

# 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

### 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

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

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

#### 2 CEDAR PARK & CEDAR PARK WOMEN'S IMAGING

Bone Densitometry, Breast Biopsy, CT, 3D Screening &<br/>Diagnostic Mammography, 3T Open-Bore MRI,<br/>1.5T Ultra-Short Open-Bore MRI, Ultrasound, X-ray<br/>12800 W. Parmer Ln., #200, Cedar Park, TX 78613<br/>512-485-7199 Fax 512-836-8869<br/>Monday-Friday 8:00 am - 5:00 pm<br/>Monday-Friday 7:30 am - 7:00 pm (CT)<br/>Monday-Friday 7:30 am - 10:00 pm (Mammo)<br/>Monday-Friday 7:00 am - 11:00 pm (MRI)<br/>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-ray4211 Benner Rd., #100, Kyle, TX 78640512-776-1150Fax 512-836-8869Monday - Friday8:00 am - 5:00 pmMonday - Friday7:00 am - 11:00 pm (MRI)

### 7 MEDICAL PARK TOWER\*

 
 (On Southwest side of building)

 C7, 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)

### MAP # CLINIC

## 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

 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 (MRI)

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

### 9 QUARRY LAKE\*

Bone Densitometry, CT, Fluoroscopy, 3D Screening<br/>Mammography, Molecular Radiology, 1.5T MRI,<br/>Ultrasound, X-ray4515 Seton Center Parkway, #105, Austin, TX 78759512-519-3402Fax 512-836-8869Monday - Friday8:00 am - 5:00 pmMonday - Friday7:00 am - 10:00 pm (CT)Monday - Friday6:30 am - 11:00 pm (MRI)Monday - Friday7:00 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

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

### 13 SOUTHWOOD\*

Bone Densitometry, CT, Fluoroscopy, 3D ScreeningMammography, Molecular Imaging, 1.5T MRI, 3TOpen-Bore MRI, Myelogram, Ultrasound, X-ray1701 West Ben White Blvd., #170, Austin, TX 78704512-428-9090Fax 512-836-8869Monday - Friday8:00 am - 5:00 pmMonday - Friday7:30 am - 7:00 pm (CT)Monday - Friday6:30 am - 10:30 pm (Ultrasound)

# MAP # CLINIC

### 14 WESTLAKE

Bone Densitometry, Breast Biopsy, 3D Screening and<br/>Diagnostic Mammography, 1.5T MRI, Ultrasound,<br/>X-ray5656 Bee Caves Rd., Bldg. H, #200, Austin, TX 78746<br/>512-328-4984Fax 512-836-8869<br/>Monday - Friday8:00 am - 5:00 pm<br/>Monday - Friday8:00 am - 6:00 pm (MRI)

### 15 WILLIAM CANNON\*

Bone Densitometry, CT, 3D Screening Mammography,1.5T MRI, Ultrasound, X-ray2501 West William Cannon Dr., Bldg. 5Austin, TX 78745512-346-7311Fax 512-836-8869Monday - Friday8:00 am - 5:00 pmMonday - Friday7:00 am - 5:30 pm (MRI)Monday - Friday7:30 am - 6:00 pm (Ultrasound)

#### 16 WILSON PARKE

Bone Densitometry, CT, 3D Screening Mammography,<br/>3T Open-Bore MRI, Ultrasound, X-ray11714 Wilson Parke Ave., #175, Austin, TX 78726512-519-3457Fax 512-836-8869Monday - Friday8:00 am - 5:00 pmMonday - Friday7:00 am - 5:30 pm (MRI)

