

NORTH	HOURS, DIRECTIONS & PHONE
<b>AUSTIN CENTER BOULEVARD &amp; ACB BREAST IMAGING</b> 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 <b>(512) 795-8505</b> .
<b>CEDAR PARK &amp; CEDAR PARK BREAST IMAGING</b> 12800 W Parmer Ln #200, Cedar Park, TX 78613	Open Mon-Fri 8am-5pm. Located one block south of Hwy 1431 at the intersection of Colonial Parkway and Parmer Ln. Call the center at <b>(512) 485-7199</b> .
<b>GEORGETOWN</b> 3201 South Austin Ave #105, Georgetown, TX 78626	Open Mon-Fri 8am-5pm. Located off IH 35 between Leander Rd and the southeast inner loop. Call the center at <b>(512) 863-4648</b> .
<b>QUARRY LAKE</b> 4515 Seton Center Parkway #105, Austin, TX 78759	Open Mon-Fri 8am-5pm. Located off Hwy 183 N off Braker Ln 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 <b>(512) 519-3402</b> . Please use the building's intercom system to enter for after-hours or early morning appointments.
<b>ROCK CREEK PLAZA</b> 2120 North Mays St #220, Round Rock, TX 78664	Open Mon-Fri 8am-5:30pm. Located off N IH 35 on the access road north of Hwy 79 just past Texas Ave. Call the center at <b>(512) 238-7195</b> .
EAST	
<b>MANOR</b> 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 down on the left. Call the center at <b>(512) 776-1158</b> .
SOUTH	
<b>KYLE &amp; KYLE BREAST IMAGING</b> 4211 Benner Rd #100, Kyle, TX 78640	Open Mon-Fri 8am-5pm. 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 <b>(512) 776-1150</b> .
<b>DRIPPING SPRINGS</b> 170 Benney Ln #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 <b>(512) 776-1176</b> .
<b>SAN MARCOS</b> 1348-B Texas 123 South, San Marcos, TX 78666	Open Mon-Fri 8am-5pm. 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 <b>(512) 519-3431</b> .
<b>SOUTHWOOD</b> 1701 W Ben White Blvd #170, Austin, TX 78704	Open Mon-Fri 8am-5pm. Located on the south access road off Ben White Blvd (Hwy 290/71) between Menchaca Rd and South 1st St. Call the center at <b>(512) 428-9090</b> . Please use the building's intercom system to enter for after-hours or early morning appointments.
<b>WILLIAM CANNON</b> 2501 W William Cannon Dr, Bldg. 5 Austin, TX 78745	Open Mon-Fri 8am-5pm. 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 <b>(512) 346-7311</b> . Please use the building's intercom system to enter for after-hours or early morning appointments.
WEST	
<b>VILLAGE</b> 5625 Eiger Rd #165, Austin, TX 78735	Open Mon-Fri 8am-5pm. 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 <b>(512) 519-3474</b> .
<b>WESTLAKE</b> 5656 Bee Caves Rd, Bldg. H, #200, Austin, TX 78746	Open Mon-Fri 8am-5pm. Located in the Westlake Medical Center Complex, just east of Loop 360 at Bee Caves Rd. Call the center at <b>(512) 328-4984</b> .
<b>WILSON PARKE</b> 11714 Wilson Parke Ave #175, Austin, TX 78726	Open Mon-Fri 8am-5pm. Located off Hwy 620 near the Trails Shopping Center next to Austin Regional Clinic. Turn west onto Wilson Parke Ave from 620 and make the first right into the complex. Call the center at <b>(512) 519-3457</b> .
CENTRAL	
<b>MEDICAL PARK TOWER</b> 1301 W 38th St #118, Austin, TX 78705	Open Mon-Fri 8am-5pm. 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 <b>(512) 454-7380</b> .
<b>MIDTOWN / THERANOSTICS CENTER / INTERVENTIONAL RADIOLOGY CENTER</b> 901 W 38th St #100, Austin, TX 78705	Open Mon-Fri 8am-5pm. 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 <b>(512) 519-3456</b> .
<b>MUELLER &amp; MUELLER CHILDREN'S IMAGING</b> 1301 Barbara Jordan Blvd #104, Austin, TX 78723	Open Mon-Fri 8am-5pm. Located on the SE corner of Lancaster Dr and Barbara Jordan Blvd between the Ronald McDonald House and Starbucks. The parking garage behind Strictly Pediatrics can be accessed from Barbara Jordan Blvd, between the Ronald McDonald House and Strictly Pediatrics. Call the center at <b>(512) 480-0761</b> .

