

Call Patient to Schedule: Patient Phone# _____

Name: _____ D.O.B. _____ Ins. Auth # _____

Diagnosis/History: _____ Today's Date: _____

Appt. Date: _____ Time: _____ am/pm

Physician/Provider: _____ Ph: _____ Fax: _____

Physician/Provider Signature: _____

STAT

CALL # _____

FAX # _____

1750 E. Common Street, Suite 1101, New Braunfels, TX 78130 • 1770 State HWY 46W, Suite 1107, New Braunfels, TX 78132
 T: 830-302-4355 • F: 830-312-7677 • <https://rcicenters.com>

MRI

- CONTRAST:** Per Rad w / & w/o IV Gadolinium wo / IV Gadolinium
- Brain (select one below if needed) Neck (Soft Tissue) Joint (MR Arthro)
- w/IACs
 - MS
 - Seizure
 - Trigeminal
 - Pituitary
 - w/Orbit
 - C-Spine
 - T-Spine
 - L-Spine
 - Sacrum
 - Chest
 - Abdomen*
 - Liver
 - MRCP w/3D*
 - Pelvis (Bony)
 - Pelvis (Soft Tissue)
 - Sports Hernia
- LEFT RIGHT BILATERAL
- Hand/Finger
 - Hip w/ Limited Pelvis
 - Hip
 - Femur
 - Tib/Fib
 - Forearm
 - Knee
 - Ankle
 - Mid Foot
 - Toes
 - Humerus
 - Clavicle
 - Shoulder
 - Elbow
 - Wrist

MR/CT ANGIOGRAPHY

- MR Angiography CT Angiography
- Intracranial Arteries (Head)
 - Extracranial Arteries (Neck)
 - Aortic Thoracic
 - Upper Extremity LT RT
 - Lower Extremity LT RT
 - CTA Abdomen/pelvis w/ & w/o
 - Chest PE Protocol
 - Aorta - Thor / Abd & Runoff
 - Abdominal Aorta & Runoff
 - Abdominal / Pelvic Arteries
 - Renal / Mesenteric Arteries
 - Stent Graft Protocol

CT

- CONTRAST:** w / IV wo / IV Per Rad
- Brain
 - Sinus
 - Facial Bones
 - Temporal Bones
 - Orbits
 - Neck Soft Tissue
 - Chest
 - Lung Cancer Screen
 - Chest Low Dose
 - Chest High Resolution
 - Chest w/ Upper Abd
 - Chest / Abd / Pelvis*
 - Abdomen/Pelvis
 - Abdomen
 - Stone (No Oral)
 - Calcium Scoring
 - C-Spine w/ Recon
 - T-Spine w/ Recon
 - L-Spine w/ Recon
 - Pancreas* (NO ORAL wo / w IV)
 - Enterography w/ IV
 - Renal (wo / w IV)
 - Liver (wo / w IV)
 - Pelvis Only
 - Joint (CT Arthro)
- LEFT RIGHT BILATERAL
- Shoulder
 - Elbow
 - Clavicle
 - Humerus
 - Hand
 - Wrist
 - Forearm
 - Hip
 - Knee
 - Femur
 - Ankle
 - Foot
 - Tib/Fib

ULTRASOUND

- Thyroid
- Abdomen* Complete
- AAA Screening*
- Gallbladder*
- Liver*
- Abd RUQ
- Non Vascular Extremity LT RT
- Extremity Groin (hernia) _____
- Soft Tissue
- Kidney
- Abdomen Limited (Gallbladder Liver RUQ)
- Renal Transplant Eval.*
- Pelvic*(w/ Trans-vag & Doppler if indicated)
- OB*(w/ Trans-vag & Doppler if indicated)
- Special Instructions _____
- Testicular (w/ Doppler)
- Carotid Doppler

VASCULAR ULTRASOUND

VENOUS DOPPLER

- Upper Ext. Doppler LT RT
- Lower Ext. Doppler LT RT
- DVT
- Venous Insufficiency
- Abdominal Doppler
- Hepatic* Portal*
- Vein Mapping

BREAST IMAGING/SPECIAL PROCEDURES

- Screening Mammogram - w/ return work-up and/or Ultrasound if indicated
- Diagnostic Mammogram (w/ Ultrasound if indicated)
- Breast Ultrasound (w/ Mammogram if indicated) LT RT
- MRI Breast
 - High Risk
 - Tumor w/CAD (wo/w IV)
 - Implant Rupture Evaluation
- Cyst Aspiration* US Guided Biopsy (w/post Biopsy mammo) LT RT



PAIN MANAGEMENT/SPECIAL PROCEDURES

- LEFT RIGHT
- Baker's / Ganglion Cyst Location(s) _____
 - Joint Injection Location(s) _____
 - Bursa Injection Location(s) _____
 - MR Arthrogram Location(s) _____
 - CT Arthrogram Location(s) _____

BONE DENSITY STUDY (DEXA)

