

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

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- 1 AUSTIN CENTER BOULEVARD**
CLOSED FOR RENOVATION THROUGH SPRING 2021
6818 Austin Center Blvd., #101, Austin, TX 78731
- 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 7:00 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)
- 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-See ausrad.com for hours.**
Bone Densitometry, 3D Screening Mammography, Ultrasound, X-ray
170 Benney Lane, #101, Dripping Springs, TX 78620
512-776-1176 Fax 512-836-8869
Limited availability - call for information.
- 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 - 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)
- 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 7:30 am - 7:00 pm (CT)
Monday - Friday 7:00 am - 11:00 pm (MRI)
Monday - Friday 7:30 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 7:30 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)

- 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 - 7:00 pm (CT)
Monday - Friday 8:00 am - 7:00 pm (MRI)
Monday - Friday 7:00 am - 7:00 pm (PET/CT)
- 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 - 6:00 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 7:00 am - 7:00 pm (CT)
Monday - Friday 6:30 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 - 5:00 pm
Monday - Friday 7:00 am - 5:30 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 - 6:30 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)
Monday - Friday 6:30 am - 11:00 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 7:30 am - 7:00 pm (CT)
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 6:30 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

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

6
1626
171
35
Kohler's Crossing
ACC
Benner Rd
ARA
Kyle Crossing
Plum Creek Golf Course

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

Georgetown

29
35
W University Ave
RR 2243
S Austin Ave
ARA

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

Wilson Parke

Wilson Parke
16
620
Anderson Mill Road
183
Austin Regional Clinic
ARA
Wilson Parke Ave
Bullick Hollow Rd
Concordia Univ Rd
Rock Harbour
2222

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

Austin

1
7
8
17
Austin Center Blvd.
ARA
Women's Imaging Center Central
2 EXITS
35th St
Jefferson St
Kirby Lane
ARA
Seton Medical Center
Medical Pkwy
N. Lamar
38th
34th
West Ave
Midtown

Austin location addresses on reverse

Austin

13
12
Southwood
ARA
Southwest Medical Village
ARA
Loop 360
Lamar Exit off 360
Hwy 290 W
South Lamar
Ben
White Ln
Manchaca
Banister Ln
William Cannon Dr
Vega
ARA
Patton Ranch
Southwest Parkway
290
71
Oak Hill
Austin

Round Rock

TO WACO
Greenhill Dr
Fuddrucker's
Texas Ave
Mays St
Hwy 79
Hwy 3406
Cracker Barrel
ARA
Rock Creek Plaza behind Fuddrucker's
10
35
Sam Bass Rd
TO AUSTIN

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

Dripping Springs

Dripping Springs HS
4
12
W Hwy 290
ARA
Benney Ln
Sportsplex Dr
Mighty Tiger Tr
Mercer St
Old Fitzgugh Rd
Austin

170 Benney Ln., Dripping Spring, TX 78620

Austin

15
William Cannon
ARA
William Cannon Dr
Brodie Ln
West Gate Blvd
Whispering Oaks Drive
Slaughter Ln
Manchaca Rd

Austin

3
35
CIC
ARA
Strictly Pediatrics Subspecialty Center
1301 Barbara Jordan Blvd #104
Cameron Rd
E 51st St
Barbara
Jordan Blvd
Lancaster

Quarry Lake

9
Quarry Lake
ARA
Seton Center Pkwy
Chik-Fil-A
Braker
Morado Circle
To 360 and Loop 1 (Mopac)
Balcones Woods
Seton Northwest
Duval
Oak Knoll
Jollyville Rd
Hwy 183 Research

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

Westlake

14
Westlake Medical Center
ARA
Bee Caves Road
HEB
Capital of Texas Hwy 360

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

Cedar Park

2
Silverado Shopping Center
ARA
West Parmer Lane
Cedar Park
Women's Imaging Center North
E Whitestone Blvd
1431
Parmer Lane W
Colonial Parkway

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

San Marcos

11
San Marcos
ARA
Wonder World
Texas 123 South
High School
De Zavala
Red Wood
Broadway
Exit 204A
Guadalupe St
TO AUSTIN
San Marcos River

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

PEDIATRIC 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

- STAT Fax _____ Non STAT Fax _____
- STAT Call Phone # _____ After Hours Phone # _____
- STAT exams may require clinical urgency review with insurance company. Fax clinical notes to ARA at 512.977.8200.
- ADDITIONAL INSTRUCTIONS _____
(THE REPORT FOR EXAMS COMPLETED AFTER 4PM WILL BE FAXED THE FOLLOWING WORK DAY MORNING.)
- ADDITIONAL REPORT TO _____

For imaging and/or interventional radiography procedures that are not listed, please call 512.458.9098 (doctor's office call line) or 512.453.6100 (direct patient call line).
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.: _____

Parent/guardian name: _____

Patient day #: _____ Mobile #: _____ Special instructions _____

Diagnosis: _____

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

Ins. & authorization #: _____ APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

Accompanying minors are not permitted into the exam room. Please make prior supervision arrangements for minors other than the patient. Thank you.

