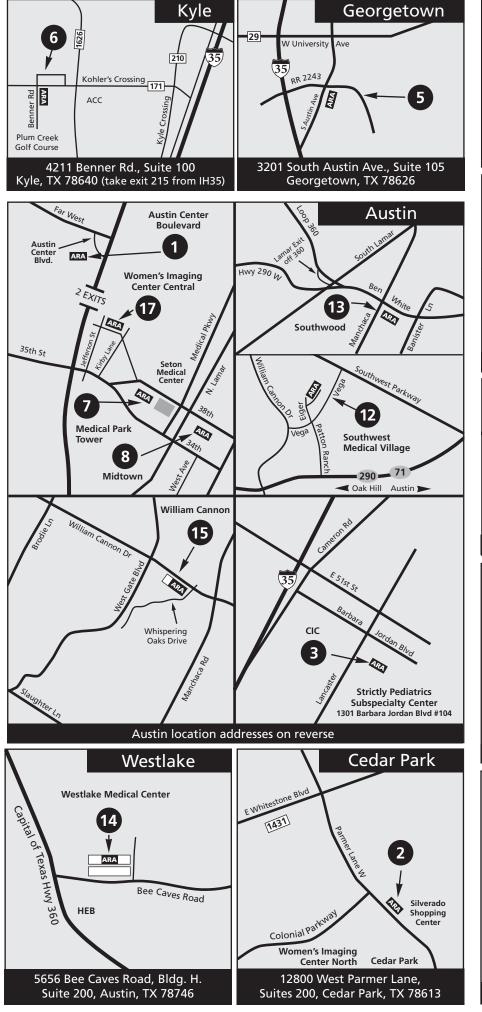
To self-schedule a screening mammogram, go online at ausrad.com/scheduling.

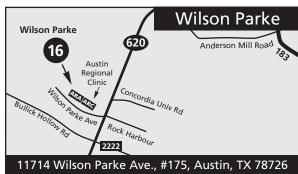
For all other appointments, either go online and leave us your phone number or call us at 512.453.6100.

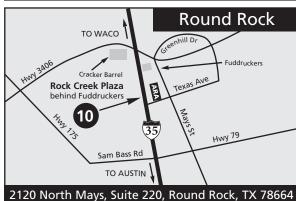
Extended hours are available at many locations.

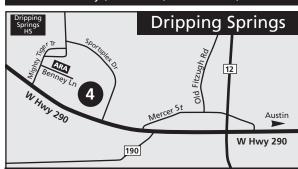
Just ask our schedulers.

*Please use the building's intercom system to enter for early morning and after-hours appointments.

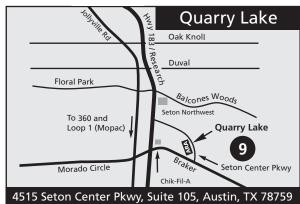








170 Benney Ln., Dripping Spring, TX 78620







For specific site hours and maps, see reverse side.

PATIENT TO TAKE	☐ REPORT	

☐ SCHEDULER TO CALL PATIENT
☐ PATIENT TO CALL SCHEDULING

☐ ARA TO FAX APPOINTMENT CONFIRMATION TO PHYSICIAN

ROUTING INSTRUCTIONS		
Non STAT Fax	STAT Fax	
STAT Call Phone # After Hours Phone #		
☐ ADDITIONAL REPORT TO		
THE REPORT FOR EXAMS COMPLETED AFTER 4PM WILL BE FAXED THE FOLLOWING WORK DAY MORNING.		

SCHEDULING BY PATIENT: 512.453.6100 • SCHEDULING BY DOCTOR: 512.458.9098 • Scheduling Office Hours: 7AM - 7 PM

