



# 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](http://ausrad.com). See reverse for location maps.

MAP #	CLINIC	MAP #	CLINIC	MAP #	CLINIC
1	<b>AUSTIN CENTER BOULEVARD</b> <i>CT, 1.5T MRI, Myelogram, Ultrasound</i> 6818 Austin Center Blvd., #101, Austin, TX 78731 512-795-8505 Fax 512-836-8869 Monday-Friday 8:00 am - 5:00 pm Monday-Friday 7:00 am - 6:00 pm (MRI) Monday-Friday 8:00 am - 6:00 pm (Ultrasound)	8	<b>MIDTOWN / AUSTIN VEIN CENTER</b> <i>CT, Interventional, Molecular Radiology, 1.5T MRI, PET/CT, Ultrasound, X-ray</i> 901 West 38th Street, #100, Austin, TX 78705 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 8:00 am - 6:30 pm (MRI) Monday - Friday 7:30 am - 6:30 pm (PET/CT) Monday - Friday 8:00 am - 6:00 pm (Ultrasound)	14	<b>WESTLAKE</b> <i>Bone Densitometry, Breast Biopsy, 3D Screening and Diagnostic Mammography, 1.5T MRI, Ultrasound, X-ray</i> 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)
2	<b>CEDAR PARK &amp; CEDAR PARK WOMEN'S IMAGING</b> <i>Bone Densitometry, Breast Biopsy, CT, 3D Screening &amp; Diagnostic Mammography, 3T Open-Bore MRI, 1.5T Ultra-Short Open-Bore MRI, Ultrasound, X-ray</i> 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)	9	<b>QUARRY LAKE*</b> <i>Bone Densitometry, CT, Fluoroscopy, 3D Screening Mammography, Molecular Radiology, 1.5T MRI, Ultrasound, X-ray</i> 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)	15	<b>WILLIAM CANNON*</b> <i>Bone Densitometry, CT, 3D Screening Mammography, 1.5T MRI, Ultrasound, X-ray</i> 2501 West William Cannon Dr., Bldg. 5 Austin, TX 78745 512-346-7311 Fax 512-836-8869 Monday - Friday 8:00 am - 5:00 pm Monday - Friday 7:00 am - 5:30 pm (MRI) Monday - Friday 7:30 am - 6:00 pm (Ultrasound)
3	<b>CHILDREN'S IMAGING CENTER</b> <i>Fluoroscopy, 1.5T MRI, Ultrasound, X-ray</i> 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)	10	<b>ROCK CREEK PLAZA*</b> (Faces IH35 – see directions on map.) <i>Bone Densitometry, CT, Fluoroscopy, 3D Screening Mammography, Molecular Radiology, 1.5T MRI, 1.5T Ultra-Short Open-Bore MRI, Ultrasound, X-ray</i> 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)	16	<b>WILSON PARKE</b> <i>Bone Densitometry, CT, 3D Screening Mammography, 3T Open-Bore MRI, Ultrasound, X-ray</i> 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)
4	<b>DRIPPING SPRINGS</b> <i>Bone Densitometry, 3D Screening Mammography, Ultrasound, X-ray</i> 170 Benney Lane, #101, Dripping Springs, TX 78620 512-776-1176 Fax 512-836-8869 Monday-Friday 8:00 am - 5:00 pm	11	<b>SAN MARCOS</b> <i>Bone Densitometry, CT, 3D Screening &amp; Diagnostic Mammography, Molecular Radiology, 1.5T MRI, PET/CT, Ultrasound, X-ray</i> 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)	17	<b>WOMEN'S IMAGING CENTER-CENTRAL</b> (Located in the Jefferson Building.) <i>Bone Densitometry, Breast Biopsy, 3D Screening &amp; Diagnostic Mammography, Ultrasound, X-ray</i> 1600 West 38th Street, #100, Austin, TX 78731 512-275-0013 Fax 512-836-8869 Monday - Friday 8:00 am - 5:30 pm
5	<b>GEORGETOWN</b> <i>Bone Densitometry, CT, 3D Screening Mammography, 1.5T MRI, Ultrasound, X-ray</i> 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)	12	<b>SOUTHWEST MEDICAL VILLAGE</b> <i>Bone Densitometry, CT, 3D Screening Mammography, 1.5T MRI, Ultrasound, X-ray</i> 5625 Eiger Rd., #165, Austin, TX 78735 512-519-3474 Fax 512-836-8869 Monday - Friday 8:00 am - 5:00 pm Monday - Friday 8:00 am - 6:00 pm (MRI)		
6	<b>KYLE &amp; KYLE WOMEN'S IMAGING</b> <i>Bone Densitometry, Breast Biopsy, CT, 3D Screening &amp; Diagnostic Mammography, 3T Open-Bore MRI, Ultrasound, X-ray</i> 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)	13	<b>SOUTHWOOD*</b> <i>Bone Densitometry, CT, Fluoroscopy, 3D Screening Mammography, Molecular Imaging, 1.5T MRI, 3T Open-Bore MRI, Myelogram, Ultrasound, X-ray</i> 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)		
7	<b>MEDICAL PARK TOWER*</b> (On Southwest side of building) <i>CT, 3T Open-Bore MRI, 1.5T Ultra-Short Open-Bore MRI, Ultrasound, X-ray</i> 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)				

**To self-schedule a screening mammogram, go online at [ausrad.com/scheduling](http://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.