PLAIN FILM - NO APPOINTMENT NECESSARY

SEE SPECIFIC LOCATION FOR HOURS OF OPERATION.

- | | | | | | |
|----------------------------------|---------------------------------|---------------------------------|---|---|---|
| <input type="checkbox"/> Chest | <input type="checkbox"/> 2 view | <input type="checkbox"/> 1 view | <input type="checkbox"/> Extremity (specify): _____ | <input type="checkbox"/> Sinuses (specify): _____ | <input type="checkbox"/> Scoliosis Survey |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> 2 view | <input type="checkbox"/> 1 view | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Spine (specify): _____ | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Skull | | | <input type="checkbox"/> Bone Age: _____ | <input type="checkbox"/> Pelvis/Hips | |

FLUOROSCOPY APPOINTMENT NECESSARY

- | | | |
|---|---|---|
| <input type="checkbox"/> Esophagram | <input type="checkbox"/> Enema (Check one) | <input type="checkbox"/> Skeletal Survey |
| <input type="checkbox"/> Upper GI <input type="checkbox"/> w/air contrast if needed | <input type="checkbox"/> Single contrast (for constipation) non prepped | <input type="checkbox"/> Other Fluoroscopy (specify): _____ |
| <input type="checkbox"/> Small Bowel | <input type="checkbox"/> Single contrast – prepped | |
| <input type="checkbox"/> Voiding Cystogram (VCUG) | <input type="checkbox"/> Double contrast – prepped | |
| <input type="checkbox"/> Collect sterile catheterized urine sample | | |

CHECK APPROPRIATE BOX FOR CT, CTA or MRI

APPOINTMENT NECESSARY (CALL FOR PREPARATION INSTRUCTIONS)

- | | | | |
|--|--|---|---|
| CT EXAMS
<input type="checkbox"/> Brain
<input type="checkbox"/> Sella/Pituitary
<input type="checkbox"/> IACs
<input type="checkbox"/> Temporal Bone
<input type="checkbox"/> Orbits
<input type="checkbox"/> Sinuses (Check one)
<input type="checkbox"/> Limited <input type="checkbox"/> Complete
<input type="checkbox"/> Soft Tissue Neck
<input type="checkbox"/> Spine (specify): _____
<input type="checkbox"/> Extremity/Joint: (specify): _____
<input type="checkbox"/> Arthrogram Joint: (specify): _____ | <input type="checkbox"/> Chest (Thorax)
<input type="checkbox"/> Cardiac
<input type="checkbox"/> Abdomen Only
<input type="checkbox"/> Abdomen & Pelvis
<input type="checkbox"/> Pelvis Only
<input type="checkbox"/> Enterography
<input type="checkbox"/> Renal Calculi
<input type="checkbox"/> CT-IVP/Hematuria
<input type="checkbox"/> Other _____
<input type="checkbox"/> Give contrast if needed
<input type="checkbox"/> History of contrast reaction | CTA EXAMS
<input type="checkbox"/> Brain
<input type="checkbox"/> Chest
<input type="checkbox"/> Abdomen
<input type="checkbox"/> Pelvis
<input type="checkbox"/> Renal
<input type="checkbox"/> Peripheral

MRI EXAMS
<input type="checkbox"/> Brain
<input type="checkbox"/> Sella/Pituitary
<input type="checkbox"/> IACs
<input type="checkbox"/> Orbits
<input type="checkbox"/> Soft Tissue Neck
<input type="checkbox"/> TMJs
<input type="checkbox"/> Extremity
<input type="checkbox"/> Joint (specify): _____
<input type="checkbox"/> Arthrogram
<input type="checkbox"/> Joint (specify): _____ | <input type="checkbox"/> Chest (Thorax)
<input type="checkbox"/> Breast
<input type="checkbox"/> Abdomen
<input type="checkbox"/> Abdomen & Pelvis
<input type="checkbox"/> Pelvis
<input type="checkbox"/> Cholangiogram
<input type="checkbox"/> Enterography
<input type="checkbox"/> Urogram
<input type="checkbox"/> MRA (Check one)
<input type="checkbox"/> Intracranial <input type="checkbox"/> Extracranial
<input type="checkbox"/> Chest <input type="checkbox"/> Renal <input type="checkbox"/> Peripheral
<input type="checkbox"/> Other _____ |
|--|--|---|---|

Contrast & additional views at discretion of radiologist. Screening orbits will be performed if necessary.