For imaging and/or interventional procedures that are not listed, please call 512.453.6100. • Fax: 512.836.8869 • Toll Free: 800.998.8214 This referral sheet and insurance information are required at the time of your appointment. PATIENTS CAN COMPLETE THEIR PAPERWORK PRIOR TO THEIR EXAM: GO TO ausrad.com ______D.O.B.: ______ Patient day #: ______ Mobile #: ____ Patient name: ____ Diagnosis: Special instructions: ___ Ins. & authorization #: Date ordered: Referring physician: ____ (PLEASE PRINT) Appointment day: __ Appointment time: PLAIN FILMS (X-RAY) MOLECULAR IMAGING & NUCLEAR RADIOLOGY CT APPOINTMENT NECESSARY SEE SPECIFIC LOCATION FOR HOURS APPOINTMENT NECESSARY ☐ Chest (Thorax) ☐ Abdomen ☐ 1 View (KUB) ☐ 2 View ☐ Bone Scan (with plain films and/or SPECT/CT if needed) ☐ Chest for Interstitial Lung Disease ☐ 2 View ☐ Total Bone ☐ Limited area ☐ SPECT☐ 3Phase for infection/osteomyelitis, loose hardware ☐ Chest ■ 1 View ☐ Chest Superdimensional Protocol ☐ Extremity (specify) _ ☐ Abdomen (w/pelvis if needed) ☐ Sinuses (specify) ☐ Gastric Emptying Scan ☐ Abdomen & Pelvis ☐ Abdomen Only ☐ Pelvis Only ☐ Gastric Emplying Scan
☐ HIDA Scan with CCK
☐ I-123 Whole Body Scan
☐ Injection only ☐ W/SPECT/CT
☐ Ivmnhoscintigraphy ☐ Injection only ☐ W/SPECT/CT ☐ Spine (specify) ☐ Other (specify) ☐ Enterography/Small Bowel - must list secondary diagnosis _____ Renal Calculi (abd/pel w/o contrast) □ I-123 Whole Body Scan □ w/Ihyrogen □ w/SPECT/CT
□ Lymphoscintigraphy □ Injection only □ w/SPECT/CT
□ Liver Spleen Scan
□ Liver SPECT Scan (RBC tag) for hemangioma
□ Meckel's Scan w/SPECT/CT
□ MUGA Scan for LVEF (resting only)
□ Parathyroid Scan w/SPECT/CT & sono if needed
□ Renal Scan w/Illptake (w/sono if needed)
□ Thyroid Scan w/Illptake (w/sono if needed) BONE DENSITOMETRY APPOINTMENT NECESSARY ☐ CT-IVP / Hematuria Protocol ☐ Lumbar Spine ☐ Bone Densitometry ☐ Cervical Spine ☐ Thoracic Spine □ Brain FLUOROSCOPY APPOINTMENT NECESSARY ☐ Temporal Bone **□** Barium Swallow ____ ☐ Limited Sinus ☐ Complete Sinus ☐ IGS (Image Guided Sinus Surgery) □ Upper GI ☐ Thyroid Scan w/Uptake (w/sono if needed)
☐ Thyroid Scan (w/sono if needed) ☐ Small Bowel Specify: ☐ Orbits☐ Soft Tissue Neck ☐ Barium Enema ☐ Radioiodine Treatment for Hyperthyroidism ☐ Do not administer oral contrast☐ Do not administer IV contrast☐ Hysterosalpingogram (HSG) ☐ Radioiodine Treatment for Cancer ☐ w/Thyrogen ☐ Calcium Scoring Voiding Cystogram (VCUG) ☐ I-131 Post Treatment Scan: 5-10 days post Ťx Other ☐ Virtual Colonoscopy ☐ Brain SPECT/CT ☐ Neurolite ☐ DaTScan Extremity (specify) _ APPOINTMENT NECESSARY MRI ☐ OctreoScan w/SPECT/CT Other ☐ ProstaScint Scan w/SPECT/CT CT Lung Screening must be ordered using a specific eligibility/ Chest □ Cardiac ☐ Brain ☐ White Blood Cell Scan (WBC) for infection referral form available at www.ausrad.com/requests. ☐ Brain MS Protocol ☐ Abdomen ☐ Pelvis ■ w/SPECT/CT (w/marrow mapping if needed) ☐ MS Spine ☐ C ☐ T ☐ L ☐ TMJ If CT & PET needed, call scheduling at 512.458.9098. ☐ I-123 MIBG w/SPECT/CT ☐ IACs ☐ Orbits ☐ Shoulder CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST. □ Other ☐ R ☐ Elbow (check appropriate) ☐ Pituitary ■ Wrist BREAST IMAGING APPOINTMENT NECESSARY ☐ Chest - Aorta / Great Vessels ☐ Soft Tissue Neck \square R ☐ Hand ☐ Chest - For Pulmonary Embolism
☐ Perforator Protocol ☐ Chest/Abdomen/Pelvis
☐ Abdomen/Pelvis ☐ Bone Densitometry & Screening Mammogram ☐ 3D Cervical Spine ☐ Hip \square R \square R ☐ Thoracic Spine ☐ Knee (with diagnostic mammogram and US if inconclusive) Lumbar Spine ☐ Ankle \square R ☐ Abdomen/Pelvis w/ Lower Extremities Screening Mammogram 3D ☐ SI Joints ☐ Foot \square R ☐ Heart - Coronary Arteries ☐ Sacral Plexus ☐ Humerus \square R ☐ Complete Diagnostic Mammography Work-up ☐ 3D (may include US, biopsy and/or cyst aspiration if needed)
Diagnostic Mammogram 3D (with breast US if needed) ☐ Abdomen / Pelvis - Mesenteric Arteries ☐ Brachial Plexus ☐ L ☐ R ☐ Forearm \square R ☐ Abdomen / Pelvis - Perforator Protocol Defecography ☐ Femur ■ Renal Arteries ■ Enterography ☐ Tib/Fib ☐ Male Diagnostic Mammogram w/US prn (males 25 or older) ☐ AAA / Endograft (PRE- or POST- placement) ☐ MRCP w/Abdomen & 3D - must list secondary diagnosis: ☐ Screening Breast Ultrasound (Dense Breasts/Asymptomatic) ☐ Run-off of Bilateral Lower Extremities w/ Abdomen & Pelvis Ultrasound Breast Limited L R ☐ Run-off of Bilateral Lower Extremities with Pelvis (Indicate area of concern) (w/diagnostic mammo, if needed)

