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. Online scheduling for screening mammogram and ultrasound is 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 & 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 - 11:00 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)
Monday - Friday 8:00 am - 8:00 pm (Ultrasound)

7 MEDICAL PARK TOWER* (On SW 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)
Saturday - 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
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)

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
Monday - Friday 7:30 am - 7:00 pm (CT)
Monday - Friday 8:00 am - 6:00 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, X-ray
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 8:00 am - 5:00 pm
Monday - Friday 7:00 am - 5:30 pm (MRI)
Monday - Friday 7:30 am - 6:00 pm (Ultrasound)

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 - 11:00 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 or ultrasound, 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.

Know before you go with the out-of-pocket estimator tool at www.ausrad.com.

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

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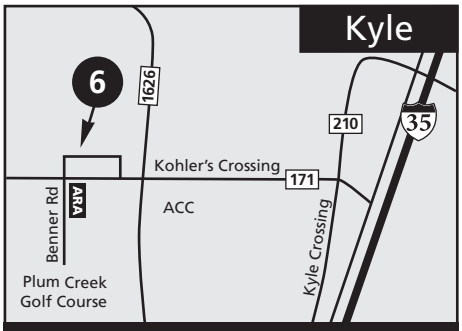
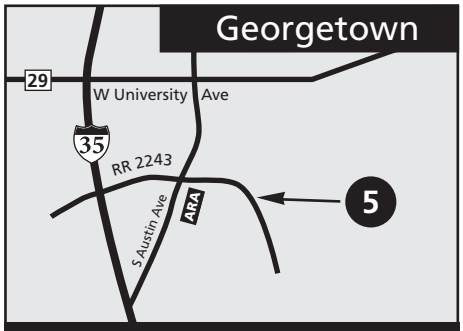
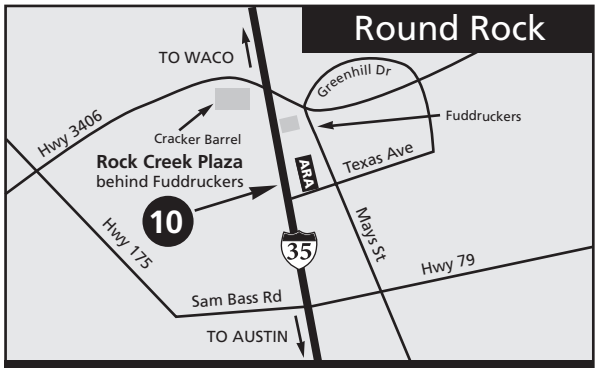


4211 Benner Rd., Suite 100
Kyle, TX 78640 (take exit 215 from IH35)

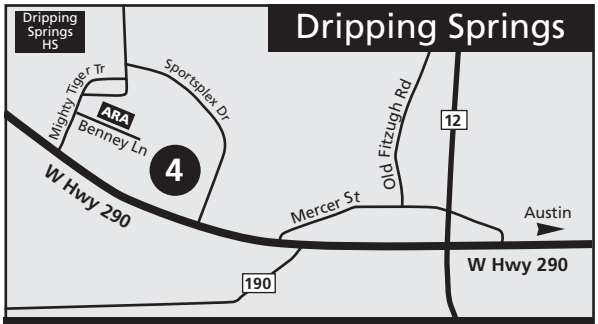


3201 South Austin Ave., Suite 105
Georgetown, TX 78626

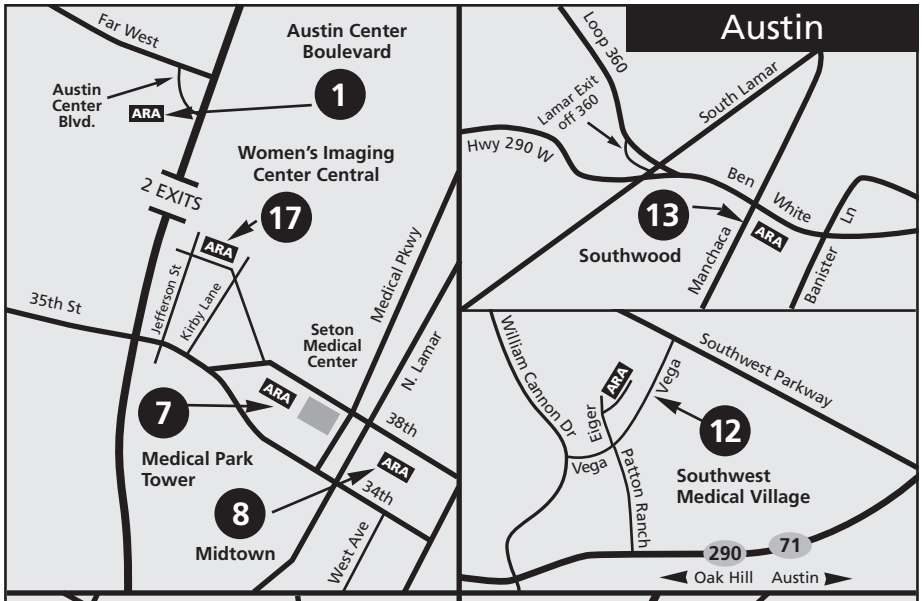
11714 Wilson Parke Ave., #175, Austin, TX 78726