**MANAGE YOUR RADIOLOGY CARE THROUGH THE ARA PATIENT PORTAL**



**SCHEDULE YOUR EXAM**

- Patients can schedule many exams online, including most X-ray, bone densitometry, CT, MRI, mammography, and ultrasound exams. Go to [ausrad.com/scheduling](http://ausrad.com/scheduling).
- Call us at (512) 453-6100 to schedule fluoroscopy, interventional radiology, PET, or nuclear/molecular radiology exams, or any exam not listed on the scheduling portal.



**PAY YOUR BILL** or make payment arrangements.



**REQUEST MEDICAL RECORDS** of your ARA exams.



**SEE EXAM REPORTS & IMAGES** for ARA exams back to 2020.



**CREATE A PROFILE** to manage your patient information.



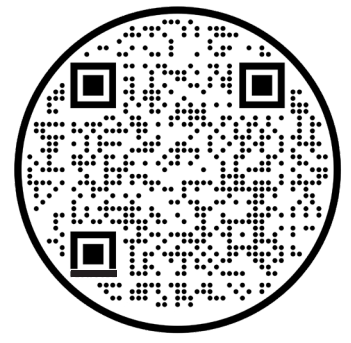
Extended hours are available at some locations. Ask your scheduler for details.



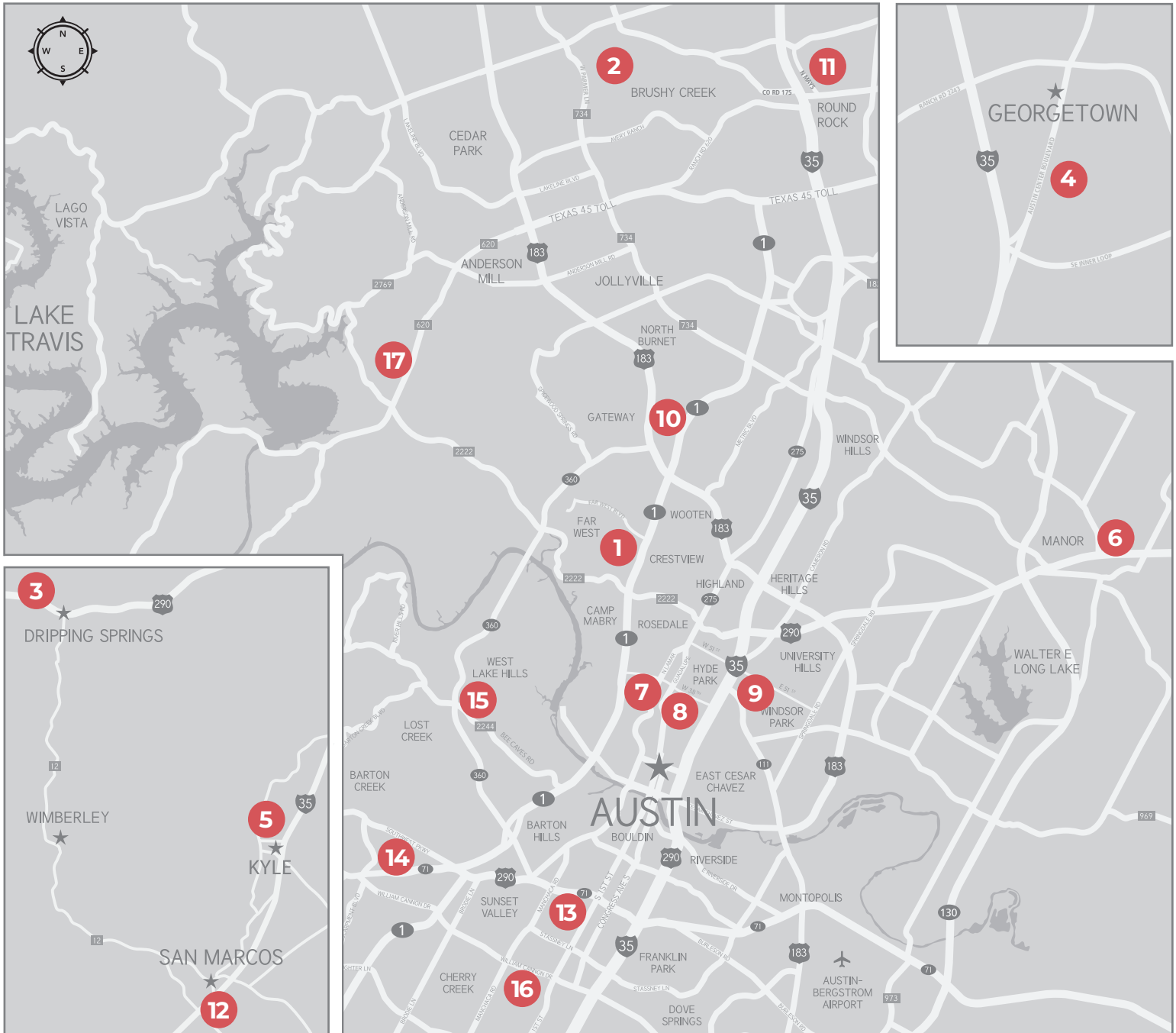
Know costs before you go with the out-of-pocket estimator tool at [ausrad.com](http://ausrad.com).

