



- Please Schedule with Patient
- Fax Stat Prelim Report to: _____
- Call Stat Report to (Direct Line) _____
- Obtain authorization, clinicals **must** be sent with this request

- Patient to Hand carry CD
- CD with Report to Office

- (NPO)** Nothing by mouth after midnight
- Drink 32oz. water 1 hr. prior to exam **(DO NOT VOID)**
 - Prep. Kit Required
 - Nothing by mouth 4 hours prior to exam
 - Special Prep

SCHEDULING: (210) 228-XRAY (228-9729) • BaptistMSImaging.com • Fax: (210) 258-2425 or (210) 258-2426

Patient Name: _____ DOB: _____ Auth.#: _____ Phone #: _____

Diagnosis / History: _____ ICD-10 Code: _____

Physician: (First) _____ (Last) _____ cc Physician: _____ Previous Imaging & Locations: _____

Today's Date: _____ Appointment Date: _____ Time: _____ Follow Up Appt. Date: _____

- Baptist M&S Imaging (BMSI): BMSI Downtown BMSI Medical Center BMSI Mission Trail BMSI North Central BMSI Northeast BMSI Schertz BMSI Westover Hills BMSI New Braunfels
 Orthopedic & Neurologic Institute • Baptist Breast Centers (BBC): BBC Downtown BBC Legacy Oaks BBC Mission Trail BBC North Central BBC Schertz BBC Westover Hills

MRI SCANS

- IV Contrast:** If Needed w/ & w/o Contrast w/o Contrast
- Abdomen w/o (NPO) Abdomen w/ & w/o (NPO) MRCP (NPO)
 - specify organ _____
 - Liver Elastography, Fat Fraction, Iron Concentration (Med. Cnt. only)
 - Brain
 - Volumetric Analysis
 - CSF Flow Study (at ONI only)
 - IAC's (Separate Indication Required)
 - Pituitary/Sella (Separate Indication Required)
 - Breast w/wo contrast (See Breast Imaging Section)
 - Cervical Spine
 - Chest
 - Enterography
 - Lumbar Spine
 - Neck (Soft Tissue)
 - Orbits
 - Pelvis
 - Routine Defogram Rectal
 - Uterine/Cervix Athletic Pubalgia
 - Specify organ: _____
 - Prostate (at ONI only)
 - Sacrum
 - Sinuses
 - TMJ
 - Thoracic Spine
 - Urogram
 - Other / specify _____

- Arthrography** Left Right Bilateral
- Shoulder Hand
 - Pectoralis Major Finger / Thumb
 - Elbow Hip
 - Wrist Knee
 - Ankle
 - Forefoot / Midfoot
 - Whole Foot (Large FOV)
 - Extremity
- Metal Reduction**
- Joints (at ONI, Med. Cnt., & WO only)
 - Long Bones
 - Brachial Plexus
 - Non Traumatic
 - Traumatic

MR ANGIO / CT ANGIO SCANS

- MRA CTA
- Abdominal Aorta Carotids Pelvis Thoracic Aorta
 - Stent Graft Chest for PE Renal Stent Graft
 - Brain (COW) Mesenteric Vessels Run Off
 - Other / specify _____

CT SCANS

- IV Contrast:** w/ IV w/o IV w/ & w/o IV • Oral Contrast: Water (Neutral) Positive

- BUN Creatinine Date: _____
- (Required with IV if: Diabetic, Renal Failure / Disorder, Hypertension or Over 50 yrs. old)
Please check box to authorize labs to be drawn by Baptist M&S Imaging

- Abdomen Only
- Abdomen / Pelvis
- Urogram w/ 3D
- Stone (No PO Contrast)
- 3 Phase
- Renal Mass Liver
- Adrenal Pancreas
- Brain
- Calcium Scoring
- Cervical Spine
- Chest
- Chest High Resolution
- Chest Lung Screening (Low Dose)
- Enterography (Small Bowel) wo/w IV
- Extremities Rt. _____ Lt. _____
- Arthrogram Metal Reduction (at North Central, WO, & ONI locations only)
- specify area _____
- CT Scanogram
- Lumbar Spine
- Maxillofacial
- Neck (Soft Tissue)
- Orbits
- Pelvis Only
- Pelvis Orthopedic (Bone)
- Sinuses
- Limited Complete Landmarx™
- Temporal Bone
- Thoracic Spine
- Other / specify _____
- With 3-D Reconstruction
- Use RECIST Criteria

P.E.T. / CT

- See CT Section to order a Diagnostic CT Study.
- PET/CT Brain
 - PET/CT Skull Base to Mid-Thigh
 - PET/CT Skull to Toe
 - PET/CT PSMA
 - PET/CT Gallium-68 (Neuroendocrine Tumor)

