



NORTH	
AUSTIN CENTER BOULEVARD & ACB BREAST IMAGING 6818 Austin Center Blvd., #101, Austin, TX 78731	Open Mon-Fri, 8am-5pm. Located in the Austin Surgical Plaza on the west side of MOPAC. Take the Far West exit and turn left on Austin Center Blvd., then turn right into the plaza. ARA is in the building to the left. Call the center at (512) 795-8505 .
CEDAR PARK & CEDAR PARK BREAST IMAGING 12800 W. Parmer Ln., #200, Cedar Park, TX 78613	Open Mon-Fri, 8am-5pm. Extended hours: CT 7am-11pm, mammography 7am-9pm, MRI 6:30am-11pm, ultrasound 7am-11pm. Located one block south of Hwy 1431 at the intersection of Colonial Parkway and Parmer Lane. Call the center at (512) 485-7199 .
GEORGETOWN 3201 South Austin Ave., #105, Georgetown, TX 78626	Open Mon-Fri, 8am-5pm. Extended hours: CT 7:30am-7pm, mammography 7am-5pm, MRI 6:30am-11pm, ultrasound 7am-5pm. Located off IH 35 between Leander Rd. and the southeast inner loop. Call the center at (512) 863-4648 .
QUARRY LAKE 4515 Seton Center Parkway, #105, Austin, TX 78759	Open Mon-Fri, 8am-5pm. Extended hours: CT 7am-10pm, fluoroscopy 8:30am-7pm, MRI 6:30am-11pm, ultrasound 7am-6pm. Located off Hwy 183 N off Braker Lane on the east side of Hwy 183. Turn onto Seton Center Parkway and take the first entrance on the left. The suite is located in the north lobby. Call the center at (512) 519-3402 . Please use the building's intercom system to enter for after-hours or early morning appointments.
ROCK CREEK PLAZA 2120 North Mays, #220, Round Rock, TX 78664	Open Mon-Fri, 8am-5pm. Extended hours: CT 7am-5:30pm, mammography 7am-5pm, MRI 6:30am-11pm, ultrasound 7am-11pm. Located directly off N IH 35 on the access road north of Hwy 79 just past Texas Ave. Call the center at (512) 238-7195 .
EAST	
MANOR 12700 Lexington St., #300, Manor, TX 78653	Open Mon-Fri, 8am-5pm. From Hwy 290, turn north on Lexington St. The center is about a quarter-mile on the left. Call the center at (512) 776-1158 .
SOUTH	
KYLE & KYLE BREAST IMAGING 4211 Benner Rd., #100, Kyle, TX 78640	Open Mon-Fri, 8am-5pm. Extended hours: CT 7:30am-7pm, MRI 6:30am-11pm, ultrasound 7:30am-5pm. Also open Saturday and Sunday 8am-4pm for MRI. Located on Benner Rd near the Plum Creek Golf Course. From IH 35, take exit 215 (Kyle Parkway) and go west on Kohlers Crossing for about 1.5 miles. Turn left on Benner Rd. Call the center at (512) 776-1150 .
DRIPPING SPRINGS 170 Benney Lane, #101, Dripping Springs, TX 78620	Open Mon-Fri, 8am-4:30pm. Located off Hwy 290. Turn on Mighty Tiger Trail then turn right on Benney Ln. Call the center at (512) 776-1176 .
SAN MARCOS 1348-B Texas 123 South, San Marcos, TX 78666	Open Mon-Fri, 8am-5pm. Extended hours: MRI 6:30am-11pm, CT 7am-7pm. From IH 35, take the Seguin exit and drive east for about a mile. The center is located just past Riley's Transmission. Call the center at (512) 519-3431 .