17 WOMEN'S IMAGING CENTER-CENTRAL

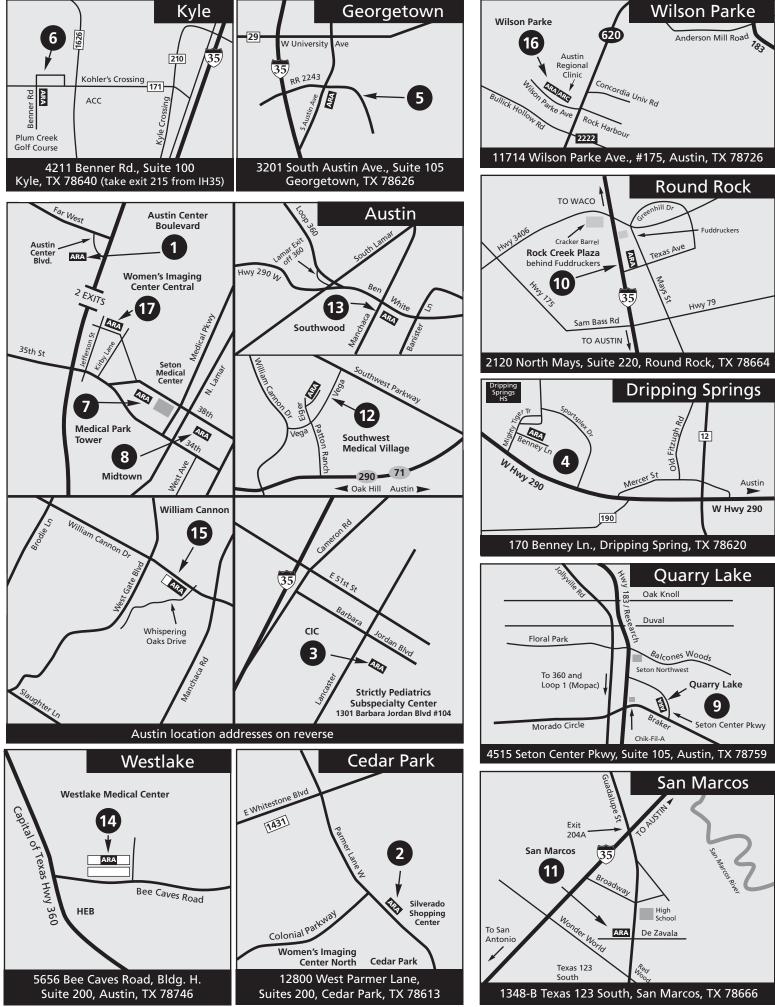
(Located in the Jefferson Building.) Bone Densitometry, Breast Biopsy, 3D Screening & Diagnostic Mammography, Ultrasound, X-ray 1600 West 38th Street, #100, Austin, TX 78731 512-275-0013 Fax 512-836-8869 Monday - Friday 8:00 am - 5:30 pm

> 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.