DXA

- Bone Densitometry (w/ Forearm if indicated)
- Vertebral Fracture Assessment
- Whole Body Composition

NUCLEAR MEDICINE

- Bone Scan Limited w/ SPECT
- Bone Scan, Whole Body
- Bone Scan, 3 Phase
- specify area _____
- DaTscan
- Gastric Emptying (NPO) Modified 4 hrs.
- Solid Liquid
- HIDA Scan (NPO) (with CCK if indicated)
- Liver / Spleen
- Meckel's Scan (NPO)
- MUGA Scan
- Parathyroid
- w/ SPECT
- w/ CT Neck Fusion
- w/ IV Contrast w/o IV Contrast
- RBC Hemangioma w/ SPECT
- RBC GI Bleed Scan
- Renal Scan Including
- Lasix GFR (DTPA)
- Thyroid (NPO)
- Scan Only Uptake & Scan
- I-131 Whole Body for Mets
- VQ Scan (PA chest if necessary)
- Other / specify _____

DIAGNOSTIC XRAYS (NO APPOINTMENT REQUIRED)

- Abdomen (KUB)
- Abdomen Flat & Upright
- Acute Abdominal Series
- Bone-Age
- Bone Survey
- Cervical Spine AP & LAT
- Cervical Spine with Flex. & Ext.
- Cervical Spine with OBL
- Chest
- 1 View PA & LAT
- Facial Bones
- Finger / specify _____
- Lumbar Spine AP & LAT
- Lumbar Spine with Flex. & Ext.
- Lumbar Spine with OBL
- Mandible
- Nasal Bones
- Neck (Soft Tissue)
- Paranasal Sinuses
- Pelvis
- Sacrum / Coccyx
- SI Joints
- Skull
- Spine - Scoliosis Series
- Sternum
- Thoracic Spine
- Toe / specify _____

- Left Right Bilateral Number of Views: _____

- AC Joints Femur Humerus Scapula
- Ankle Foot Knee Shoulder
- Calcaneus (Heel) Forearm Knee (Standing) Tibia / Fibula
- Clavicle Hand Orbits Wrist
- Elbow Hip Ribs
- Other / specify _____

ORTHOPEDIC CLINIC

- Fluoroscopy Guided Joint Injection (Joint: _____)
- Ultrasound Guided Aspiration/Injection (Location: _____)
- Other _____

FLUOROSCOPY

- Barium Enema w/ Air (NPO)
- Barium Enema Single Contrast (NPO)
- Barium Swallow / Esophagram (NPO)
- Cystogram
- Hysterosalpingogram (HSG)
- Serum Creat _____ Date _____
- Small Bowel Series (NPO)
- T-tube Cholangiogram (NPO)
- UGI Series (NPO)
- Voiding Cystourethrogram (Patient must arrive catheterized)
- Other / specify _____

BREAST IMAGING / INTERVENTION

- Previous Mammogram Yes No
- where _____ when _____
- Bilateral Screening Mammogram - (w/ return work-up and/or Ultrasound if indicated)
 - Add Ultrasound Screening Breast Bilateral (Density C & D only)
 - Unilateral Mammogram (w/ return work-up and/or Ultrasound if indicated) Rt. _____ Lt. _____
 - Diagnostic Mammogram (Ultrasound if indicated) Rt. _____ Lt. _____
 - Breast Ultrasound (w/ Mammography if indicated) Rt. _____ Lt. _____
 - Axillary Rt. _____ Lt. _____
 - MRI Breast w/wo contrast (at North Central, Med. Cnt., WO, Schertz, & NB locations only)
 - Galactography Rt. _____ Lt. _____
 - US Guided Cyst Aspiration Rt. _____ Lt. _____
 - Breast Biopsy (w/ Post Mammography Images)**
 - US Guided Biopsy Rt. _____ Lt. _____
 - US Guided Lymph Node Biopsy Rt. _____ Lt. _____
 - Stereotactic Guided Biopsy Rt. _____ Lt. _____
 - MRI Guided Biopsy (at WO location only) Rt. _____ Lt. _____

ULTRASOUND (Sonograms)

