

This list of ARA imaging centers 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 #	IMAGING CENTER	MAP #	IMAGING CENTER	MAP #	IMAGING CENTER
1	AUSTIN CENTER BOULEVARD <i>CLOSED FOR RENOVATION THROUGH SPRING 2021</i> 6818 Austin Center Blvd., #101, Austin, TX 78731	8	MIDTOWN / AUSTIN VEIN CENTER <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 - 7:00 pm (CT) Monday - Friday 8:00 am - 7:00 pm (MRI) Monday - Friday 7:00 am - 7:00 pm (PET/CT)	14	WESTLAKE <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	CEDAR PARK & CEDAR PARK WOMEN'S IMAGING <i>Bone Densitometry, Breast Biopsy, CT, 3D Screening & 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 7:00 am - 7:00 pm (CT) Monday - Friday 7:00 am - 9:00 pm (Mammo) Monday - Friday 6:30 am - 11:00 pm (MRI) Monday - Friday 7:00 am - 11:00 pm (Ultrasound)	9	QUARRY LAKE* <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 - 6:00 pm (CT) Monday - Friday 6:30 am - 11:00 pm (MRI) Monday - Friday 7:00 am - 6:00 pm (Ultrasound)	15	WILLIAM CANNON* <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 7:30 am - 7:00 pm (CT) Monday - Friday 7:00 am - 5:30 pm (MRI) Monday - Friday 7:30 am - 6:00 pm (Ultrasound)
3	CHILDREN'S IMAGING CENTER <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	ROCK CREEK PLAZA* <i>(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</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 7:00 am - 7:00 pm (CT) Monday - Friday 6:30 am - 11:00 pm (MRI) Monday - Friday 7:00 am - 11:00 pm (Ultrasound)	16	WILSON PARKE <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 6:30 am - 11:00 pm (MRI)
4	DRIPPING SPRINGS-See ausrad.com for hours. <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 Limited availability - call for information.	11	SAN MARCOS <i>Bone Densitometry, CT, 3D Screening & 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 - 5:00 pm Monday - Friday 7:00 am - 5:30 pm (MRI)	17	WOMEN'S IMAGING CENTER-CENTRAL <i>(Located in the Jefferson Building.) Bone Densitometry, Breast Biopsy, 3D Screening & 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	GEORGETOWN <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 - 6:00 pm (CT) Monday - Friday 7:00 am - 5:00 pm (Mammo) Monday - Friday 6:30 am - 11:00 pm (MRI) Monday - Friday 7:00 am - 6:00 pm (Ultrasound)	12	SOUTHWEST MEDICAL VILLAGE <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 7:30 am - 7:00 pm (CT) Monday - Friday 8:00 am - 6:30 pm (MRI)		
6	KYLE & KYLE WOMEN'S IMAGING <i>Bone Densitometry, Breast Biopsy, CT, 3D Screening & 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 7:30 am - 7:00 pm (CT) Monday - Friday 7:00 am - 11:00 pm (MRI) Monday - Friday 7:30 am - 8:00 pm (Ultrasound)	13	SOUTHWOOD* <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) Monday - Friday 6:30 am - 11:00 pm (Ultrasound)		
7	MEDICAL PARK TOWER* (On SW 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 7:30 am - 7:00 pm (CT) Monday - Friday 6:30 am - 11:00 pm (MRI) Monday - Friday 8:00 am - 9:00 pm (X-ray) Saturday - Sunday 8:00 am - 5:00 pm (MRI, X-ray)				

Existing patients can schedule screening mammos and ultrasound exams online at ausrad.com/scheduling.

For all other appointments, either go to ausrad.com/scheduling 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.*

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
CLOSED THROUGH SPRING 2021

7 Medical Park Tower

8 Midtown

17 Women's Imaging Center Central

Austin

12 Southwest Medical Village

13 Southwood

Round Rock

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

Dripping Springs

170 Benney Ln., Dripping Spring, TX 78620

Austin location addresses on reverse

15 William Cannon Dr

Austin location addresses on reverse

3 Strictly Pediatrics Subsidiary Center
1301 Barbara Jordan Blvd #104

Quarry Lake

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

Westlake

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

Cedar Park

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

San Marcos

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

Musculoskeletal Radiology (MSK)



For specific site hours and maps, see reverse side.