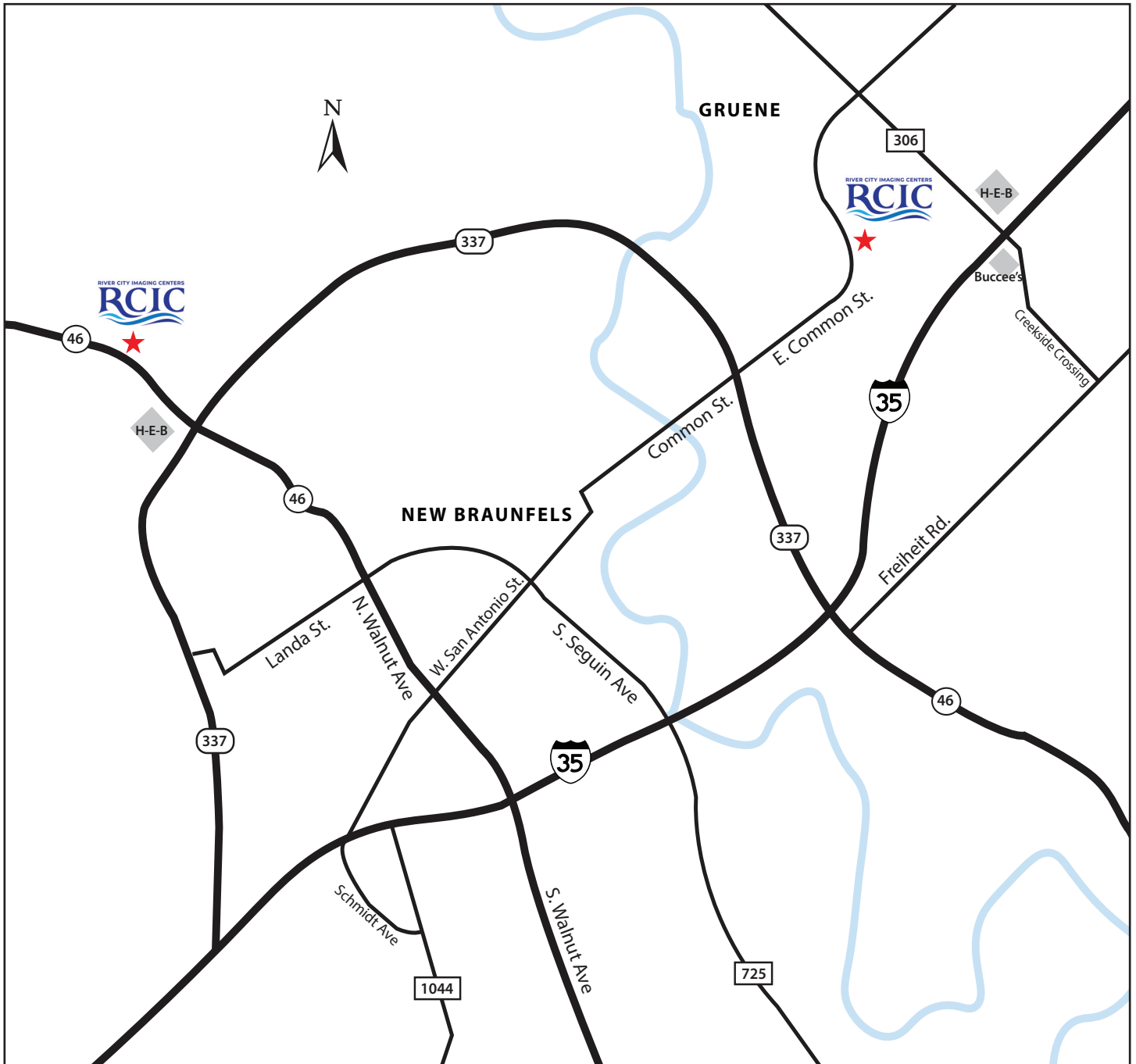
- DEXA Total Body Composition

RADIOGRAPHY

- Chest PA & Lateral
 - Facial Bones
 - Orbits
 - Nasal Bones
 - Sinuses
 - Cervical Thoracic Lumbar
 - 3 views 5 views 7 views
 - AP & Lateral Flex & Ext
 - Skull
 - KUB
 - Sternum
 - Pelvis AP
 - Ribs (w/o PA Chest) LT RT
 - Ribs Unilateral (w/ PA Chest) LT RT
 - ABD Flat/Upright
 - Sacrum / Coccyx
 - SI Joints
 - Calcaneous
- LEFT RIGHT BILATERAL
- Shoulder
 - Humerus
 - Forearm
 - Elbow
 - Wrist
 - Hand
 - Finger
 - Femur
 - Knee
 - Tibia/Fibula
 - Ankle
 - Foot
 - Toe
 - TMJ
 - Clavicle
 - Hip

OTHER / SPECIAL INSTRUCTIONS

* EXAMS THAT REQUIRE SPECIAL PREPARATION



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