### Kyle

4211 Benner Rd., Suite 100  
Kyle, TX 78640 (take exit 215 from IH35)

### Georgetown

3201 South Austin Ave., Suite 105  
Georgetown, TX 78626

### Wilson Parke

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

### Austin

1 Austin Center Blvd.  
17 Women's Imaging Center Central  
7 Medical Park Tower  
8 Midtown

### Austin

13 Southwood

### Austin

12 Southwest Medical Village

### Round Rock

10 Rock Creek Plaza behind Fuddruggers

2120 North Mays, Suite 220, Round Rock, TX 78664

### Dripping Springs

4 170 Benney Ln., Dripping Spring, TX 78620

### Austin

15 William Cannon

Austin location addresses on reverse

### Austin

3 Strictly Pediatrics Subspecialty Center  
1301 Barbara Jordan Blvd #104

### Quarry Lake

9 4515 Seton Center Pkwy, Suite 105, Austin, TX 78759

### Westlake

14 Westlake Medical Center

5656 Bee Caves Road, Bldg. H.  
Suite 200, Austin, TX 78746

### Cedar Park

2 Silverado Shopping Center

12800 West Parmer Lane,  
Suites 200, Cedar Park, TX 78613

### San Marcos

11 1348-B Texas 123 South, San Marcos, TX 78666

### ROUTING INSTRUCTIONS

- PATIENT TO TAKE**  REPORT  CD
- SCHEDULER TO CALL PATIENT  
 PATIENT TO CALL SCHEDULING  
 ARA TO FAX APPOINTMENT CONFIRMATION TO PHYSICIAN

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](http://ausrad.com)**

Patient name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Patient day #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Referring physician: \_\_\_\_\_ Ins. & authorization #: \_\_\_\_\_ Date ordered: \_\_\_\_\_  
 (PLEASE PRINT)