MSK12012018

# Musculoskeletal Radiology (MSK)

Image: State File			ROUTING INSTRUCTIONS						
For specific site hours and maps, services and maps, services and maps, services added and maps, services added and maps, services added added and maps, services added added and maps, services added added added and maps, services added add				-	STAT Call Phone #	#	After Hours Phone #		
For specific site hours and maps, see reverse side.	DIAGNOSTIC IN	/IAGING							
SHEDULING: CTMRI/PETOUTPATIENT INTERVENTIONALS \$12.455.4909 (bocker's office call line) + 512.453.610 (Differ Fours: 7AM - 7 PM PATIENTS CAL COMPLETE THEIR PAPERVORK PRIOR TO THEIR EXAM - GO TO averad.com Patient name:		de DARA IO FA		APPOINTMENT					
Patient day #:		MRI/PET/OUTPATI 9 • Toll Free: 800.	ENT INTERVEN 998.8214 • MS	TIONAL: 512.458. SK Consult Line: 5	9098 (Doctor's off 12.454.5641 (Doct	fice call line) • 51 tor's call line) • S	2.453.6100 (Direct patient call line) cheduling Office Hours: 7AM - 7 PM		
Diagnosis:	Patient name:						D.O.B.:		
Diagnosis:	Patient day #:	t day #: Evening #		APPOINTMENT DATE:			APPOINTMENT TIME:		
Referring physician:       Ins. & authorization #:       Date ordered:         PLAIN FILMS       NO APPOINTMENT NECESSARY       SEE SPECIFIC LOCATION FOR HOURS         Chest       2 View       View       Flex and ext only       Date ordered:         Chest       2 View       View       Flex and ext only       Date ordered:         Chest       2 View       View       Flex and ext only       Date ordered:         Chest       3 View       S View       Twe and ext only       Petvis         Carvical       Femu:       L R       Shoulder       R         Diatos       Finacia       Femu:       L R       Biolits:         Carvical       Femu:       L R       Shoulder       L R         Diatos       Introd       R       Petvis       R       Digits:       Fingers       Toes         Petvis (Musculoskietal)       Arkle       R       Reference       R       Reference       R       Reference         Views/Statu Discretion OF RADIOLOGIST       R       Ferror       Reference       R       Shoulder       R       Externity (wind) Shoulder       Status         Views/Labseledit       Indudes hindfoot       Withis       R       Externity (wind) Shoulder       Status <td>Diagnosis:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Diagnosis:								
Referring physician:       Ins. & authorization #:       Date ordered:         PLAIN FILMS       NO APPOINTMENT NECESSARY       SEE SPECIFIC LOCATION FOR HOURS         Chest. 3 View       View       Filex and ext only       Extremity (specify):       Bone Densitometry         Chest. 3 View       S View       T View       Filex and ext only       Extremity (specify):       Chest.         1 umbar       3 View       S View       Filex and ext only       Extremity (specify):       Chest.         Cervical       Femur       L       R       Shoulder       L       R         Cervical       Femur       L       R       Shoulder       R       Digits:       Fingers       Toes         I umbar       Cervical       Femur       R       Shoulder       R       Refering particle (specify):       L       R         Pelvis (Musculosteletal)       Ankle       L       R       Forearm       L       R       MR Arthrogram (specify):         J Joints       Fort       I D       R       Hand I L       R       CI Arthrogram (specify):       Co Arthrogram (specify):         J Joints       Forefoot       Structure       Structure       CI Arthrogram (specify):       Co Arthrogram (specify):       Co Arthrogram (specify):	Special instructions:								
PLAIN FILMS       NO APPOINTMENT NECESSARY       SEE SPECIFIC LOCATION FOR HOURS         Chest       2 View       1 View       Flex and ext only       Extremity (specify):							Sedation D Pain	management	
Chest [] View ] 1 View ]       Chorack [] Bone Denstometry ]         Cervical ] 3 View ] 5 View ] 7 View ] Flex and ext only ]       Externity (specify):	Referring physician:			Ins. & authorizatio	on #:		Date ordered:		