- AAA Screening (NPO)
- Abdominal Aorta w/ Doppler (NPO)
- Abdominal Complete (NPO)
- Abdominal Doppler (NPO)
- Hepatic / Portal Renal
- Carotid
- Ankle Brachial Index (ABI)
- Extremity Upper _____ Lower _____
- Arterial Rt. _____ Lt. _____
- Venous Doppler Rt. _____ Lt. _____
- Extremity Soft Tissue Rt. _____ Lt. _____
- Fetal Biophysical Profile
- Gallbladder (NPO)
- Liver (NPO)
- Liver US w/ Elastography (NPO) (at ONI & WO only)
- Neck
- Thyroid Lateral Neck
- Other: _____
- OB (w/ Transvaginal and Doppler, if indicated)
- OB Limited (w/ Transvaginal and Doppler, if indicated)
- Pelvic (w/ Transvaginal and Doppler, if indicated)
- Renal Bil. (Retroperitoneum) (NPO)
- Right Upper Quadrant (NPO)
- Testicular (w/ Doppler if indicated)
- Other / specify _____



Scheduling:
(210) 228-XRAY (228-9729)
BaptistMSImaging.com

DOWNTOWN

- 1 BAPTIST M&S IMAGING**
 One Lexington Medical Building
 215 E. Quincy, Suite 100, 78215
PET/CT
 MRI • Breast MRI • MRA • CT • CTA
 Nuclear Medicine • X-Rays • Fluoroscopy
 Ultrasound • Calcium Scoring • MRI and
 CT Arthrogram • Joint Injections and Aspirations
 Peritendon, Tenosynovial, & Bursal Ultrasound-Guided
 Injections • Metal Suppression Protocol
 MRI Exams

BAPTIST BREAST CENTER DOWNTOWN

Breast Ultrasound • Breast MRI
 Digital Mammography • Breast Tomosynthesis
 Galactography • Stereotactic Biopsy
 US Cyst Aspiration • US Biopsy
(210) 351-0784 - Fax (210) 351-0720

MEDICAL CENTER

- 2 BAPTIST M&S IMAGING**
 8435 Wurzbach Road, Suite 109, 78229
PET/CT
 Wide Bore MRI • MRA • CT • CTA
 Nuclear Medicine • X-Rays • Fluoroscopy
 Ultrasound • MRI and CT Arthrogram
 Joint Injections and Aspirations • Peritendon,
 Tenosynovial, & Bursal Ultrasound-Guided
 Injections • Metal Suppression Protocol
(210) 692-9824 - Fax (210) 692-3472

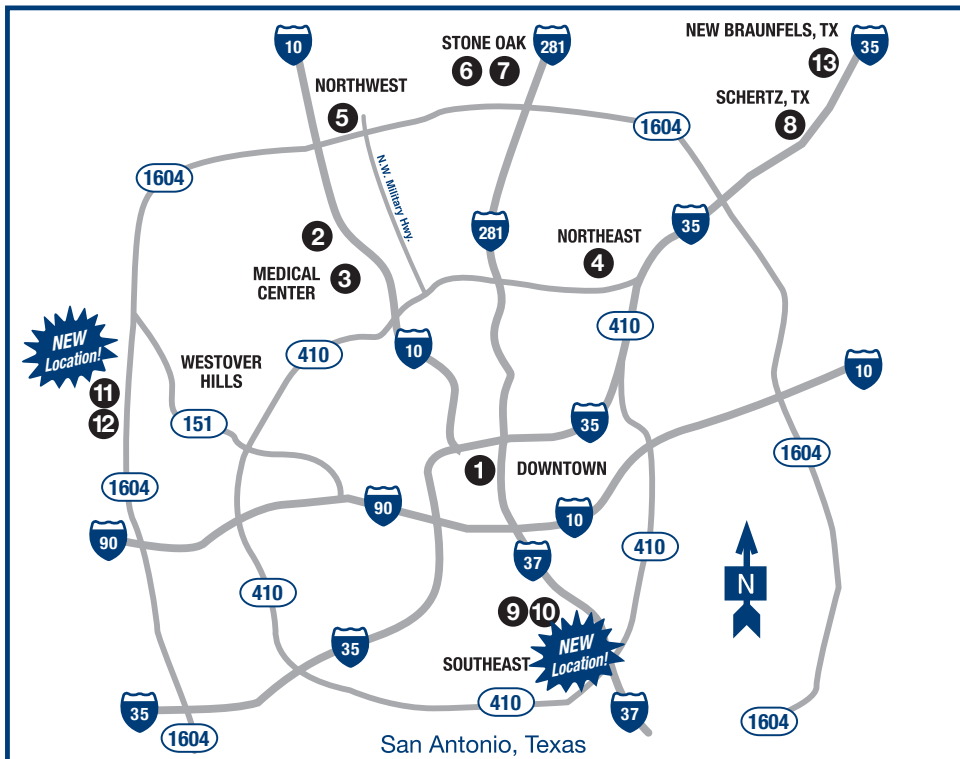
- 3 BAPTIST BREAST CENTER
LEGACY OAKS**
 5368 Fredericksburg Road, Bldg. C,
 Suite 305, 78229
 Digital Mammography • Breast Ultrasound
 Bone Densitometry (DXA) • US Biopsy
 Breast Tomosynthesis
(210) 350-3115 - Fax (210) 979-0677