SOUTHWOOD 1701 West Ben White Blvd., #170, Austin, TX 78704	Open Mon-Fri, 8am-5pm. Extended hours: CT 7:30am-11pm, MRI 6:30am-11pm, ultrasound 6:30am-10pm. Located on the south access road off Ben White Blvd. (Hwy 290/71) between Menchaca Rd. and South 1st St. Call the center at (512) 428-9090 . Please use the building's intercom system to enter for after-hours or early morning appointments.
WILLIAM CANNON 2501 West William Cannon Dr., Bldg. 5 Austin, TX 78745	Open Mon-Fri, 8am-5pm. Extended hours: CT 7:30am-7pm, MRI 6:30am-11pm, ultrasound 7:30am-6pm. Located on the south side of W William Cannon Dr. between Westgate Blvd. and Menchaca Rd. in the Stonegate One complex, building 5. Call the center at (512) 346-7311 . Please use the building's intercom system to enter for after-hours or early morning appointments.
WEST	
SOUTHWEST MEDICAL VILLAGE 5625 Eiger Rd., #165, Austin, TX 78735	Open Mon-Fri, 8am-5pm. Extended hours: CT 7:30am-7pm, MRI 8am-10:30pm. Located off Vega Ave between Southwest Parkway and W William Cannon. From Vega Ave., turn on to Eiger Rd. (which loops back to Vega). Turn into the Southwest Medical Village complex. Call the center at (512) 519-3474 .
WESTLAKE 5656 Bee Caves Rd., Bldg. H, #200, Austin, TX 78746	Open Mon-Fri, 8am-5pm. Extended hours: MRI 8am-6:30pm, mammography 7:30am-5pm, US 7:30am-5pm. Located in the Westlake Medical Center Complex, just east of Loop 360 at Bee Caves Rd. Call the center at (512) 328-4984 .
WILSON PARKE 11714 Wilson Parke Ave., #175, Austin, TX 78726	Open Mon-Fri, 8am-5pm. Extended hours: CT 7:30am-7pm. Located off Hwy 620 near the Trails Shopping Center next to Austin Regional Clinic. Turn west onto Wilson Parke from 620 and make the first right into the complex. Call the center at (512) 519-3457 .
CENTRAL	
MEDICAL PARK TOWER 1301 West 38th Street, #118, Austin, TX 78705	Open Mon-Fri, 8am-5pm. Extended hours: CT 7am-7pm, MRI 6:30am-11pm, X-ray 8am-8pm. Also open Saturday 8am-5pm for CT, MRI and X-ray. Sunday 8am-5pm for MRI and X-ray. Located between W. 38th and W. 34th on the west side of the Seton Ascension Medical Center. From N. Lamar, turn west on 34th St., go past Medical Parkway and turn right into the parking lot. ARA is on the SW side of the building. Call the center at (512) 454-7380 .
MIDTOWN / THERANOSTICS CENTER / INTERVENTIONAL RADIOLOGY CENTER 901 West 38th Street, #100, Austin, TX 78705	Open Mon-Fri, 8am-5pm. Extended hours: CT 7:30am-6pm, MRI 8am-7pm, PET/CT 7am-6pm. Located on W 38th St east of N Lamar and across the street from the Austin Heart Hospital. Parking is located beside the building when you turn off 38th St. Call the center at (512) 519-3456 .
MUELLER & MUELLER CHILDREN'S IMAGING 1301 Barbara Jordan Blvd., #104, Austin, TX 78723	Open Mon-Fri, 8am-5pm. Extended hours: Ultrasound 7am-6pm. Located on the SE corner of Lancaster and Barbara Jordan between the Ronald McDonald House and Starbucks. PARKING: Garage behind Strictly Pediatrics can be accessed from Barbara Jordan, between the Ronald McDonald House and Strictly Pediatrics. Call the center at (512) 480-0761 .



