

AUSTIN CENTER BOULEVARD & AUSTIN CENTER BOULEVARD WOMEN'S IMAGING

Bone Densitometry, Breast Biopsy, 3D Screening & Diagnostic Mammography, 3T Open-Bore MRI, Ultrasound

6818 Austin Center Blvd., #101, Austin, TX 78731
512-795-8505 Fax 512-836-8869
Monday - Friday 8:00 am - 5:00 pm

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 - 11:00 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)

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)

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

GEORGETOWN

Bone Densitometry, CT, Fluoroscopy, 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)

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 6:30 am - 11:00 pm (MRI)
Monday - Friday 7:30 am - 7:30 pm (Ultrasound)

MANOR

Bone Densitometry, CT, 3D Screening & Diagnostic Mammography, 3T Open-Bore MRI, Ultrasound, X-ray
12700 Lexington St., #300, Manor, TX 78653
512-776-1158 Fax 512-836-8869
Monday - Friday 8:00 am - 5:00 pm

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 - 8:00 pm (X-ray)
Saturday - Sunday 8:00 am - 5:00 pm (MRI, X-ray)

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)

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)

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)

SAN MARCOS

Bone Densitometry, CT, 3D Screening 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)

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 - 6:00 pm (CT)
Monday - Friday 8:00 am - 6:30 pm (MRI)

SOUTHWOOD*

Bone Densitometry, CT, Fluoroscopy, 3D Screening Mammography, Molecular Radiology, 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)

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)

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 6:30 am - 11:00 pm (MRI)
Monday - Friday 7:30 am - 6:00 pm (Ultrasound)

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)



Provider's dedicated line:
(512) 458-9098
(512) 836-8869 fax



Many exams are available for scheduling online. Visit ausrad.com/scheduling.



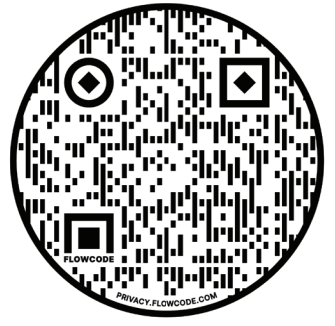
Extended hours are available at many locations. Just ask our schedulers.



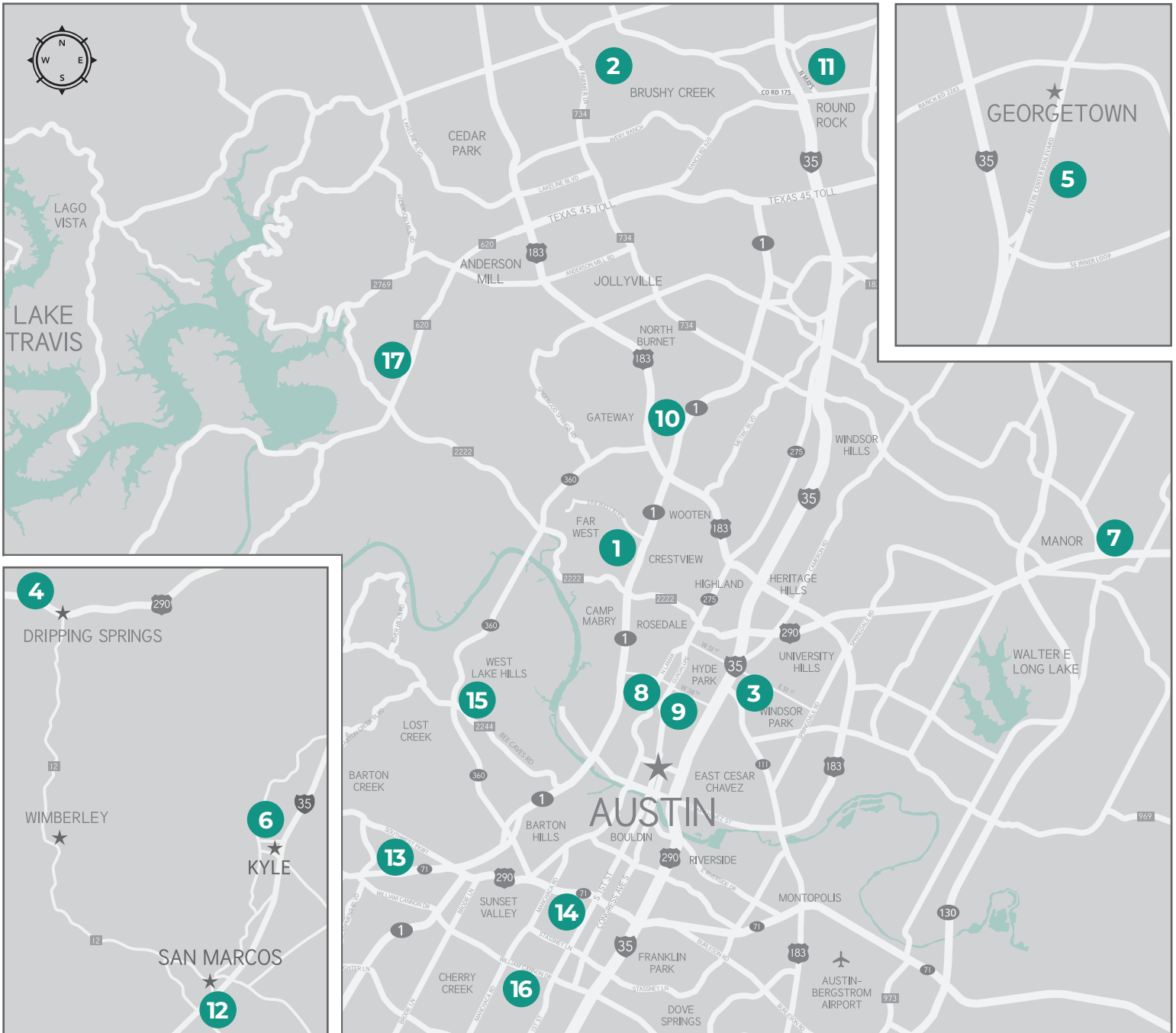
Know before you go with the out-of-pocket estimator tool at www.ausrad.com.