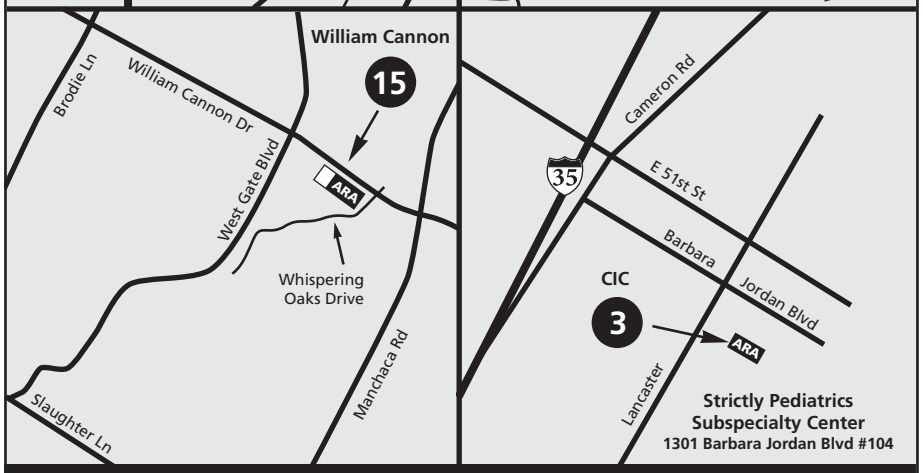


2120 North Mays, Suite 220, Round Rock, TX 78664

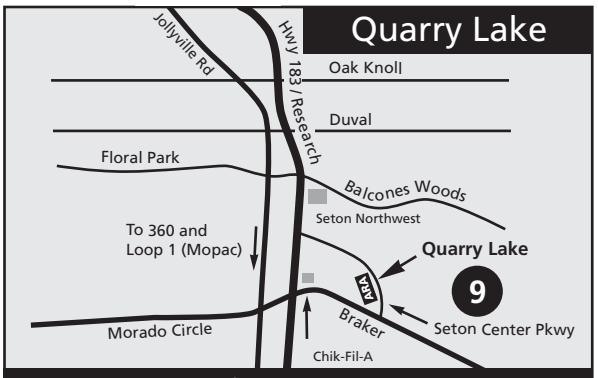


170 Benney Ln., Dripping Spring, TX 78620

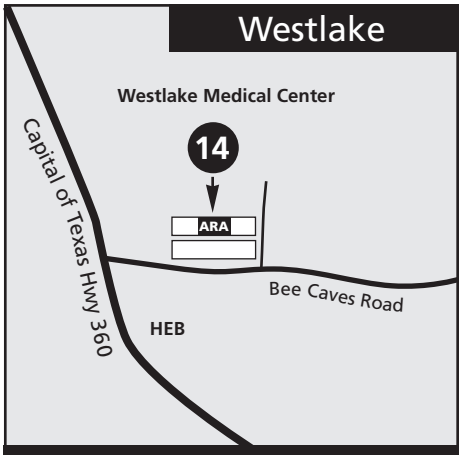




Austin location addresses on reverse

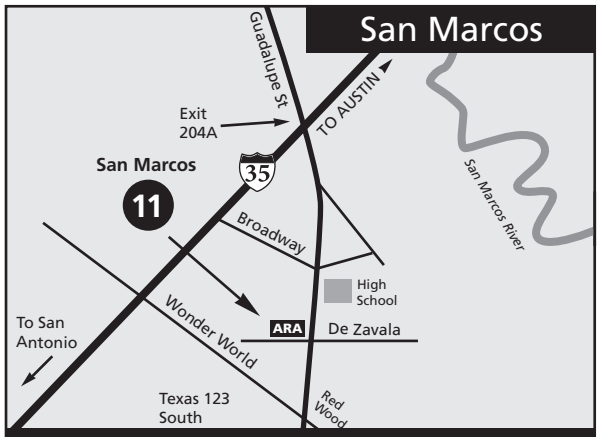


4515 Seton Center Pkwy, Suite 105, Austin, TX 78759



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

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



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

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ARA DIAGNOSTIC IMAGING

For specific site hours and maps, see reverse side.

