



**North Texas
Digital Imaging**

Accuracy · Compassion · Results



Scheduling STAT: Call (972) 681-4000

Fax: (972) 681-0881 or info@ntxdi.com

Appointment Date: _____

Appointment Time: _____

Reporting: ☐ Fax ☐ Call ☐ CD

Patient Last, First: _____		<input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____	D.O.I. _____
Please arrive 15mins early <input type="checkbox"/> Claustrophobic <input type="checkbox"/> >300 lbs <input type="checkbox"/> Metal Implant <input type="checkbox"/> Pregnant <input type="checkbox"/> Need Transport				
Cell # _____	Emergency # _____	Email _____		
Clinician _____	Ph _____	Fax _____	Email _____	
Diagnosis _____		Clinic/Doctor Signature _____		Date _____

Insurance _____	ID# _____	Group _____
Attorney _____	Ph _____	Fax _____ Email _____

CT

MRI

Contrast ☐ Without ☐ With ☐ With/Without **Labs needed for IV Contrast if:** ☐ Age 60 & up ☐ Diabetic ☐ Renal DX ☐ Creatine

- | | | |
|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Pituitary | <input type="checkbox"/> Internal Auditory Canals |
| <input type="checkbox"/> C-SP | <input type="checkbox"/> Orbits | <input type="checkbox"/> Sinuses |
| <input type="checkbox"/> T-SP | <input type="checkbox"/> Neck tissue | <input type="checkbox"/> Coronal |
| <input type="checkbox"/> L-SP | <input type="checkbox"/> Chest | <input type="checkbox"/> Axial & Coronal |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Abomen | <input type="checkbox"/> Mandible/Facial Bones |
| | | <input type="checkbox"/> Temporal Bones |

Extremities

- | | |
|---|--|
| <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L |

☐ Other _____

- | | | |
|--------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> DTI | <input type="checkbox"/> Internal Auditory Canal |
| <input type="checkbox"/> C-SP | <input type="checkbox"/> Flex/Ext | <input type="checkbox"/> Neck Tissue |
| <input type="checkbox"/> T-SP | | <input type="checkbox"/> TMJ <input type="checkbox"/> MRA Head |
| <input type="checkbox"/> L-SP | <input type="checkbox"/> Flex/Ext | <input type="checkbox"/> Orbits/Brain <input type="checkbox"/> MRA Neck |
| | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Pituitary <input type="checkbox"/> MRA Renal |
| | <input type="checkbox"/> Sacrum | <input type="checkbox"/> Chest <input type="checkbox"/> MRCP |

Extremities

- | | |
|---|--|
| <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L |

☐ Other _____

GENERAL X-RAY

SPINE

- | | |
|--|------------------------------|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> 5-V |
| <input type="checkbox"/> Thoracic | |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> 3-V |
| <input type="checkbox"/> Chest | |
| <input type="checkbox"/> Abdomen/KUB | |
| <input type="checkbox"/> Pelvis | |
| <input type="checkbox"/> Coccyx/Sacrum | |

☐ Other _____

UPPER EXTREMITIES

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Clavicle | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Humerus | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Hand | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Finger | <input type="checkbox"/> R <input type="checkbox"/> L |

LOWER EXTREMITIES

- | | |
|--|---|
| <input type="checkbox"/> Hip | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Femur | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Knee | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Tib/Fib | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Foot | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Toes | <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Standing, Bilateral | |

SKULL

- | |
|-----------------------------------|
| <input type="checkbox"/> Facial |
| <input type="checkbox"/> Bones |
| <input type="checkbox"/> Mandible |
| <input type="checkbox"/> Orbits |
| <input type="checkbox"/> Sinuses |
| <input type="checkbox"/> Skull |

ULTRASOUND

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Carotid | <input type="checkbox"/> Abdomen/Pelvis |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Breast | <input type="checkbox"/> OB |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvic & Transvaginal |
| <input type="checkbox"/> Pelvic | <input type="checkbox"/> Testicular |