☐ Ultrasound Breast Complete Diagnostic ☐ L ☐ R ☐ MR Arthrogram Joint _ ☐ Brain Other □ Carotids CONTRAST & ADDITIONAL VIEWS AT (Symptomatic Non Focal) (w/diagnostic mammo, if needed) ☐ Do not administer ☐ Extremity (specify) _____ DISCRETION OF RADIOLOGIST, SCREENING Breast MRI w/wo contrast (Diagnostic - Patient should be Other _ IV contrast ORBITS WILL BE PERFORMED AS NECESSARY. scheduled 7-10 days from start of menstrual cycle) CTV

Abdomen / Pelvis (indicate area of concern) For diagnostic only. ☐ Breast MRI w/o contrast ☐ Intracranial (Head / Circle of Willis) Note area of concern. (implant evaluation)

☐ Male Ultrasound Breast Only
(males under 25) □ Pelvis ☐ Extracranial (Neck / Carotids) Right Left 12 ☐ Intracranial Peripheral with Abdomen & Pelvis ULTRASOUND APPOINTMENT NECESSARY ☐ Peripheral with Pelvis ☐ Breast Biopsy
(w post procedure mammo) ANY STUDY MAY REQUIRE DOPPLER EVALUATION AT DISCRETION OF RADIOLOGIST. ☐ Abdominal Aorta (Abdomen & Pelvis) ☐ MR Arteriogram (specify) _ ☐ Abdomen Complete ☐ Pelvic Transabdominal & ☐ Galactogram/Ductogram
☐ Abbreviated Breast MRI (Screening - patient should be ☐ Obstetrical Transabdominal ■ MR Venogram (specify) _ Transvaginal Pelvic (Transvaginal Only)
Pelvic (Transabdominal Only) ☐ Obstetrical Transvaginal Other scheduled 7-10 days from start of menstrual cycle) ☐ Obstetrical Transvaginal & Transabdominal Other APPOINTMENT NECESSARY OTHER ☐ Carotid Doppler ☐ IVP (with Sono, if needed) APPOINTMENT NECESSARY ☐ Venous Doppler \square L \square R PET / CT ☐ Arm ☐ Leg ☐ Uterine Fibroid Treatment Consult ☐ Arterial Duplex (Complete NIPS): ☐ Arms ☐ Legs Prescheduling form required - please call to schedule. ☐ Varicose Vein Treatment Consult ☐ Thyroid Give 48 hours cancellation or reschedule notice. □ Other ☐ Testicular (includes Doppler) ☐ Ankle-Brachial Indices (Limited NIPS) For MRI and CT contrast studies, creatinine MYELOGRAM w/CT TO FOLLOW APPOINTMENT NECESSARY □ Renal testing will be performed for patients ☐ Cervical ☐ Cisternography ☐ Lumbar ☐ Aorta meeting contrast screening guidelines. □ Thoracic \square Entire spine □ Other Other