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**

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)

SEE SPECIFIC LOCATION FOR HOURS

❒ Abdomen ❒ 1 View (KUB) ❒ 2 View
❒ Chest ❒ 2 View ❒ 1 View
❒ Extremity (specify) _____ ❒ L ❒ R
❒ Sinuses (specify) _____
❒ Spine (specify) _____
❒ Other (specify) _____

BONE DENSITOMETRY — APPOINTMENT NECESSARY

❒ Bone Densitometry

FLUOROSCOPY — APPOINTMENT NECESSARY

❒ Barium Swallow _____
❒ Upper GI
❒ Small Bowel
❒ Barium Enema
❒ Hysterosalpingogram (HSG)
❒ Voiding Cystogram (VCUG)
❒ Other _____

MRI — APPOINTMENT NECESSARY

❒ Brain
❒ Brain MS Protocol
❒ MS Spine ❒ C ❒ T ❒ L
❒ IACs
❒ Orbits (check appropriate)
❒ Pituitary
❒ Soft Tissue Neck
❒ Cervical Spine
❒ Thoracic Spine
❒ Lumbar Spine
❒ SI Joints
❒ Sacral Plexus
❒ Brachial Plexus ❒ L ❒ R
❒ Defecography
❒ Enterography

❒ Chest
❒ Cardiac
❒ Pelvis
❒ Shoulder ❒ L ❒ R
❒ Elbow ❒ L ❒ R
❒ Wrist ❒ L ❒ R
❒ Hand ❒ L ❒ R
❒ Hip ❒ L ❒ R
❒ Knee ❒ L ❒ R
❒ Ankle ❒ L ❒ R
❒ Foot ❒ L ❒ R
❒ Humerus ❒ L ❒ R
❒ Forearm ❒ L ❒ R
❒ Femur ❒ L ❒ R
❒ Tib/Fib ❒ L ❒ R

❒ Chest Wall
❒ Abdomen
❒ TMJ

❒ MRCP w/Abdomen & 3D - must list secondary diagnosis: _____

❒ MR Arthrogram Joint _____
❒ Other _____

CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST. SCREENING ORBITS WILL BE PERFORMED AS NECESSARY.

❒ Do not administer IV contrast

MRAs

❒ Intracranial (Head / Circle of Willis)
❒ Extracranial (Neck / Carotids)
❒ Peripheral with Abdomen & Pelvis
❒ Peripheral with Pelvis
❒ Abdominal Aorta (Abdomen & Pelvis)
❒ MR Arteriogram (specify) _____
❒ MR Venogram (specify) _____
❒ Other _____

OTHER — APPOINTMENT NECESSARY

❒ IVP (with Sono, if needed)
❒ Uterine Fibroid Treatment Consult
❒ Varicose Vein Treatment Consult
❒ Other _____

MYELOGRAM w/CT TO FOLLOW — APPOINTMENT NECESSARY

❒ Cervical ❒ Lumbar ❒ Cisternography
❒ Thoracic ❒ Entire spine ❒ Other _____

MOLECULAR IMAGING & NUCLEAR RADIOLOGY

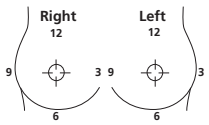
APPOINTMENT NECESSARY

❒ Bone Scan (with plain films and/or SPECT/CT if needed)
❒ Total Bone ❒ Limited area _____ ❒ SPECT
❒ 3Phase for infection/osteomyelitis, loose hardware
❒ Gastric Emptying Scan
❒ HIDA Scan with CCK
❒ I-123 Whole Body Scan ❒ w/Thyrogen ❒ 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/diff function ❒ w/Lasix ❒ Cortical Imaging
❒ Thyroid Scan w/Uptake (w/sono if needed)
❒ Thyroid Scan (w/sono if needed)
❒ Radioiodine Treatment for Hyperthyroidism
❒ Radioiodine Treatment for Cancer ❒ w/Thyrogen
❒ I-131 Post Treatment Scan: 5-10 days post Tx
❒ Brain SPECT/CT ❒ Neurolite ❒ DaTScan
❒ OctreoScan w/SPECT/CT
❒ ProstaScint Scan w/SPECT/CT
❒ White Blood Cell Scan (WBC) for infection
❒ w/SPECT/CT (w/marrow mapping if needed)
❒ I-123 MIBG w/SPECT/CT
❒ Other _____