LOCATIONS MAP ON REVERSE 

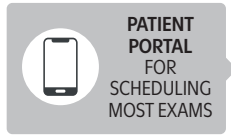
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**SCAN ME**  
FOR LOCATIONS  
AND DIRECTIONS



SEE LOCATION ADDRESSES AND PHONE NUMBERS ON REVERSE



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

PATIENT PREFERRED PHONE PATIENT EMAIL

DIAGNOSIS ICD 10 CODE(S)

SPECIAL INSTRUCTIONS

REFERRING PHYSICIAN NPI SIGNATURE DATE ORDERED

INSURANCE & AUTHORIZATION # APPT DAY APPT TIME

**X-RAY**

WALK-INS ACCEPTED FOR X-RAY ONLY

Abdomen  1 view  2 view

Chest  1 view  2 view

Ribs  2 view  3 view  Left  Right

Skull  2 view  4 view

Sinus  1 view  2 view  3 view

Cervical spine  1 view  2 view  3 view  4 view  5 view  Flex/ext

Lumbar spine  1 view  2 view  3 view  4 view  5 view  Flex/ext

Thoracic spine  1 view  2 view  3 view

Scoliosis  1 view  2 view

Pelvis  Hip  Left  Right

Sacroiliac  Facial bones

Sacrum / coccyx  Mandible

Leg length  Orbits

Bone age  Nasal bones

Foreign body - nose to rectum  Soft tissue neck / adenoids

Skeletal survey - MUST BE SCHEDULED

Upper extremity  Left  Right  Specify \_\_\_\_\_

Lower extremity  Left  Right  Specify \_\_\_\_\_

IVP  Complete w tomosynthesis  Limited

Other - specify \_\_\_\_\_

**BONE DENSITOMETRY**

Bone densitometry  Hip / spine  Wrist / radius

**MRI**

Contrast at discretion of radiologist

Do not administer IV contrast

**HEAD**

Brain  IACs  Orbits

Pituitary  Skull base / face  TMJ

Soft tissue neck

**SPINE**

Cervical  Brachial plexus  Left  Right

Thoracic  Sacral plexus  Lumbar

**CHEST**

Chest

**ABDOMEN**

Routine

w MRCP & 3D - must list secondary diagnosis \_\_\_\_\_

w Elastography

Urogram (includes pelvis)  Enterography (includes pelvis)