LOCATIONS & MAP

1	AUSTIN CENTER BOULEVARD & ACB WOMEN'S IMAGING	9	MIDTOWN / AUSTIN VEIN CENTER
2	CEDAR PARK & CEDAR PARK WOMEN'S IMAGING	10	QUARRY LAKE
3	CHILDREN'S IMAGING CENTER	11	ROCK CREEK PLAZA
4	DRIPPING SPRINGS	12	SAN MARCOS
5	GEORGETOWN	13	SOUTHWEST MEDICAL VILLAGE
6	KYLE & KYLE WOMEN'S IMAGING	14	SOUTHWOOD
7	MANOR	15	WESTLAKE
8	MEDICAL PARK TOWER	16	WILLIAM CANNON
		17	WILSON PARKE



SCAN ME
FOR LOCATIONS
AND DIRECTIONS



SEE LOCATION ADDRESSES AND PHONE NUMBERS ON REVERSE

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 # _____

STAT exams may require clinical urgency review with insurance company. Fax clinical notes to ARA at 512.977.8200.

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: _____ Physician signature: _____ Date ordered: _____

NAME - PLEASE PRINT

Ins. & authorization #: _____ Appointment day: _____ Appointment time: _____

PLAIN FILMS (X-RAY)	MOLECULAR IMAGING & NUCLEAR RADIOLOGY	CT
<p>SEE SPECIFIC LOCATION FOR HOURS</p> <p>Abdomen <input type="checkbox"/> 1 View (KUB) <input type="checkbox"/> 2 View Chest <input type="checkbox"/> 2 View <input type="checkbox"/> 1 View Extremity (specify) _____ <input type="checkbox"/> L <input type="checkbox"/> R Sinuses (specify) _____ Spine (specify) _____ Other (specify) _____</p> <p>BONE DENSITOMETRY APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Bone Densitometry</p> <p>FLUOROSCOPY APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Barium Swallow _____ <input type="checkbox"/> Upper GI _____ <input type="checkbox"/> Small Bowel <input type="checkbox"/> Lumbar Puncture <input type="checkbox"/> Barium Enema <input type="checkbox"/> w pressures <input type="checkbox"/> w/o pressures <input type="checkbox"/> Hysterosalpingogram (HSG) <input type="checkbox"/> w lab work <input type="checkbox"/> w/o lab work <input type="checkbox"/> Voiding Cystogram (VCUG) PLEASE ATTACH LAB ORDERS <input type="checkbox"/> Other _____</p> <p>MRI APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Brain <input type="checkbox"/> Chest <input type="checkbox"/> Chest Wall <input type="checkbox"/> Brain MS Protocol <input type="checkbox"/> Cardiac <input type="checkbox"/> Abdomen <input type="checkbox"/> MS Spine <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> Pelvis <input type="checkbox"/> TMJ <input type="checkbox"/> IACs <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Orbits (check appropriate) <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Pituitary <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> SI Joints <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Sacral Plexus <input type="checkbox"/> Humerus <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Forearm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Defecography <input type="checkbox"/> Femur <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Enterography <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> MRCP w/Abdomen & 3D - must list secondary diagnosis: _____</p> <p><input type="checkbox"/> MR Arthrogram Joint _____ <input type="checkbox"/> Other _____</p> <p>CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST. SCREENING ORBITS WILL BE PERFORMED AS NECESSARY. <input type="checkbox"/> Do not administer IV contrast</p> <p>MRAs</p> <p><input type="checkbox"/> Intracranial (Head / Circle of Willis) <input type="checkbox"/> Extracranial (Neck / Carotids) <input type="checkbox"/> Peripheral with Abdomen & Pelvis <input type="checkbox"/> Peripheral with Pelvis <input type="checkbox"/> Abdominal Aorta (Abdomen & Pelvis) <input type="checkbox"/> MR Arteriogram (specify) _____ <input type="checkbox"/> MR Venogram (specify) _____ <input type="checkbox"/> Other _____</p> <p>OTHER APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> IVP (with Sono, if needed) <input