NORTHEAST

- 4 BAPTIST M&S IMAGING**
 8815 Village Drive, 78217
 MRI • MRA • Wide Bore MRI • CT • CTA
 X-Rays • Ultrasound • Calcium Scoring
(210) 590-5822 - Fax (726) 999-3470

NORTHWEST

- 5 ORTHOPEDIC AND NEUROLOGIC
IMAGING INSTITUTE**
 4103 North Loop 1604 W., Suite 107, 78249
 Wide Bore MRI (3T) • CT • X-Rays • Ultrasound
 Fluoroscopy • Joint Injections • Calcium Scoring
(210) 961-3570 - Fax (210) 493-2550



NORTH CENTRAL

- 6 BAPTIST M&S IMAGING**
Stone Oak Medical Building
 540 Madison Oak, Suite 160, 78258
 MRI • Breast MRI • MRA • CT • CTA
 Fluoroscopy • X-Rays • Ultrasound
 Nuclear Medicine • Calcium Scoring
 MRI and CT Arthrogram • Joint Injections and
 Aspirations • Peritendon, Tenosynovial, &
 Bursal Ultrasound-Guided Injections
 Metal Suppression Protocol MRI Exams
(210) 403-1600 - Fax (210) 403-1603

- 7 BAPTIST BREAST CENTER
NORTH CENTRAL**
Atrium Building
 502 Madison Oak, Suite 450, 78258
 Digital Mammography • Breast Ultrasound
 Galactography • Stereotactic Biopsy
 US Cyst Aspiration • US Biopsy
 Bone Densitometry (DXA)
 Breast Tomosynthesis
(210) 730-9600 - Fax (210) 730-9690

SCHERTZ

- 8 BAPTIST M&S IMAGING**
 16977 IH 35 North, Suite 220, 78154
 Wide Bore MRI • Breast MRI • MRA • CT
 CTA • X-Rays • Fluoroscopy • Ultrasound
 Calcium Scoring
- BAPTIST BREAST CENTER
SCHERTZ**
 Breast Ultrasound • Digital Mammography
 Bone Densitometry (DXA) • US Biopsy
 Breast Tomosynthesis
(210) 339-9401 - Fax (210) 651-7325

SOUTHEAST

- 9 BAPTIST M&S IMAGING**
Mission Trail Medical Building
 3327 Research Plaza, Suite 108, 78235
 Wide Bore MRI • MRA • CT • CTA
 Nuclear Medicine • X-Rays • Fluoroscopy
 Ultrasound • Calcium Scoring
(210) 423-3950 - Fax (210) 423-3959

- 10 BAPTIST BREAST CENTER
MISSION TRAIL**
Mission Trail Medical Building
 3327 Research Plaza, Suite 105, 78235
 Breast Ultrasound • Digital Mammography
 US Biopsy • Needle Localization
 Bone Densitometry (DXA)
 US Cyst Aspiration • Breast Tomosynthesis
(210) 640-4660 - Fax (210) 640-4661

WESTOVER HILLS

- 11 BAPTIST M&S IMAGING**
Medical Office Building
 3011 W. 1604 N. Bldg. A, Suite 112, 78251
 Wide Bore MRI • MRA • CT • CTA • X-Rays
 Fluoroscopy • Ultrasound • Calcium Scoring
(210) 681-6474 - Fax (210) 681-1584

- 12 BAPTIST BREAST CENTER
WESTOVER HILLS**
Medical Office Building
 3011 W. 1604 N. Bldg. A, Suite 308, 78251
 Digital Mammography • Breast Ultrasound
 Stereotactic Biopsy • US Cyst Aspiration
 Bone Densitometry (DXA) • US Biopsy
 Breast Tomosynthesis
(210) 521-2989 - Fax (210) 520-0491

NEW BRAUNFELS

- 13 BAPTIST M&S IMAGING**
 1763 Medical Way, New Braunfels, 78132
 MRI • CT • X-Rays • Breast MRI
 Breast Tomosynthesis • Digital Mammography
 Breast Ultrasound • Ultrasound • CTA • MRA
 Calcium Scoring • Bone Densitometry (DXA)
(830) 327-1878 - Fax (830) 327-1879

MAP NOT TO ACTUAL SCALE