Appointment day: \_\_\_\_\_ Appointment time: \_\_\_\_\_

PLAIN FILMS (X-RAY)	MOLECULAR IMAGING & NUCLEAR RADIOLOGY	CT	APPOINTMENT NECESSARY
<p>SEE SPECIFIC LOCATION FOR HOURS</p> <p><input type="checkbox"/> Abdomen <input type="checkbox"/> 1 View (KUB) <input type="checkbox"/> 2 View  <input type="checkbox"/> Chest <input type="checkbox"/> 2 View <input type="checkbox"/> 1 View  <input type="checkbox"/> Extremity (specify) _____ <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Sinuses (specify) _____  <input type="checkbox"/> Spine (specify) _____  <input type="checkbox"/> Other (specify) _____</p> <p><b>BONE DENSITOMETRY</b> APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Bone Densitometry</p> <p><b>FLUOROSCOPY</b> APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Barium Swallow _____  <input type="checkbox"/> Upper GI _____  <input type="checkbox"/> Small Bowel _____  <input type="checkbox"/> Barium Enema _____  <input type="checkbox"/> Hysterosalpingogram (HSG) _____  <input type="checkbox"/> Voiding Cystogram (VCUG) _____  <input type="checkbox"/> Other _____</p> <p><b>MRI</b> APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Brain <input type="checkbox"/> Chest <input type="checkbox"/> Cardiac  <input type="checkbox"/> Brain MS Protocol <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis  <input type="checkbox"/> MS Spine <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> TMJ  <input type="checkbox"/> IACs <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Orbits (check appropriate) <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Pituitary <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> SI Joints <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Sacral Plexus <input type="checkbox"/> Humerus <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Forearm <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Defecography <input type="checkbox"/> Femur <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> Enterography <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R  <input type="checkbox"/> MRCP w/Abdomen &amp; 3D - must list secondary diagnosis: _____  <input type="checkbox"/> MR Arthrogram Joint _____  <input type="checkbox"/> Other _____</p> <p>CONTRAST &amp; ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST. SCREENING ORBITS WILL BE PERFORMED AS NECESSARY. <input type="checkbox"/> Do not administer IV contrast</p> <p><b>MRAS</b></p> <p><input type="checkbox"/> Intracranial (Head / Circle of Willis)  <input type="checkbox"/> Extracranial (Neck / Carotids)  <input type="checkbox"/> Peripheral with Abdomen &amp; Pelvis  <input type="checkbox"/> Peripheral with Pelvis  <input type="checkbox"/> Abdominal Aorta (Abdomen &amp; Pelvis)  <input type="checkbox"/> MR Arteriogram (specify) _____  <input type="checkbox"/> MR Venogram (specify) _____  <input type="checkbox"/> Other _____</p> <p><b>OTHER</b> APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> IVP (with Sono, if needed)  <input type="checkbox"/> Uterine Fibroid Treatment Consult  <input type="checkbox"/> Varicose Vein Treatment Consult  <input type="checkbox"/> Other _____</p> <p><b>MYELOGRAM w/CT TO FOLLOW</b> APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> Cisternography  <input type="checkbox"/> Thoracic <input type="checkbox"/> Entire spine <input type="checkbox"/> Other _____</p>	<p>APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Bone Scan (with plain films and/or SPECT/CT if needed)  <input type="checkbox"/> Total Bone <input type="checkbox"/> Limited area _____ <input type="checkbox"/> SPECT  <input type="checkbox"/> 3Phase for infection/osteomyelitis, loose hardware  <input type="checkbox"/> Gastric Emptying Scan  <input type="checkbox"/> HIDA Scan with CCK  <input type="checkbox"/> I-123 Whole Body Scan <input type="checkbox"/> w/Thyrogen <input type="checkbox"/> w/SPECT/CT  <input type="checkbox"/> Lymphoscintigraphy <input type="checkbox"/> Injection only <input type="checkbox"/> w/SPECT/CT  <input type="checkbox"/> Liver Spleen Scan  <input type="checkbox"/> Liver SPECT Scan (RBC tag) for hemangioma  <input type="checkbox"/> Meckel's Scan w/SPECT/CT  <input type="checkbox"/> MUGA Scan for LVEF (resting only)  <input type="checkbox"/> Parathyroid Scan w/SPECT/CT &amp; sono if needed  <input type="checkbox"/> Renal Scan w/diff function <input type="checkbox"/> w/Lasix <input type="checkbox"/> Cortical Imaging  <input type="checkbox"/> Thyroid Scan w/Uptake (w/sono if needed)  <input type="checkbox"/> Thyroid Scan (w/sono if needed)  <input type="checkbox"/> Radioiodine Treatment for Hyperthyroidism  <input type="checkbox"/> Radioiodine Treatment for Cancer <input type="checkbox"/> w/Thyrogen  <input type="checkbox"/> I-131 Post Treatment Scan: 5-10 days post Tx  <input type="checkbox"/> Brain SPECT/CT <input type="checkbox"/> NeuroLite <input type="checkbox"/> DaTScan  <input type="checkbox"/> OctreoScan w/SPECT/CT  <input type="checkbox"/> ProstaScint Scan w/SPECT/CT  <input type="checkbox"/> White Blood Cell Scan (WBC) for infection  <input type="checkbox"/> w/SPECT/CT (w/marrow mapping if needed)  <input type="checkbox"/> I-123 MIBG w/SPECT/CT  <input type="checkbox"/> Other _____</p> <p><b>BREAST IMAGING</b> APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Bone Densitometry &amp; Screening Mammogram <input type="checkbox"/> 3D  <input type="checkbox"/> Screening Mammogram <input type="checkbox"/> 3D (with diagnostic mammogram and US if inconclusive)  <input type="checkbox"/> Screening Mammogram <input type="checkbox"/> 3D  <input