type="checkbox"/> Uterine Fibroid Treatment Consult <input type="checkbox"/> Varicose Vein Treatment Consult <input type="checkbox"/> Other _____</p> <p>MYELOGRAM w/CT TO FOLLOW APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> Cisternography <input type="checkbox"/> Thoracic <input type="checkbox"/> Entire spine <input type="checkbox"/> Other _____</p>	<p>APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Bone Scan (with plain films and/or SPECT/CT if needed) <input type="checkbox"/> Total Bone <input type="checkbox"/> Limited area _____ <input type="checkbox"/> SPECT/CT <input type="checkbox"/> 3Phase for infection/osteomyelitis, loose hardware <input type="checkbox"/> Gastric Emptying Scan <input type="checkbox"/> HIDA Scan with CCK <input type="checkbox"/> Liver Spleen Scan <input type="checkbox"/> I-123 Whole Body Scan <input type="checkbox"/> w/Thyrogen <input type="checkbox"/> w/SPECT/CT <input type="checkbox"/> Lymphoscintigraphy <input type="checkbox"/> Injection only <input type="checkbox"/> w/SPECT/CT <input type="checkbox"/> Liver Spleen Scan <input type="checkbox"/> Liver SPECT/CT (RBC tag) for hemangioma <input type="checkbox"/> Heat Damaged RBC w/SPECT/CT for splenule <input type="checkbox"/> Meckel's Scan w/SPECT/CT <input type="checkbox"/> MUGA Scan for LVEF (resting only) <input type="checkbox"/> Parathyroid Scan w/SPECT/CT & sono if needed <input type="checkbox"/> Renal Scan w/diff function <input type="checkbox"/> w/Lasix <input type="checkbox"/> Cortical Imaging <input type="checkbox"/> Thyroid Scan w/Uptake (w/sono if needed) <input type="checkbox"/> Thyroid Scan (w/sono if needed) <input type="checkbox"/> Radioiodine Treatment for Hyperthyroidism <input type="checkbox"/> Radioiodine Treatment for Cancer <input type="checkbox"/> w/Thyrogen <input type="checkbox"/> I-131 Post Treatment Scan: 5-10 days post Tx <input type="checkbox"/> Brain SPECT/CT <input type="checkbox"/> Neurolite <input type="checkbox"/> DaTScan <input type="checkbox"/> OctreoScan w/SPECT/CT (PET/CT is preferred modality) <input type="checkbox"/> White Blood Cell (WBC) Scan for infection w/SPECT/CT (w/marrow mapping if needed) <input type="checkbox"/> I-123 MIBG w/SPECT/CT <input type="checkbox"/> Other _____</p> <p>BREAST IMAGING APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Bone Densitometry & Screening Mammogram with 3D <input type="checkbox"/> Screening Mammogram with 3D (with 3D diagnostic mammogram and US if inconclusive) <input type="checkbox"/> Screening Mammogram with 3D <input type="checkbox"/> Complete Diagnostic Mammography Work-up with 3D (may include US, biopsy and/or cyst aspiration if needed) <input type="checkbox"/> Diagnostic Mammogram with 3D (with breast US if needed) <input type="checkbox"/> Male Diagnostic Mammogram with 3D, US prn (25 or older) <input type="checkbox"/> Screening Breast Ultrasound (Dense Breasts/Asymptomatic) <input type="checkbox"/> Ultrasound Breast Limited <input type="checkbox"/> L <input type="checkbox"/> R (Indicate area of concern) (w/3D diagnostic mammo, if needed) <input type="checkbox"/> Ultrasound Breast Complete Diagnostic <input type="checkbox"/> L <input type="checkbox"/> R (Symptomatic Non Focal) (w/3D diagnostic mammo, if needed) <input type="checkbox"/> Breast MRI w/wo contrast (Diagnostic - Patient should be scheduled 7-14 days from start of menstrual cycle) (indicate area of concern) <input type="checkbox"/> Breast MRI w/o contrast (implant evaluation) <input type="checkbox"/> Male Ultrasound Breast Only (males under 25) <input type="checkbox"/> Breast Biopsy (w post procedure mammo) <input type="checkbox"/> Galactogram/Ductogram <input type="checkbox"/> Abbreviated Breast MRI (Screening - patient should be scheduled 7-14 days from start of menstrual cycle) <input type="checkbox"/> Other _____</p> <div style="text-align: center;"> <p>For diagnostic only. Note area of concern.