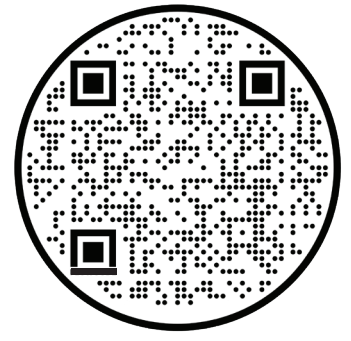
Extended hours are available at many locations. Just ask our schedulers!



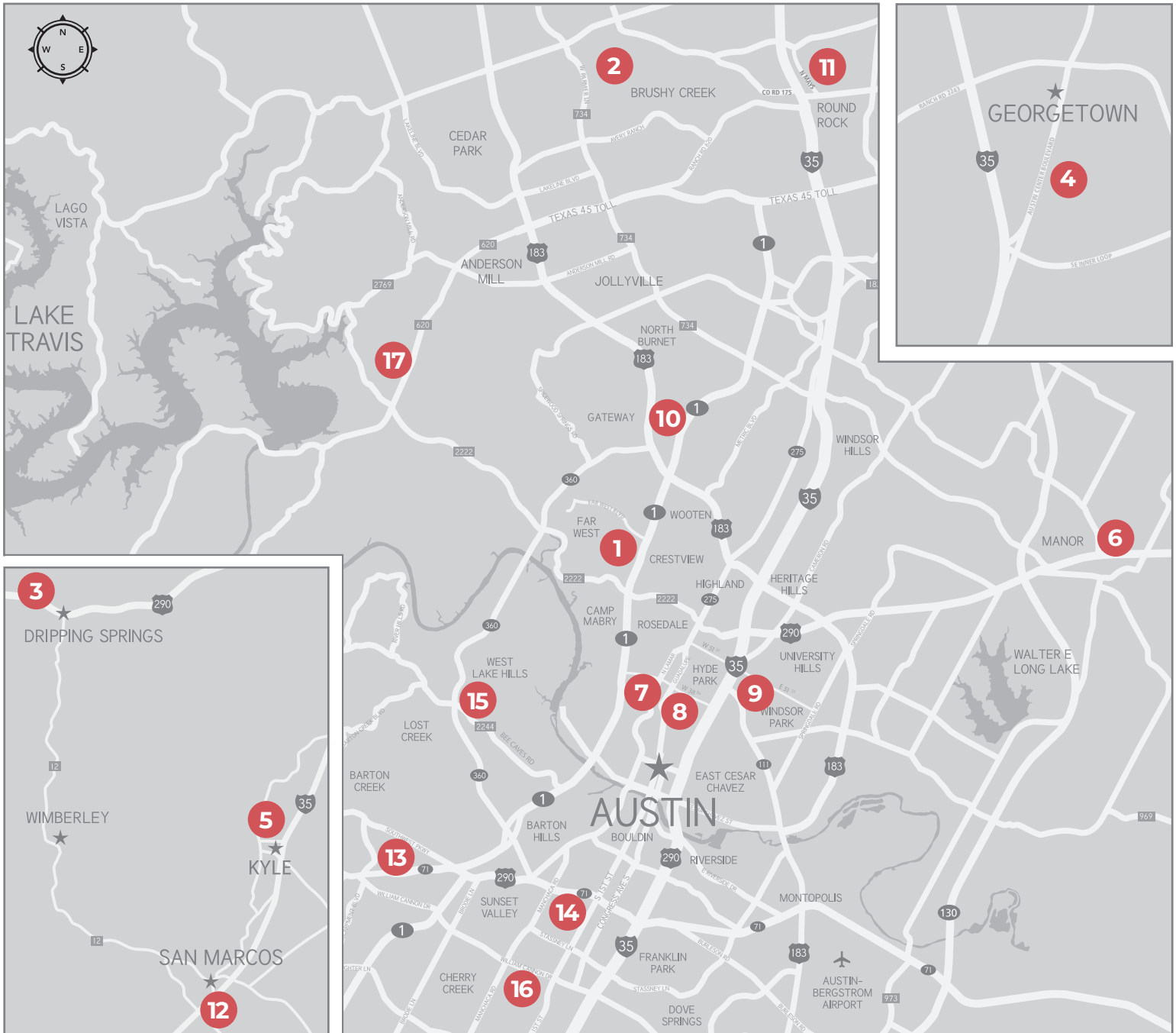
Know costs before you go with the out-of-pocket estimator tool at ausrad.com.

LOCATIONS MAP ON REVERSE 

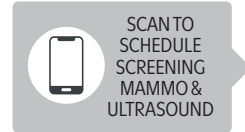
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 **SCAN ME**
FOR LOCATIONS
AND DIRECTIONS



SEE LOCATION ADDRESSES AND PHONE NUMBERS ON REVERSE 



- Patient to take Report CD
 Scheduler to call patient Patient to call scheduling
 ARA to fax appointment confirmation to physician

After hrs phone _____

Exam ICD-10 code _____

Additional report to _____

Non STAT fax _____

STAT fax _____

STAT call phone _____

- Call if STAT results are normal.
 Fax STAT clinical notes to 512.977.8200.

