

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

Bone Densitometry, 3D Screening Mammography, Ultrasound, X-ray
170 Benney Lane, #101, Dripping Springs, TX 78620
512-776-1176 Fax 512-836-8869

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

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

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

Austin

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

Round Rock

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

Dripping Springs

170 Benney Ln., Dripping Spring, TX 78620

Austin

Austin location addresses on reverse

Austin

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



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

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.: _____

Patient day #: _____ Evening #: _____ Diagnosis: _____

Special instructions: _____

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

Ins. & authorization #: _____ APPOINTMENT DATE: _____ APPOINTMENT TIME: _____ Sedation Pain management

MRI APPOINTMENT NECESSARY

- | | | |
|---|--|--|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Do not administer IV contrast |
| <input type="checkbox"/> Brain/IACs | <input type="checkbox"/> Cervical Spine | |
| <input type="checkbox"/> Brain MS Protocol | <input type="checkbox"/> Thoracic Spine | |
| <input type="checkbox"/> Brain IAC Cholesteatoma Protocol | <input type="checkbox"/> Lumbar Spine | |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> L <input type="checkbox"/> R | |
| <input type="checkbox"/> Face/Skull Base | <input type="checkbox"/> Lumbosacral Plexus | |
| <input type="checkbox"/> Orbits | | |
| <input type="checkbox"/> TMJ | | |
| <input type="checkbox"/> Other: _____ | | |

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

- MRA**
- Intracranial (Head / Circle of Willis) Extracranial (Neck / Carotids)
- MRV**
- Intracranial

CT APPOINTMENT NECESSARY

- | | |
|---|--|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Soft Tissue Neck |
| <input type="checkbox"/> Sinus Limited | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> Sinus Complete | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> IGS (Image Guided Surgery) | <input type="checkbox"/> Lumbar Spine |
| <input type="checkbox"/> Stryker Protocol | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Orbits | |
| <input type="checkbox"/> Maxillofacial | <input type="checkbox"/> Do not administer IV contrast |
| <input type="checkbox"/> Temporal bone | |

If CT & PET needed call scheduling at 512-458-9098.
CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST.

- CTA**
- Intracranial (Head / Circle of Willis) Intracranial
- Extracranial (Neck / Carotids)

FLUOROSCOPY APPOINTMENT NECESSARY

- | | |
|---|--|
| <input type="checkbox"/> Lumbar Puncture | <input type="checkbox"/> Lumbar Epidural Blood Patch |
| <input type="checkbox"/> w pressures <input type="checkbox"/> w/o pressures | <input type="checkbox"/> Barium Swallow |
| <input type="checkbox"/> w lab work <input type="checkbox"/> w/o lab work | |
- PLEASE ATTACH LAB ORDERS

MYELOGRAM w/CT to follow APPOINTMENT NECESSARY

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Entire Spine |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Cisternography |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Other: _____ |

NUCLEAR RADIOLOGY APPOINTMENT NECESSARY

NUCLEAR RADIOLOGY REQUIRES A 24-HOUR CANCELLATION NOTICE

- Brain SPECT/CT Neuroлите DaTscan
- SPECT/CT Scan (area) _____
- Other _____

ULTRASOUND APPOINTMENT NECESSARY

- Soft Tissue (specify) _____ Carotid Doppler
- Thyroid Parathyroid

BONE DENSITOMETRY APPOINTMENT NECESSARY

- Bone Densitometry

SEE SPECIFIC LOCATION FOR HOURS

PLAIN FILMS

NO APPOINTMENT NECESSARY

- | | | | | |
|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|--|
| <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 |
| <input type="checkbox"/> Thoracic | | | | |

- Pelvis
- SI Joints
- Skull

- Skull for Shunt
- Shunt Series
- Other: _____

ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST.

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

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 • Scheduling Office Hours: 7AM - 7 PM

ausrad.com

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. 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.