Cervical       3 View       5 View       7 View       Flex and ext only       Petvis         Lumbar       3 View       5 View       7 View       Flex and ext only       Petvis         ADDITIONAL VIEWS AT THE DISCRETION OF RADIOLOGIST       APPOINTMENT NECCESSARY       CALL FOR PREPARATION INSTRUCTIONS         Cervical       Femur       L       R       Digits:       Fingers       Toes         Imbara       ToF/FID       R       Bluomatic       Ree       L       R       L       R         Petvis (Aubculoskeleau)       Ankle       L       R       Forearm       L       R       Marthrogram (specify):         S Is Joints       foot L       R       Hand       L       R       Marthrogram (specify):       Sectify digit(s):       Sectify:       Sectify digit(s):       Sectify:       Sectify:       Sectify digit(s):       Sectify digit(s):       Sectify digit(s):       <	PLAIN FILMS	N	O APPOINTN	IENT NECESSAR	Y	SEE SPECIFIC	LOCATION FOR HOURS		
Image:							,		
ADDITIONAL VIEWS AT THE DISCRETION OF RADIOLOGIST       S I Joints         MRI       APPOINTMENT NECESSARY       CALL FOR PREPARATION INSTRUCTIONS         Cervical       Femur       L       R         Dibrioacic       Knee       L       R         Dibrioacic       Knee       L       R         Dibrioacic       Knee       L       R         Dibrioacic       Anke       L       R         Debis (Musculoskeletai)       Ankel       R       Greating         Pebis (Musculoskeletai)       Ankel       R       Hemerus       L         Pebis (Musculoskeletai)       Ankel       R       Hemerus       R         Pebis (Musculoskeletai)       Ankel       R       Hemerus       R         ONTRAST AT DISCRETION OF RADIOLOGIST       REPORTMENT NECESSARY       IF PET/CT NEEDED CALL SCHEDULING AT \$12.458.9098         Cervical       Knee       L       R       Other       Caltering (specify):       Caltering (specify):<	1						□ Other		
MRI       APPOINTMENT NECESSARY       CALL FOR PREPARATION INSTRUCTIONS         Cervical       Femur       L       R       Digits:       Fingers:       Toes         Thoracic       Knee       L       R       Humerus       L       R       Digits:       Fingers:       Toes         Umbar       Tti/Fib       L       R       Elbow       L       R       Specify digit(s):	,		,						
Cervical       Femur I I R       Shoulder I R       Digits:       Fingers       Toes         Intoracic       Knee I L R       Humenus I R       Specify digit(s):       I         Pelvis (Musculoskeletal)       Ankle I R       Florem I L R       Specify digit(s):       I         Pelvis (Musculoskeletal)       Foot I L R       Foot I L R       Midfoot       Midfoot         Foot I L R       Hand I L R       Foot I L R       Midfoot       Midfoot         Foot I L R       Hand I L R       Pelvis (Musculoskeletal)       Midfoot       Midfoot         Hip L R       Midfoot       Midfoot       Hand I L R       Performent S Recessary         Contrast At Discretion OF RADIOLOGIST. SCREENING ORBITS WILL BE PERFORMED AS NECESSARY.       IF PET/CT NEEDED CALL SCHEDULING AT \$12.458.9098         Cervical       Knee I L R       Shoulder I L R       Extremity (specify):       Image: Shoulder I L R         Inoracic       Tib/Fib L L R       Phont Mutery S L R       Extremity with 3D Reconstruction (specify):       Image: Shoulder I L R         Umbar       Ankle I L R       Elbow I L R       Extremity with 3D Reconstruction (specify):       Image: Shoulder I L R       Image: Shoulder I L R         Pelvis (Musculoskeletal)       Includes hindfoot & midfoot       Foot I L R       Enternity With 3D Reconstruction (spe				NECESSARY		CALL FOR PR	EPARATION INSTRUCTIONS		
Lumbar       Tb/Fib L R       Elbow L R       Specify digit(s):					. 🗇 R				
Pelvis (Musculoskeletal)       Ankle L R       Forearm L R         Pelvis (Athletic pubalgia)       (Includes hindfoot)       Wrist L R       MR Arthrogram (specify):         SL Joints       Forefoot       Midfoot       Forefoot         CONTRAST AT DISCRETION OF RADIOLOGIST. SCEENING ORBITS WILL BE PERFORMED AS NECESSARY.       IF PET/CT NEEDED CALL SCHEDULING AT 512.458.9098         Cervical       Knee L R       Shoulder       R       Carthrogram (specify):         Thoracic       Tib/Fib L R       Humerus L R       Extremity (specify):       Carthrogram (specify):         Umbar       Ankle L R       Elbow L R       Extremity (specify):       Carthrogram (specify):         Pelvis (Musculoskeletal)       (includes hindfoot)       Forearm L R       Extremity with 3D Reconstruction (specify):         Imbar       Ankle L R       Elbow L R       Extremity with 3D Reconstruction (specify):       Contrast of position (specify):         Pelvis (Musculoskeletal)       (includes hindfoot)       Forearm L R       (must list secondary diagnosis)         Femur L R       (includes hindfoot & forefoot)       Hand L R       Other:       Contrast AT DISCRETION OF RADIOLOGY         APPOINTMENT NECESSARY       NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE.       SPECT/CT Scan (specify area):       Conter:         ULTRASOUND       APPOINTM	🗖 Thoracic	🗆 Knee 🗖 L 🗖 R		🗖 Humerus 🗖 L 🗖 R					