ROUTING INSTRUCTIONS	
PATIENT TO TAKE <input type="checkbox"/> REPORT <input type="checkbox"/> CD <input type="checkbox"/> SCHEDULER TO CALL PATIENT <input type="checkbox"/> PATIENT TO CALL SCHEDULING <input type="checkbox"/> ARA TO FAX APPOINTMENT CONFIRMATION TO PHYSICIAN	STAT Fax _____ Non STAT Fax _____ STAT Call Phone # _____ After Hours Phone # _____ <small>STAT exams may require clinical urgency review with insurance company. Fax clinical notes to ARA at 512.977.8200.</small> <input type="checkbox"/> ADDITIONAL INSTRUCTIONS _____ <small>(THE REPORT FOR EXAMS COMPLETED AFTER 4PM WILL BE FAXED THE FOLLOWING WORK DAY MORNING.)</small> <input type="checkbox"/> ADDITIONAL REPORT TO _____

This referral sheet and insurance information are required at the time of your appointment.

SCHEDULING: CT/MRI/PET/OUTPATIENT INTERVENTIONAL: 512.458.9098 (Doctor's office call line) • 512.453.6100 (Direct patient call line)
Fax: 512.836.8869 • Toll Free: 800.998.8214 • MSK Consult Line: 512.454.5641 (Doctor's call line) • Scheduling Office Hours: 7AM - 7 PM
PATIENTS CAN COMPLETE THEIR PAPERWORK PRIOR TO THEIR EXAM – GO TO ausrad.com

Patient name: _____ D.O.B.: _____

Patient day #: _____ Evening # _____ APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

Diagnosis: _____ Ins. & authorization #: _____

Special instructions: _____

Sedation Pain management

Referring physician: _____ Physician signature: _____ Date ordered: _____

PLAIN FILMS	NO APPOINTMENT NECESSARY	SEE SPECIFIC LOCATION FOR HOURS
<input type="checkbox"/> Chest <input type="checkbox"/> 2 View <input type="checkbox"/> 1 View <input type="checkbox"/> Cervical <input type="checkbox"/> 3 View <input type="checkbox"/> 5 View <input type="checkbox"/> 7 View <input type="checkbox"/> Flex and ext only <input type="checkbox"/> Lumbar <input type="checkbox"/> 3 View <input type="checkbox"/> 5 View <input type="checkbox"/> 7 View <input type="checkbox"/> Flex and ext only ADDITIONAL VIEWS AT THE DISCRETION OF RADIOLOGIST	<input type="checkbox"/> Thoracic <input type="checkbox"/> Extremity (specify): _____ <input type="checkbox"/> Pelvis <input type="checkbox"/> SI Joints	<input type="checkbox"/> Bone Densitometry <input type="checkbox"/> Other _____

MRI	APPOINTMENT NECESSARY	CALL FOR PREPARATION INSTRUCTIONS
<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Chest Wall <input type="checkbox"/> Pelvis (Musculoskeletal) <input type="checkbox"/> Pelvis (Athletic pubalgia) <input type="checkbox"/> SI Joints <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Femur <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R <small>(includes hindfoot)</small> <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Midfoot <input type="checkbox"/> Forefoot	Digits: <input type="checkbox"/> Fingers <input type="checkbox"/> Toes <input type="checkbox"/> L <input type="checkbox"/> R Specify digit(s): _____ <input type="checkbox"/> MR Arthrogram (specify): _____

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
<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Pelvis (Musculoskeletal) <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Femur <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R <small>(includes hindfoot & midfoot)</small> <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R <small>(includes midfoot & forefoot)</small>	<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Humerus <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Forearm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Digit _____

CONTRAST AT DISCRETION OF RADIOLOGIST.

NUCLEAR RADIOLOGY	APPOINTMENT NECESSARY	NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE.
<input type="checkbox"/> Bone scan (with plain films and/or SPECT/CT if needed) <input type="checkbox"/> Whole Body <input type="checkbox"/> 3Phase for infection/osteomyelitis, loose hardware (specify): _____	<input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Forearm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Digit _____	<input type="checkbox"/> SPECT/CT Scan (specify area): _____ <input type="checkbox"/> White Blood Cell Scan (WBC) for infection <small>(Sulfur Colloid Scan for marrow mapping at radiologist discretion if needed)</small> <input type="checkbox"/> Other: _____

ULTRASOUND	APPOINTMENT NECESSARY
<input type="checkbox"/> Venous Doppler <input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bil <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bil	<input type="checkbox"/> MSK Specific: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bil <input type="checkbox"/> Upper extremity <input type="checkbox"/> Lower extremity <input type="checkbox"/> Other ultrasound _____ Specific location: _____ Reason for exam: _____

MYELOGRAM w/CT to follow	APPOINTMENT NECESSARY	CALL FOR PREPARATION INSTRUCTIONS
<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Entire spine	<input type="checkbox"/> Cisternography	<input type="checkbox"/> 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. 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 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.