Report for exams completed after 4pm will be faxed the next workday morning.

PATIENT NAME Last First MI DOB (MM/DD/YYYY)

PATIENT PREFERRED PHONE PATIENT EMAIL

DIAGNOSIS

SPECIAL INSTRUCTIONS

REFERRING PHYSICIAN NPI SIGNATURE DATE ORDERED

INSURANCE & AUTHORIZATION # APPT DAY APPT TIME

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"/> Thoracic | <input type="checkbox"/> Bone Densitometry |
| <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"/> Extremity (specify): _____ | <input type="checkbox"/> Other _____ |
| <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"/> Pelvis | _____ |
| ADDITIONAL VIEWS AT THE DISCRETION OF RADIOLOGIST | <input type="checkbox"/> SI Joints | |

MRI APPOINTMENT NECESSARY CALL FOR PREPARATION INSTRUCTIONS

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> SI Joints | <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> MR Arthrogram (specify): _____ |
| <input type="checkbox"/> SC Joints | <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Humerus <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Neurography (specify): _____ |
| <input type="checkbox"/> Clavicle <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Femur <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R | Digits: <input type="checkbox"/> Fingers <input type="checkbox"/> Toes |
| <input type="checkbox"/> Scapula <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Forearm <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R Specify digit(s): _____ |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R | |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R | |
| <input type="checkbox"/> Pectoralis <input type="checkbox"/> L <input type="checkbox"/> R | (includes hindfoot) | Digits: <input type="checkbox"/> Fingers <input type="checkbox"/> Toes | CONTRAST AT DISCRETION OF RADIOLOGIST. |
| <input type="checkbox"/> Chest Wall | <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R Specify digit(s): _____ | SCREENING ORBITS WILL BE PERFORMED AS NECESSARY. |
| <input type="checkbox"/> Pelvis (Musculoskeletal) | <input type="checkbox"/> Midfoot | | |
| <input type="checkbox"/> Pelvis (Athletic pubalgia) | <input type="checkbox"/> Forefoot | | |

CT APPOINTMENT NECESSARY IF PET/CT NEEDED CALL SCHEDULING AT 512.458.9098

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> CT Arthrogram (specify): _____ |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Tib/Fib <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Humerus <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Extremity (specify): _____ |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Extremity with 3D Reconstruction (specify): _____ |
| <input type="checkbox"/> Pelvis (Musculoskeletal) | (includes hindfoot & midfoot) | <input type="checkbox"/> Forearm <input type="checkbox"/> L <input type="checkbox"/> R | _____ (must list secondary diagnosis) |
| <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Femur <input type="checkbox"/> L <input type="checkbox"/> R | (includes midfoot & forefoot) | <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R | |
| CONTRAST AT DISCRETION OF RADIOLOGIST. | | <input type="checkbox"/> Digit _____ | |

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"/> SPECT/CT Scan (specify area): _____ |
| <input type="checkbox"/> Whole Body | <input type="checkbox"/> White Blood Cell Scan (WBC) for infection |
| <input type="checkbox"/> 3Phase for infection/osteomyelitis, loose hardware (specify): _____ | (Sulfur Colloid Scan for marrow mapping at radiologist discretion if needed) |
| | <input type="checkbox"/> Other: _____ |

ULTRASOUND APPOINTMENT NECESSARY

- | | |
|---|---|
| <input type="checkbox"/> Venous Doppler | <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 _____ |
| <input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bil | Specific location: _____ |
| <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bil | 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.

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 or soup. Do not eat or drink any dairy products.
3. Between 5:00 p.m. and 9:00 p.m., take two (2) Dulcolax or Bisacodyl USP 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 water. 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 exam.
2. Afternoon exams: LOW FAT BREAKFAST before 8:00 a.m. (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 water.
2. DO NOT empty bladder until after your examination.
3. DO NOT eat or drink anything six (6) hours prior to your exam.

MAMMOGRAM

1. Before your exam, clean the breasts thoroughly.
2. DO NOT wear deodorants or powders. Rubbing alcohol can be used as an antiperspirant.
3. It is recommended that you wear a two-piece outfit.

CT

1. You will be given preparation instructions, if any, when you schedule. They can also be sent to you by email.

*Patients on fluid restriction should consult their physicians for instructions.