Pelvis (Athletic pubalgia)       (includes hindfoot)       Wrist ll R       MR Arthrogram (specify):         S J Joints       Foot ll R       Hand ll R       MR Arthrogram (specify):         Hip ll R       Midfoot       Forefoot         CONTRAST AT DISCRETION OF RADIOLOGIST. SCREENING ORBITS WILL BE PERFORMED AS NECESSARY.       IF PET/CT NEEDED CALL SCHEDULING AT 512.458.9098         C cervical       Knee ll R       Shoulder ll R       CT Athrogram (specify):         Ibroracic       Tib/Fib ll R       Humerus ll R       Extremity (specify):         Lumbar       Ankle L R       Eblow ll R       Extremity with 3D Reconstruction (specify):         Ibroracic       Tib/Fib ll R       Provent R       Wrist ll R       Mist ll R         Pelvis (Musculoskeletal)       (includes midfoot)       Forearm ll R       (must list secondary diagnosis)         Pelvis (Musculoskeletal)       (includes midfoot & forefoot)       Hand ll R       Mist ll R         MUCLEAR RADIOLOGY       APPOINTMENT NECESSARY       NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE.         Bone scan (with plain films and/or SPECT/CT i needed)       SPECT/CT Scan (specify area):						Specify digit	(s):		
SI Joints       Fort IL R       Hand IL R         Hip IL R       Midfoot         Forefoot         CONTRAST AT DISCRETION OF RADIOLOGIST. SCREENING ORBITS WILL BE PERFORMED AS NECESSARY.         CT       APPOINTMENT NECESSARY       IF PET/CT NEEDED CALL SCHEDULING AT 512.458.9098         Cervical       Knee IL R       Shoulder IL R       CT Arthrogram (specify):         Ibroracic       Tib/Fib L L R       Humerus IL R       Extremity (specify):         Lumbar       Ankle B L R       Elbow IL R       Extremity (specify):         Pelvis (Musculoskeletal)       (includes hindfoot & midfoot)       Forerarm IL R       (must list secondary diagnosis)         Hip IL R       Foot I L R       Wrist IL R       Other:       (must list secondary diagnosis)         Pelvis (Musculoskeletal)       (includes midfoot & forefoot)       Hand IL R       Other:       (must list secondary diagnosis)         Pelvis (Musculoskeletal)       (includes midfoot & forefoot)       Hand IL R       Other:       (must list secondary diagnosis)         Pelvis (Musculoskeletal)       (includes midfoot & forefoot)       Band IL R       Other:       (must list secondary diagnosis)         CONTRAST AT DISCRETION OF RADIOLOGY       APPOINTMENT NECESSARY       NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE.         Boone scan (with plain films a	· · · · · · · · · · · · · · · · · · ·					🗖 MR Arthi	rogram (specify).		
HIP       Image: Second and the second an		□ SI Joints □ Foot □ L □ R							
CT       APPOINTMENT NECESSARY       IF PET/CT NEEDED CALL SCHEDULING AT 512.458.9098         Cervical       Knee       I       R       Shoulder       I       R       CT Arthrogram (specify):	🗇 Hip 🗖 L 🗖 R								
Cervical       Knee       L       R       Shoulder       L       R       CT Arthrogram (specify):	CONTRAST AT DISCRETION OF I	RADIOLOGIST. SCRE	ENING ORBITS V	VILL BE PERFORMED	) AS NECESSARY.				
Thoracic  Tib/Fib     Lumbar     Ankle     L     Relvis (Musculoskeletal)     (includes hindfoot & midfoot)    Femur     L     Remur     Dist        NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE.     Bill      SPECT/CT if needed)									
Lumbar Ankle L R Elbow L R Extremity with 3D Reconstruction (specify):   Pelvis (Musculoskeletal) (includes hindfoot & midfoot) Forearm L R   Hip L R Foot L R Wrist L R   Femur L R Foot L R Wrist L R   CONTRAST AT DISCRETION OF RADIOLOGIST. Digit Other: (must list secondary diagnosis)   CONTRAST AT DISCRETION OF RADIOLOGY APPOINTMENT NECESSARY NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE.   Bone scan (with plain films and/or SPECT/CT if needed) Digit SPECT/CT Scan (specify area):   Whole Body SPECT/CT Scan (specify area): White Blood Cell Scan (WBC) for infection   3Phase for infection/osteomyelitis, loose hardware (specify): SPECT/CT Scan (specify area):   ULTRASOUND APPOINTMENT NECESSARY White Blood Cell Scan (remarking area)   Venous Doppler MSK Specific: L R   Arm L R Bil Specific location:   Leg L R Bil Specific location:   Leg L R Bil Specific location:   Heason for exam: CALL FOR PREPARATION INSTRUCTIONS									