**PELVIS**

Routine  MSK pelvis  Prostate (include PSA)

Rectum  Defecography

**EXTREMITY** SELECT LATERALITY  LEFT  RIGHT

Arthrogram - specify joint: \_\_\_\_\_

Long bone - specify  Humerus  Forearm  Femur  Tib / fib

Shoulder  Pectorals  Elbow  Wrist

Hand  Finger \_\_\_\_\_

Hip  Knee  Ankle

Foot  Toe \_\_\_\_\_

**MRA**  MRV

Head  Neck  Chest  Abdomen  Pelvis

Run-off (bifurcation to ankle)

Upper extremity - specify \_\_\_\_\_

Lower extremity - specify \_\_\_\_\_

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

**OTHER / INTERVENTIONAL**

IVP with ultrasound as needed  Uterine fibroid treatment consult

Prostate artery embolization treatment consult

Other \_\_\_\_\_

**ARTHROGRAM w CT TO FOLLOW**

Arthrogram w CT to follow - specify joint \_\_\_\_\_

**MOLECULAR IMAGING & NUCLEAR RADIOLOGY**

Bone scan  w SPECT/CT (area) \_\_\_\_\_

Total bone  Limited (area) \_\_\_\_\_

3-phase for infection / osteomyelitis, loose hardware (area) \_\_\_\_\_

Brain SPECT/CT  Neuroлите  DaTScan

Gastric emptying scan

HIDA scan with GBEF (gallbladder ejection fraction)

I-123 MIBG w SPECT/CT

I-123 whole body scan  w SPECT/CT  w Thyrogen

Lymphoscintigraphy  w SPECT/CT  Injection only

Liver spleen scan

Liver SPECT/CT (RBC tag) for hemangioma

Heat damaged RBC w SPECT/CT

Meckel's scan w SPECT/CT

MUGA scan for LVEF (resting only)

Parathyroid scan w SPECT/CT  w ultrasound

Renal scan w diff function  w Lasix  Cortical imaging

Salivary glands

Thyroid scan w uptake  Thyroid scan only

Radioiodine treatment for hyperthyroidism

Radioiodine treatment for cancer  w Thyrogen

Radioiodine I-131 post treatment scan: 5-10 days post TX

White blood cell (WBC) scan for infection w SPECT/CT (w marrow mapping if needed)

Other \_\_\_\_\_

**BREAST IMAGING**

**SCREENING**

Screening 3D mammogram w US or 3D diagnostic mammo if inconclusive

Screening 3D mammogram

Radiologist approval required for screening mammo in patients under 30.

Screening breast ultrasound (dense breasts / asymptomatic)

**DIAGNOSTIC**

Diagnostic 3D mammo w US if needed  Female 30+  Male 25+

Diagnostic ultrasound w 3D mammo if needed

Female <30  Male <25 (Indicate area of concern.)

Complete diagnostic mammography workup w 3D (May include US, biopsy and / or cyst aspiration if needed)

Ultrasound axilla w 3D mammo if needed

**BREAST MRI**

Diagnostic w/w/o contrast (Indicate area of concern.)

Abbreviated screening

Implant evaluation w/o contrast (silicone only)

**BIOPSY (w post-biopsy mammogram if needed)**

Stereotactic  Stereotactic w 3D  Ultrasound  MRI

Radiologist to determine method

Other \_\_\_\_\_

**NOTE AREA OF CONCERN REQUIRED FOR DIAGNOSTIC EXAMS**

**FLUOROSCOPY**

Hysterosalpingogram (HSG)

Lumbar puncture  w pressures  w/o pressures

w lab work  w/o lab work

PLEASE ATTACH LAB ORDERS

Steroid injection  Kenalog 40mg/ml  Depo-Medrol 80 mg/ml

Specify joint \_\_\_\_\_

Joint aspiration - specify joint \_\_\_\_\_

PLEASE ATTACH LAB ORDERS

Other \_\_\_\_\_

**MYELOGRAM w CT TO FOLLOW**

Cervical  Lumbar

Thoracic  Entire spine  Other \_\_\_\_\_

**SCHEDULING INFORMATION**

Scheduler to call patient  Patient to schedule

After hrs phone \_\_\_\_\_

Additional report to \_\_\_\_\_

Routine  STAT  STAT contact cell \_\_\_\_\_

• Fax STAT clinical notes to 512.977.8200.