AUSTIN RADIOLOGICAL ASSOCIATION

EXAMINATION INSTRUCTIONS

BARIUM ENEMA

- 1. Obtain a LOSO Prep Kit. (LOSO Prep Kit may be obtained from any ARA location)
- 2. Follow the instructions for the 24-hour prep.
- 3. After midnight, do not have anything to eat or drink.

UPPER GI

- 1. The night before your examination, eat a light supper. Limit the meal to items such as a small sandwich, Jell-O, soup or both.
- 2. After midnight, do not have anything else to drink or eat until after your examination. This includes smoking or chewing gum.

SMALL BOWEL

- 1. The night before your examination, eat a light supper. Limit the meal to items such as a small sandwich, Jell-O, soup or both.
- 2. Purchase a bottle of MILK OF MAGNESIA. At 9:00 pm, the evening before your exam, take two (2) tablespoons of MILK OF MAGNESIA.
- 3. After midnight, do not have anything else to drink or eat until after your examination. This includes smoking or chewing gum.
- 4. NOTE THAT THE EXAM CAN TAKE SEVERAL HOURS.

IVP*

- 1. The day before your exam, drink six (6) to eight (8) 8-ounce glasses of clear liquid between lunch and dinner.
- 2. The evening before your exam eat a light supper. Limit the meal to items such as a small sandwich, Jell-O, soup or both. Do not eat or drink any dairy products.
- 3. Between 5:00 pm and 9:00 pm, take two (2) DULCOLAX or (Bisacodyl U.S.P.) tablets. NOTE: DO NOT TAKE DULCOLAX OR BISACODYL TABLETS WITHIN ONE HOUR OF DRINKING MILK OR ANTACID.
- 4. After midnight, do not have anything else to eat until after your examination. You may drink clear liquids prior to your exam.

PELVIC/OB ULTRASOUND*

- 1. One hour before your exam starts, finish drinking 32 ounces of liquid. BLADDER MUST BE FULL FOR EXAM.
- 2. <u>DO NOT</u> empty bladder until after your examination.

ABDOMINAL ULTRASOUND

- 1. Morning exams: After midnight, do not have anything to eat or drink until after your examination.
- 2. Afternoon exams: LOW FAT BREAKFAST before 8:00 am (no milk, butter, cream, cheese, peanut butter), then nothing else to eat or drink before the exam.

RENAL ULTRASOUND*

- 1. Thirty (30) minutes before your exam starts, finish drinking 24 ounces of liquid.
- 2. DO NOT empty bladder until after your examination.
- 3. Do not eat or drink anything 6 hours prior to your exam.

MAMMOGRAM (Online Screening/Routine Mammogram Scheduling Request available at www.ausrad.com)

- 1. Before your exam, clean the breasts thoroughly.
- 2. <u>Do not</u> wear deodorants or powders under the arm or breast area. Rubbing alcohol can be used as an antiperspirant.
- 3. It is recommended that you wear a two-piece outfit.

CT/MRI

1. Call your scheduled site for prep instructions.

PFT*

- 1. Do not engage in strenuous activity for 24 hours prior to the study.
- 2. The day before your exam, drink six (6) to eight (8) 8-ounce glasses of water between lunch and dinner.
- 3. If the study is before 1:00 pm, do not eat anything after midnight.
- 4. If the study is after 1:00 pm, please call (512) 458-9098 for additional instructions.
- 5. Take your normal medications.
- 6. Diabetics please call (512) 458-9098 for additional instructions.

^{*}Patients on fluid restriction should consult their physicians for instructions.