Pelvis (Musculoskeletal) (includes hindfoot & midfoot) Forearm l l R   Hip l L R Foot l L R Wrist l L R   Other: (must list secondary diagnosis)   CONTRAST AT DISCRETION OF RADIOLOGIST.     Digit     NUCLEAR RADIOLOGY   APPOINTMENT NECESSARY   NUCLEAR RADIOLOGY requires A 24-HOUR CANCELLATION NOTICE.   Bone scan (with plain films and/or SPECT/CT if needed)   Whole Body   3Phase for infection/osteomyelitis, loose hardware (specify):   ULTRASOUND   APPOINTMENT NECESSARY   Venous Doppler   MSK Specific:   L R Bill   Specific location:   Arm L R Bill   Specific location:   Leg L R Bill   Reason for exam:   CALL FOR PREPARATION INSTRUCTIONS									
Hip       L       R       Wrist       L       R         Femur       L       R       (includes midfoot & forefoot)       Hand       L       R         CONTRAST AT DISCRETION OF RADIOLOGIST.       Digit									
Image: Second Stand Sta	1 · · ·					<b>O</b> ther:			
NUCLEAR RADIOLOGY       APPOINTMENT NECESSARY       NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE.         Bone scan (with plain films and/or SPECT/CT if needed)       \$PECT/CT Scan (specify area):       \$PECT/CT Scan (specify area):         Whole Body       Whole Body       White Blood Cell Scan (WBC) for infection         3Phase for infection/osteomyelitis, loose hardware (specify):       White Blood Cell Scan for marrow mapping at radiologist discretion if needed)         ULTRASOUND       APPOINTMENT NECESSARY         Venous Doppler       MSK Specific:       L       R       Bil       Upper extremity       Other ultrasound			& forefoot)						
Bone scan (with plain films and/or SPECT/CT if needed)   Whole Body   3Phase for infection/osteomyelitis, loose hardware (specify):   White Blood Cell Scan (WBC) for infection   (Sulfur Colloid Scan for marrow mapping at radiologist discretion if needed)   Other:     ULTRASOUND        APPOINTMENT NECESSARY     Venous Doppler   MSK Specific:   MSK Specific:   L   R   Bil   Specific location:   Leg   L   R   Bil   Reason for exam:         CALL FOR PREPARATION INSTRUCTIONS				Ū				NOTICE	
Whole Body White Blood Cell Scan (WBC) for infection   3Phase for infection/osteomyelitis, loose hardware (specify): White Blood Cell Scan (WBC) for infection   ULTRASOUND APPOINTMENT NECESSARY   Venous Doppler MSK Specific:   MSK Specific location: Image: Content of the second for exame indication of exame indicatio				NECESSART		-	INES A 24-HOUR CANCELLATION	NOTICE.	
ULTRASOUND       APPOINTMENT NECESSARY         Venous Doppler       MSK Specific:       L       R       Bil       Upper extremity       Other ultrasound	Whole Body				(Sulfur Colloid S	ican for marrow ma	pping at radiologist discretion if needed)		
Venous Doppler       MSK Specific:       L       R       Bil       Upper extremity       Lower extremity       Other ultrasound	ULTRASOUND	A	PPOINTMENT	NECESSARY	<u> </u>				
Leg       L       R       Bil       Reason for exam:         MYELOGRAM w/CT to follow       APPOINTMENT NECESSARY       CALL FOR PREPARATION INSTRUCTIONS					oper extremity 🗖 L	ower extremity	Other ultrasound		
□ Cervical □ Thoracic □ Lumbar □ Entire spine □ Cisternography □ Other:	MYELOGRAM w/CT t	o follow Al	PPOINTMENT	NECESSARY		CALL FOR PR	EPARATION INSTRUCTIONS		
	Cervical Tho	racic 🗖	Lumbar	Entire spine	🗖 Ciste	ernography	□ Other:		

For MRI and CT contrast studies, creatinine testing will be performed for patients meeting contrast screening guidelines.

# AUSTIN RADIOLOGICAL ASSOCIATION EXAMINATION INSTRUCTIONS

# COLON (BARIUM ENEMA) OR COLON WITH IVP

- 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.

# **STOMACH (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 no 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 no 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 breast 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) 453-6100 for additional instructions.
- 5. Take your normal medications.
- 6. Diabetics please call (512) 453-6100 for additional instructions.

\*Patients on fluid restriction should consult their physicians for instructions.