ULTRASOUND APPOINTMENT NECESSARY

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Abdomen Complete
w/special attention to: _____ | <input type="checkbox"/> Pelvic (Transvaginal Only) | <input type="checkbox"/> Abdominal Wall for Hernia | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Renal/Bladder | <input type="checkbox"/> Appendix | <input type="checkbox"/> Hip (less than 4 months) | <input type="checkbox"/> Transplant (specify): _____ |
| <input type="checkbox"/> Pylorus (walk-ins accepted)
<input type="checkbox"/> with UGI if needed | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Cranial (Anterior Fontanel must be open) | |
| <input type="checkbox"/> Pelvic Transabdominal and Transvaginal | <input type="checkbox"/> Testicular | <input type="checkbox"/> Spine (less than 4 months) | |
| <input type="checkbox"/> Pelvic (Transabdominal Only) | <input type="checkbox"/> Breast <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Neck | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> Extremity (specify): _____ | <input type="checkbox"/> Vascular (specify): _____ | |
| | <input type="checkbox"/> Chest | <input type="checkbox"/> Doppler (specify): _____ | |

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

ausrad.com

PEDI09092020

AUSTIN RADIOLOGICAL ASSOCIATION

PEDIATRIC EXAMINATION INSTRUCTIONS

ULTRASOUND

Abdominal, spleen, pancreas, retroperitoneum, and gallbladder

- 0 - 2 years: nothing to eat or drink 3 hours prior to examination time.
- 3 - 16 years: nothing to eat or drink 6 hours prior to examination time.

Hips, cranial and spine ultrasound

- Nothing to eat or drink 3 hours prior to exam.
- Bring bottle to feed patient during exam or if breastfeeding come early to breastfeed immediately prior to the exam.
- Hip and Spine ultrasound are not appropriate after 4 months of age.

Pyloric ultrasound

- Nothing to eat or drink 3 hours prior to examination time.
- If ordered STAT no feeding after the exam is scheduled.
- If the exam is normal determine if UGI is to follow.

Renal, bladder, pelvic ultrasound (Have patient come with full bladder.)

- 0 - 2 years: feed 30 min. prior to exam.
- 3 - 4 years: 2 full glasses of non carbonated beverage, 30 min. prior to exam time.
- 5 - 8 years: 3 full glasses of non carbonated beverage, 30 min. prior to exam time.
- 9 - 16 years: 4 full glasses of non carbonated beverage, 30 min. prior to exam time.

All other ultrasound

- 0 - 3 years nothing to eat or drink for 3 hours prior to the exam time.
- Bring bottle to feed patient during exam.
- 4 years and older no preparation needed.

FLUOROSCOPY and IVP

Upper GI, esophogram, small bowel

- 0 - 3 years: Nothing to drink or eat 3 hours prior to the examination time.
- 4 -16 years: No solid foods after midnight.

Note:

1. Bring an empty bottle or a sippy cup if age appropriate.
2. If the UGI is via G-tube or J-tube please bring a feeding tube attachment.
3. Small bowel exam may take 2 - 3 or more hours.

IVP (child 2 - 16 years)

- Magnesium citrate: see chart for dosage. Take at 3:00 p.m. on day before exam.
- Clear liquids only after supper.
- Nothing to eat or drink 4 hours prior to exam.

Prepped barium enema

- Infant 29 days - 2 years: nothing to eat or drink 4 hours prior to exam.
- Child 2 - 16 years:
 1. Low residue diet for 24 hours prior to exam.
 2. Magnesium citrate: see chart.
 3. Clear liquid supper after 3 p.m.
 4. Clear liquids until 4 hours prior to study.
 5. Nothing to eat or drink 4 hours prior to exam.
 6. For double air contrast enema, if stool is not clear or yellow at 6 a.m the day of the exam, give 1 Fleet enema.

MAGNESIUM CITRATE CHART

Child's age	Dose
Less than 1 year	No laxative
1-3 years	1 1/2 ounces
4-5 years	2 1/2 ounces
6-8 years	3 ounces
9-12 years	4 ounces
13-18 years	5 ounces

Unprepped barium enema for chronic constipation

All ages:

- All enemas or laxatives and rectal stimulation must be stopped 48 hours prior to examination.
- The patient may have to return to radiology for a film the day following the exam, therefore this exam cannot be scheduled on a Friday.

VCUG - voiding cystourethrogram

- No preparation.
- Patient will be catheterized for this examination. This will be explained to the patient with age appropriate education at the time of the examination.

FOR ALL EXAMINATIONS PLEASE GIVE ROUTINE MEDICATION WITH AS LITTLE WATER AS POSSIBLE.