</p> </div>	<p>APPOINTMENT NECESSARY</p> <p><input type="checkbox"/> Chest (Thorax) <input type="checkbox"/> Chest for Interstitial Lung Disease <input type="checkbox"/> Chest Superdimensional Protocol <input type="checkbox"/> Abdomen (w/pelvis if needed) <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Abdomen Only <input type="checkbox"/> Pelvis Only <input type="checkbox"/> Enterography/Small Bowel - must list secondary diagnosis <input type="checkbox"/> Renal Calculi (abd/pel w/o contrast) <input type="checkbox"/> CT-IVP / Hematuria Protocol <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Brain <input type="checkbox"/> Temporal Bone <input type="checkbox"/> Limited Sinus <input type="checkbox"/> Complete Sinus <input type="checkbox"/> IGS (Image Guided Sinus Surgery) Specify: _____ <input type="checkbox"/> Orbits <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Do not administer oral contrast <input type="checkbox"/> Calcium Scoring <input type="checkbox"/> Do not administer IV contrast <input type="checkbox"/> Virtual Colonoscopy <input type="checkbox"/> Extremity (specify) _____ <input type="checkbox"/> Other _____</p> <p>CT Lung Screening must be ordered using a specific eligibility/referral form available at www.ausrad.com/requests.</p> <p>If CT & PET needed, call scheduling at 512.458.9098. CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST.</p> <p>CTA</p> <p><input type="checkbox"/> Chest - Aorta / Great Vessels <input type="checkbox"/> Chest - for Pulmonary Embolism <input type="checkbox"/> Perforator Protocol <input type="checkbox"/> Chest/Abdomen/Pelvis <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Abdomen/Pelvis w/ Lower Extremities</p> <p><input type="checkbox"/> Heart - Coronary Arteries <input type="checkbox"/> Abdomen / Pelvis - Mesenteric Arteries <input type="checkbox"/> Abdomen / Pelvis - Perforator Protocol <input type="checkbox"/> Renal Arteries <input type="checkbox"/> AAA / Endograft (PRE- or POST- placement) <input type="checkbox"/> Run-off of Bilateral Lower Extremities w/ Abdomen & Pelvis <input type="checkbox"/> Run-off of Bilateral Lower Extremities with Pelvis <input type="checkbox"/> Brain <input type="checkbox"/> Carotids <input type="checkbox"/> Extremity (specify) _____ <input type="checkbox"/> Other _____</p> <p>CTV</p> <p><input type="checkbox"/> Abdomen / Pelvis <input type="checkbox"/> Pelvis <input type="checkbox"/> Intracranial</p> <p>ULTRASOUND APPOINTMENT NECESSARY</p> <p>ANY STUDY MAY REQUIRE DOPPLER EVALUATION AT DISCRETION OF RADIOLOGIST.</p> <p><input type="checkbox"/> Abdomen Complete <input type="checkbox"/> Pelvic Transabdominal & Transvaginal <input type="checkbox"/> Obstetrical Transabdominal <input type="checkbox"/> Pelvic (Transvaginal Only) <input type="checkbox"/> Obstetrical Transvaginal <input type="checkbox"/> Pelvic (Transabdominal Only) <input type="checkbox"/> Obstetrical Transvaginal & Transabdominal <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Venous Doppler <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Arterial Duplex (Complete NIPS): <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Thyroid Including Neck <input type="checkbox"/> Testicular (includes Doppler) <input type="checkbox"/> Ankle-Brachial Indices (Limited NIPS) <input type="checkbox"/> Renal <input type="checkbox"/> Aorta <input type="checkbox"/> Other _____</p> <p>PET / CT APPOINTMENT NECESSARY</p> <p>Prescheduling form required - please call to schedule. Give 48 hours cancellation or reschedule notice.</p> <p>For MRI and CT contrast studies, creatinine testing will be performed for patients meeting contrast screening guidelines.</p>

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.