

**Outpatient
 Diagnostic
 Scheduling**

- Scheduling Office Hours: Monday-Friday, 8:00 a.m.-5:00 p.m.
- Must fax all orders to: (469) 764-3440
- Call for scheduling: (469) 814-3565 or (866) 810-1168

- Please fax all orders and demographic/insurance information:
- Hospital scheduling will contact patient.
 - Patient will contact hospital to schedule.
 - Physician's office will call hospital to schedule.

PHYSICIAN: Keep original and fax to 469-764-3440.

Orders for: Pre-test Diagnostic Surgery Other
 Patient Last Name: _____ First Name: _____
 Social Security#: _____ Date of Birth: _____
 Home Phone: _____ 2nd Phone: _____
 Symptom/Diagnosis: _____
 Reason for Exam/Procedure 1: _____
 Reason for Exam/Procedure 2: _____
 Reason for Exam/Procedure 3: _____
 Requested Procedure Date: _____ Requested Time: _____
 Physician (Print Name): _____ Phone: _____
 Physician Signature (Required): _____
 Date: _____ Time: _____

IMAGING SERVICES

ABDOMEN / PELVIS

- KUB
- ABD 3 VIEW
- PELVIS

CHEST

- ROUTINE (PA & LAT)
- RIB SERIES RIGHT LEFT
- CLAVICLE RIGHT LEFT

HEAD

- SKULL
- ROUTINE SINUS
- OTHER: _____

LOWER EXTREMITY

- HIP JOINT RIGHT LEFT
- FOOT RIGHT LEFT
- ANKLE RIGHT LEFT
- TIB/FIB RIGHT LEFT
- KNEE RIGHT LEFT
- FEMUR RIGHT LEFT
- OTHER: _____

UPPER EXTREMITY

- HAND RIGHT LEFT
- WRIST RIGHT LEFT
- FOREARM RIGHT LEFT
- ELBOW RIGHT LEFT
- HUMERUS RIGHT LEFT
- SHOULDER RIGHT LEFT
- OTHER: _____

SPINE

- CERVICAL
- THORACIC
- LUMBAR
- SACRUM / COCCYX

MISCELLANEOUS

- SKELETAL SURVEY
- SCOLIOSIS SERIES
- OTHER: _____

CT (IV CONTRAST - Y or N)

- CALCIUM SCORE
- CHEST (NPO)
- ABDOMEN (NPO)
- PELVIS (NPO)
- HEAD
- ORBITS
- SINUS
- SOFT TISSUE NECK
- SPINE (CERVICAL-THORACIC-LUMBAR)
- OTHER: _____

CARDIAC CT

- (IV CONTRAST USED FOR ALL SCANS BELOW)
- CORONARY ARTERIES (W / BYPASS GRAFT)
 - CORONARY ARTERIES (W/FFRCT IF INDICATED) (WO / BYPASS GRAFT)
 - CTA HEART (**CIRCLE ONE**)
 - (SEPTAL DEFECT) (CONGENITAL DEFECT)
 - (EJECTION FRACTION) (PERICARDIUM)
 - (AORTIC VALVE) (MASS)
 - (4D) (TAVR)
 - (WATCHMAN) (MITRAL THV)

VASCULAR CT

- (IV CONTRAST USED FOR ALL SCANS BELOW)
- CTA CHEST (**CIRCLE ONE**)
 - (PE PROTOCOL) (DISSECTION)
 - (PULMONARY VEIN MAP) (AORTIC ROOT)
 - (THORACIC ANEURYSM)
 - ENDOGRAFT F/U (ABD/PELV. ONLY)
 - AAA (ABD/PELV. ONLY)
 - AORTA & BILATERAL LOWER EXTREMITY **RUNOFF**
 - CAROTID ARTERIES
 - AORTA (CHEST ABD. PELVIS)
 - CTA - CIRCLE OF WILLIS
 - UPPER EXTREMITY CTA RIGHT LEFT
 - LOWER EXTREMITY CTA RIGHT LEFT
 - SUBCLAVIAN ARTERY RIGHT LEFT
 - SUBCLAVIAN VEIN RIGHT LEFT
 - VENA CAVA (CHEST ABD. PELVIS)

AS NEEDED

- CREATININE
- PREGNANCY TEST
- OTHER

NON-INVASIVE CARDIOLOGY

- EKG
- STRESS TESTS
 - EXERCISE TOLERANCE STRESS (NPO)
 - EXERCISE STRESS ECHO (NPO)
 - DOBUTAMINE STRESS ECHO (NPO)
 - LEXISCAN W/ NUCLEAR IMAGING (LEXISCAN)
 - DOBUTAMINE W/ NUCLEAR IMAGING (NPO)
 - EXERCISE W/ NUCLEAR IMAGING (NPO)
- ECHOCARDIOGRAMS
 - ECHOCARDIOGRAM (COMPLETE) (3D & STRAIN IMAGING IF CLINICALLY INDICATED)
- CARDIOVERSION

NOTES