• ARA will call reports only for critical or significant, unexpected findings as determined by our radiologists.

• Non-STAT reports for exams completed after 4pm will be sent the next workday morning.

**CT**

**CT NEURO** Specify IV contrast  without  with  PRN

**HEAD**

Brain  Facial bones  Orbits  Craniofacial

Temporal bones

Sinus  Limited  Complete

Surgical navigation - specify \_\_\_\_\_

Soft tissue neck

**SPINE**

Cervical  Lumbar  Thoracic

Other - specify \_\_\_\_\_

**CTA NEURO - CONTRAST REQUIRED**

Intracranial (head)  Carotid (neck)

CT-venogram--intracranial (head)

Other - specify \_\_\_\_\_

**CT BODY** Specify IV contrast  without  with  PRN

Routine  Interstitial lung disease (w/o contrast)  Airway

Surgical navigation - specify \_\_\_\_\_

Abdomen only

Abdomen (w pelvis if needed)  Pelvis only

Abdomen & pelvis  Enterography / small bowel w 3D

Renal calculi (w/o contrast)

Urogram (CT-IVP / hematuria protocol)

Virtual colonoscopy  Screening (asymptomatic)

Diagnostic (symptomatic)

Cardiac CT calcium scoring (screening, no contrast required)

Note any symptoms \_\_\_\_\_

Other \_\_\_\_\_

**CT EXTREMITY** Specify IV contrast  without  with  PRN

Specify \_\_\_\_\_  Left  Right

Surgical navigation - specify \_\_\_\_\_

**CTA BODY - CONTRAST REQUIRED**

Chest  Pulmonary embolism

Abdomen

Abdomen/pelvis  Aortic pre-stent

Aortic post-stent

Perforator protocol

w runoff

Pelvis

Venogram  Abdomen / pelvis  Pelvis

Other \_\_\_\_\_

• CT lung screening form available at [ausrad.com/downloads](http://ausrad.com/downloads).

• If CT & PET are needed, providers can call scheduling at 512.458.9098.

• Contrast and additional views at discretion of radiologist.

**PET/CT**

SEPARATE FORM REQUIRED. CALL 512.453.6100 TO SCHEDULE.

**ULTRASOUND**

**ABDOMEN**

Abdominal organs - complete

Abdominal organs - limited to \_\_\_\_\_

Liver elastography  Renal  Aorta

**PELVIS**

Pelvic transabdominal & transvaginal  Testicular (includes Doppler)

Pelvic (transvaginal only)  Groin

Pelvic (transabdominal only)  Bladder  w PVR

**OBSTETRICAL (<14 weeks only)**

OB transabdominal & transvaginal  OB transvaginal only

OB transabdominal only

**NECK**

Thyroid  Neck - soft tissues only

**VASCULAR ULTRASOUND**

Carotid Doppler  ABI only (limited NIPS)

Arterial duplex (complete NIPS)  Arms  Legs

Venous Doppler legs  Left  Right

Venous Doppler arms  Left  Right

## 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 dinner. 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 TAKING ANTACID.
4. After midnight, DO NOT have anything else to eat until after your exam. You may drink clear liquids before 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 exam.

## ABDOMINAL ULTRASOUND

1. Morning exams: After midnight, do not have anything to eat or drink until after your exam.
2. Afternoon exams: Eat a 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, finish drinking 24 ounces of water.
2. DO NOT empty bladder until after your exam.

## MAMMOGRAM

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

## CT

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

\*Patients on fluid restrictions should consult their physicians for instructions.