BREAST IMAGING — APPOINTMENT NECESSARY

❒ Bone Densitometry & Screening Mammogram with 3D
❒ Screening Mammogram with 3D (with diagnostic mammogram and US if inconclusive)
❒ Screening Mammogram with 3D
❒ Complete Diagnostic Mammography Work-up with 3D (may include US, biopsy and/or cyst aspiration if needed)
❒ Diagnostic Mammogram with 3D (with breast US if needed)
❒ Male Diagnostic Mammogram with 3D, US prn (25 or older)
❒ Screening Breast Ultrasound (Dense Breasts/Asymptomatic)
❒ Ultrasound Breast Limited ❒ L ❒ R (Indicate area of concern) (w/diagnostic mammo, if needed)
❒ Ultrasound Breast Complete Diagnostic ❒ L ❒ R (Symptomatic Non Focal) (w/diagnostic mammo, if needed)
❒ Breast MRI w/wo contrast (Diagnostic - Patient should be scheduled 7-10 days from start of menstrual cycle) (indicate area of concern)
❒ Breast MRI w/o contrast (implant evaluation)
❒ Male Ultrasound Breast Only (males under 25)
❒ Breast Biopsy (w post procedure mammo)
❒ Galactogram/Ductogram
❒ Abbreviated Breast MRI (Screening - patient should be scheduled 7-10 days from start of menstrual cycle)

For diagnostic only. Note area of concern.



❒ Other _____

PET / CT — APPOINTMENT NECESSARY

Prescheduling form required - please call to schedule.
Give 48 hours cancellation or reschedule notice.

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

CT — APPOINTMENT NECESSARY

❒ Chest (Thorax)
❒ Chest for Interstitial Lung Disease
❒ Chest Superdimensional Protocol
❒ Abdomen (w/pelvis if needed)
❒ Abdomen & Pelvis ❒ Abdomen Only ❒ Pelvis Only
❒ Enterography/Small Bowel - must list secondary diagnosis _____
❒ Renal Calculi (abd/pel w/o contrast)
❒ CT-IVP / Hematuria Protocol
❒ Cervical Spine ❒ Lumbar Spine ❒ Thoracic Spine
❒ Brain
❒ Temporal Bone
❒ Limited Sinus ❒ Complete Sinus
❒ IGS (Image Guided Sinus Surgery) Specify: _____
❒ Orbits
❒ Soft Tissue Neck
❒ Calcium Scoring
❒ Virtual Colonoscopy
❒ Extremity (specify) _____
❒ Other _____

❒ Do not administer oral contrast
❒ Do not administer IV contrast

CT Lung Screening must be ordered using a specific eligibility/referral form available at www.ausrad.com/requests.

If CT & PET needed, call scheduling at 512.458.9098.
CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST.

CTA

❒ Chest - Aorta / Great Vessels
❒ Chest - for Pulmonary Embolism
❒ Perforator Protocol ❒ Chest/Abdomen/Pelvis
❒ Abdomen/Pelvis
❒ Abdomen/Pelvis w/ Lower Extremities
❒ Heart - Coronary Arteries
❒ Abdomen / Pelvis - Mesenteric Arteries
❒ Abdomen / Pelvis - Perforator Protocol
❒ Renal Arteries
❒ AAA / Endograft (PRE- or POST- placement)
❒ Run-off of Bilateral Lower Extremities w/ Abdomen & Pelvis
❒ Run-off of Bilateral Lower Extremities with Pelvis
❒ Brain
❒ Carotids
❒ Extremity (specify) _____
❒ Other _____

CTV

❒ Abdomen / Pelvis
❒ Pelvis
❒ Intracranial

ULTRASOUND — APPOINTMENT NECESSARY

ANY STUDY MAY REQUIRE DOPPLER EVALUATION AT DISCRETION OF RADIOLOGIST.

❒ Abdomen Complete
❒ Obstetrical Transabdominal
❒ Obstetrical Transvaginal
❒ Obstetrical Transvaginal & Transabdominal
❒ Pelvic Transabdominal & Transvaginal
❒ Pelvic (Transvaginal Only)
❒ Pelvic (Transabdominal Only)
❒ Carotid Doppler
❒ Venous Doppler ❒ L ❒ R ❒ Arm ❒ Leg
❒ Arterial Duplex (Complete NIPS): ❒ Arms ❒ Legs
❒ Thyroid
❒ Testicular (includes Doppler)
❒ Ankle-Brachial Indices (Limited NIPS)
❒ Renal
❒ Aorta
❒ 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. 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)
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.