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6160 WINDHAVEN PARKWAY
 SUITE 100
 PLANO, TX 75093
 (MAP LOCATED ON BACK)
 WWW.WINDHAVENIMAGING.COM

PATIENT REFERRAL FORM

Date _____ Referring Dr. _____
 Name _____ DOB _____ SS# _____ Sex M F Weight _____
 Home # _____ Work # _____ Cell/Other # _____ (circle best #)
 Diagnosis _____ Authorization # _____
 Appointment Date _____ Time _____ Is follow up scheduled? If yes, when _____
FILMS NEEDED Y N **CD NEEDED** Y N Deliver to office Send with Patient **STAT** report
 Patient diabetic Patient allergic to iodine Pacemaker Y N Claustrophobic Y N **IMPLANTS or STIMULATOR** Y N
 Ordering Physician's Signature (Legally Required) _____

Select type of scan and contrast

MRI Contrast: Y N **CT Contrast:** Y N
Radiologist to determine **Radiologist to determine**

MRIs General
 LEFT RIGHT
 Shoulder
 Elbow
 Wrist
 Hand
 Finger(s) (list below)
 Pelvis/Hip
 Sacrum/Coccyx
 Knee
 Femur/Thigh
 Tib/Fib
 Ankle/Foot/Toes
 Abdomen
 Other _____

MRIs Neuro
 LEFT RIGHT
 Brachial Plexus
 Cervical
 Thoracic
 Lumbar
 Brain
 Soft Tissue Neck
 IAC
 Orbits
 Trigeminal Neuralgia

MRIs Neuro (cont.)
 Other _____
 MRA
 Brain
 Neck
 MRV Brain

CT
 LEFT RIGHT
 Cervical
 Thoracic
 Lumbar
 Soft Tissue Neck
 Brain
 Sinuses
 Chest Conventional
 Abdomen
 Pelvis
 CTA head
 CTA neck
 Joint _____
 Other _____

X-Rays
 Ankle R or L
 C-Spine 3-v 5-v 7-v
 Chest (2-v)
 Clavicle
 Elbow R or L
 Femur R or L
 Foot R or L
 Forearm R or L
 Hand R or L
 Hip R or L
 Humerus R or L
 Knee R or L
 L-Spine 3-v 5-v 7-v
 Neck (Soft Tissue)
 Brain
 Orbits
 Pelvis
 Ribs R or L
 Sacrum, Coccyx
 Shoulder R or L
 Scapula R or L
 T-Spine
 Tibia/Fibula R or L
 Wrist R or L
 Other _____

INJECTION PROCEDURES

Please inform us if patient is taking medications for nausea, depression, psychosis, blood thinning, or seizures. These medications may need to be discontinued approximately 7 days prior to the injection procedure. ESIs require prior cervical MRI.

Neuro Injections	Body Injections
<input type="radio"/> Myelogram w/CT <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Cervical <input type="radio"/> Discogram <input type="radio"/> Xylocaine Discogram <input type="radio"/> Intradiscal Steroid Inj <input type="radio"/> Facet Injection <input type="radio"/> Epidural Steroid Injection <input type="radio"/> Hardware Injection <input type="radio"/> Sacroiliac Injection <input type="radio"/> Pars Injection <input type="radio"/> Other _____ On all above Choose Levels _____ <input type="radio"/> R <input type="radio"/> L	<input type="radio"/> Arthrogram <input type="radio"/> R or <input type="radio"/> L <input type="checkbox"/> With MRI <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Shoulder <input type="radio"/> Wrist (radiocarpal) <input type="radio"/> Wrist (3 compartment) <input type="radio"/> Hip <input type="radio"/> Elbow <input type="radio"/> Ankle <input type="radio"/> Knee With Steroid Injection <input type="radio"/> Y <input type="radio"/> N

PREPARATION FOR SPECIAL EXAM

WHAT TO BRING

Please bring this form with you for your outpatient services. Also bring a list of medications and information on prior surgeries, including any previous films, if available. For insurance coverage we will need you to bring your insurance card(s) for all medical insurance plans you are covered under. Most Medicare coverage includes a secondary plan. We will also make a copy of your drivers license at the time of your appointment. Additionally, we urge you to leave your valuables at home or with a relative or friend coming with you to the facility. If you are a new patient, you should arrive early to allow time for paperwork. For exams that include contrast, you must notify our staff, PRIOR to YOUR APPOINTMENT DATE, if you are DIABETIC, have a history of kidney problems or have been diagnosed with multiple myeloma.

MRI INSTRUCTIONS

Just relax and go about your normal routine.

- If you have ANY type of implant, clips, stints or medically implanted stimulators of any kind that cannot be removed it is IMPERATIVE to speak to our office PRIOR TO your exam date.
- If there is a possibility of any metal in any tissue of your body from shrapnel, metal flakes, or other nonmedical metal in your body, it is IMPERATIVE to speak to our office PRIOR TO your exam date.
- Call for specific instructions regarding eating before your exam.
- Take any medication as usual.
- Bring a book, magazine, or something else you like to do while you wait for your exam.
- Wear comfortable clothing with no metal snaps Zippers, buttons, etc., i.e., sweat pants, elastic waist pants.

AT THE SCANNING SITE

- You'll be asked about your medical history.
- You'll be told about the scanning procedure, and you will be asked to sign a consent form.
- You'll remove any metallic objects, such as jewelry, hairpins, glasses, wigs and nonpermanent dentures.
- You may change into a hospital gown.
- You may experience dizziness after your exam. This is normal, but you should take precautions upon getting up after your exam.

MRI EXAMINATIONS CANNOT BE PERFORMED ON PATIENTS WITH

- Pacemakers
- All Cerebral Aneurysm Clips
- Certain Heart Valves
- Neurostimulators
- Cochlear Implants
- Some Stents

If you are unable to produce your implant information card, please notify our office prior to your scheduled appointment time.

Some patients whose occupational history includes metal (Welders, Metal Workers, etc.) that might result in embedded Metal foreign bodies especially in the eyes, and patients with large metallic implants should be carefully screened.

Patients who experience claustrophobia may require sedation, as ordered by their physician.

CT INSTRUCTIONS

- If you are having an exam of your Abdomen or pelvis you will be asked to not eat or drink anything for 4 hours prior to your exam.
- For CT of the Chest you should NOT EAT 2 hours prior to your appointment but you may drink fluids.
- For Diabetics having a CT study with contrast, may need to discontinue some medications. Please call our office to discuss with our medical staff BEFORE your appointment.

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- You'll be told about the scanning procedure, and you will be asked to sign a consent form.

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