type="checkbox"/> Complete Diagnostic Mammography Work-up <input type="checkbox"/> 3D (may include US, biopsy and/or cyst aspiration if needed)  <input type="checkbox"/> Diagnostic Mammogram <input type="checkbox"/> 3D (with breast US if needed)  <input type="checkbox"/> Male Diagnostic Mammogram w/US prm (males 25 or older)  <input type="checkbox"/> Screening Breast Ultrasound (Dense Breasts/Asymptomatic)  <input type="checkbox"/> Ultrasound Breast Limited <input type="checkbox"/> L <input type="checkbox"/> R (Indicate area of concern) (w/diagnostic mammo, if needed)  <input type="checkbox"/> Ultrasound Breast Complete Diagnostic <input type="checkbox"/> L <input type="checkbox"/> R (Symptomatic Non Focal) (w/diagnostic mammo, if needed)  <input type="checkbox"/> Breast MRI w/w/o contrast (Diagnostic - Patient should be scheduled 7-10 days from start of menstrual cycle) (indicate area of concern)  <input type="checkbox"/> Breast MRI w/o contrast (implant evaluation)  <input type="checkbox"/> Male Ultrasound Breast Only (males under 25)  <input type="checkbox"/> Breast Biopsy (w post procedure mammo)  <input type="checkbox"/> Galactogram/Ductogram  <input type="checkbox"/> Abbreviated Breast MRI (Screening - patient should be scheduled 7-10 days from start of menstrual cycle)  <input type="checkbox"/> Other _____</p> <p><b>PET / CT</b> APPOINTMENT NECESSARY</p> <p>Prescheduling form required - please call to schedule. Give 48 hours cancellation or reschedule notice.</p> <p><b>For MRI and CT contrast studies, creatinine testing will be performed for patients meeting contrast screening guidelines.</b></p>	<p><input type="checkbox"/> Chest (Thorax)  <input type="checkbox"/> Chest for Interstitial Lung Disease  <input type="checkbox"/> Chest Superdimensional Protocol  <input type="checkbox"/> Abdomen (w/pelvis if needed)  <input type="checkbox"/> Abdomen &amp; Pelvis <input type="checkbox"/> Abdomen Only <input type="checkbox"/> Pelvis Only  <input type="checkbox"/> Enterography/Small Bowel - must list secondary diagnosis  <input type="checkbox"/> Renal Calculi (abd/pel w/o contrast)  <input type="checkbox"/> CT-IVP / Hematuria Protocol  <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Thoracic Spine  <input type="checkbox"/> Brain  <input type="checkbox"/> Temporal Bone  <input type="checkbox"/> Limited Sinus <input type="checkbox"/> Complete Sinus  <input type="checkbox"/> IGS (Image Guided Sinus Surgery) Specify: _____  <input type="checkbox"/> Orbits  <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Do not administer oral contrast  <input type="checkbox"/> Calcium Scoring <input type="checkbox"/> Do not administer IV contrast  <input type="checkbox"/> Virtual Colonoscopy  <input type="checkbox"/> Extremity (specify) _____  <input type="checkbox"/> Other _____</p> <p><b>CT Lung Screening must be ordered using a specific eligibility/referral form available at <a href="http://www.ausrad.com/requests">www.ausrad.com/requests</a>.</b></p> <p>If CT &amp; PET needed, call scheduling at 512.458.9098. CONTRAST &amp; ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST.</p> <p><b>CTA</b></p> <p><input type="checkbox"/> Chest - Aorta / Great Vessels  <input type="checkbox"/> Chest - for Pulmonary Embolism  <input type="checkbox"/> Perforator Protocol <input type="checkbox"/> Chest/Abdomen/Pelvis  <input type="checkbox"/> Abdomen/Pelvis  <input type="checkbox"/> Abdomen/Pelvis w/ Lower Extremities</p> <p><input type="checkbox"/> Heart - Coronary Arteries  <input type="checkbox"/> Abdomen / Pelvis - Mesenteric Arteries  <input type="checkbox"/> Abdomen / Pelvis - Perforator Protocol  <input type="checkbox"/> Renal Arteries  <input type="checkbox"/> AAA / Endograft (PRE- or POST- placement)  <input type="checkbox"/> Run-off of Bilateral Lower Extremities w/ Abdomen &amp; Pelvis  <input type="checkbox"/> Run-off of Bilateral Lower Extremities with Pelvis  <input type="checkbox"/> Brain  <input type="checkbox"/> Carotids  <input type="checkbox"/> Extremity (specify) _____  <input type="checkbox"/> Other _____</p> <p><b>CTV</b></p> <p><input type="checkbox"/> Abdomen / Pelvis  <input type="checkbox"/> Pelvis  <input type="checkbox"/> Intracranial</p> <p><b>ULTRASOUND</b> APPOINTMENT NECESSARY</p> <p>ANY STUDY MAY REQUIRE DOPPLER EVALUATION AT DISCRETION OF RADIOLOGIST.</p> <p><input type="checkbox"/> Abdomen Complete <input type="checkbox"/> Pelvic Transabdominal &amp; Transvaginal  <input type="checkbox"/> Obstetrical Transabdominal Transvaginal  <input type="checkbox"/> Obstetrical Transvaginal <input type="checkbox"/> Pelvic (Transvaginal Only)  <input type="checkbox"/> Obstetrical Transvaginal &amp; Pelvic (Transabdominal Only) Transabdominal  <input type="checkbox"/> Carotid Doppler  <input type="checkbox"/> Venous Doppler <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Arm <input type="checkbox"/> Leg  <input type="checkbox"/> Arterial Duplex (Complete NIPS): <input type="checkbox"/> Arms <input type="checkbox"/> Legs  <input type="checkbox"/> Thyroid  <input type="checkbox"/> Testicular (includes Doppler)  <input type="checkbox"/> Ankle-Brachial Indices (Limited NIPS)  <input type="checkbox"/> Renal  <input type="checkbox"/> Aorta  <input type="checkbox"/> Other _____</p>	

# 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. DO NOT 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](http://www.ausrad.com))

1. Before your exam, clean the breasts thoroughly.
2. Do not 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.

### **PET\***

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.