Arterial Doppler

☐ Arm ☐ Leg ☐ R ☐ L ☐ BILAT

Venuous Doppler

☐ Arm ☐ Leg ☐ R ☐ L ☐ BILAT

☐ Other _____

COMMENTS

2698 N. Galloway Ave Ste. 107 + Mesquite, Texas 75150

www.ntxdi.com

INSTRUCTIONS FOR THE PATIENT

1. Quick and easy scheduling of appointments, Call 972-681-4000.
2. Exam paper work available on website, www.NTDImaging.com.
3. This form **MUST** be brought to your appointment with your insurance card.

For the best assessment, please follow these directions and take only the medication, food, and water in the amounts shown, and at the appropriate time. Prescription medications may be taken with a few sips of water.

ULTRASOUND

Abdomen, Pancreas, Gallbladder, Liver, Aorta, Kidney, Spleen:

Nothing to eat or drink for 8 hours prior to your exam. This includes no smoking, chewing gum or tobacco.

OB or Pelvic:

Empty bladder 1 ½ hours prior to appointment. Drink 32 oz. of water 1 hour before appointment time. Bladder must be full for exam.

All Other Ultrasounds:

No preparation is necessary.

X-RAY

Upper GI and/or small bowel:

Nothing to eat, drink, smoke or chew gum after midnight the night before your exam. If prescription medications are to be taken, take them 2 hour prior to the exam. Infants can have food by mouth up to 4 hours prior to the exam. Diabetic patients should consult their physician for insulin directions.

All Other Areas:

No preparation is necessary.

C.T. SCANNING

Please make the scheduler aware of any medications you are taking.

Abdomen, Pelvis, Kidney

Do not eat anything after midnight. If your test is scheduled after 1 p.m. do not eat or eat anything before the test. If your test is scheduled after 1 p.m., you may drink water or coffee (without cream), fruit juices or sodas before 8 a.m. Nothing to eat or drink after 8 a.m. Do not take medications after 7 p.m.

Head, Chest

Do not eat or drink anything 4 hours before the test is to be done.

All Spine Work

No preparation necessary.

MRI

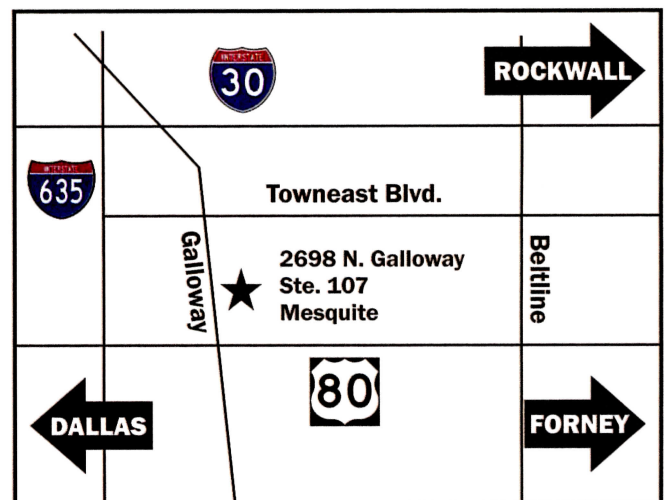
No preparation is required. It is better to wear loose clothing with no metal and no jewelry. Please notify NTDI if you have any of the following risk factors:

Claustrophobia
Cardiac Pacemaker
Cardiac Valve Prosthesis
Intracranial Aneurysm Clips
Metalworker
Pregnancy

BONE DENSITY

No preparation is required.

MAP



Why Choose North Texas Digital Imaging?

- **A Patient-Centered Staff**
- **State of the Art Equipment and Facility**
- **Outstanding Board Certified Radiologists**
- **Exam Reports within 24 Hours or Less**
- **Accepts Most Insurances**
- **Convenient Locations**