



OPEN
MRI
of San Antonio

Ph. (210) 858-3068 • Fax (210) 858-3069
scheduling@openmriofsanantonio.com

Patient's Name _____ Date of Birth _____ Today's Date _____

*Clinical Diagnosis / Symptoms (Required): _____

Appt. Date: _____ Time: _____ Patient Phone #: _____

Physician's Name (Print) _____ Physician's Signature _____

☐ CALL PATIENT TO SCHEDULE

☐ TRANSPORTATION

☐ STAT REPORT

☐ ROUTINE REPORT



DTI

____ MRI Brain with DTI (Diffusion Tensor Image)

MRI

☐ Without Contrast

☐ With Contrast

☐ With and Without Contrast

____ Abdomen

____ Abdomen (MRCP)

____ Brain

____ Brain with DTI

____ Chest

____ Face

____ IAC's

____ Mandible

____ Neck

____ Orbit

____ Pelvis

____ Pituitary Gland

____ Sacro-iliac Joint

____ Sacrum/Coccyx

____ Spine

☐ Cervical ☐ Thoracic ☐ Lumbar

____ Temporomandibular Joints

____ Upper Extremity (joint) Left Right

☐ Elbow ☐ Shoulder ☐ Wrist

____ Upper Extremity (non joint) Left Right

☐ Hand ☐ Forearm ☐ Humerus

____ Lower Extremity (joint) Left Right

☐ Ankle ☐ Hip ☐ Knee

____ Lower Extremity (non joint) Left Right

☐ Femur ☐ Foot ☐ Tibia/Fibula

MRA

____ MRA Carotids

(w/reconstruction w/o contrast)

____ MRA Cerebrals

(w/reconstruction w/o contrast)

TBI/VNG

____ VR TBI Assessment

CT SCAN

☐ Without Contrast

☐ With and Without Contrast

☐ With 3D Reconstruction

(Musculoskeletal only)

____ Abdomen

____ Abdomen/Pelvis

____ Abdomen/Pelvis (Kidney Stone Protocol)

____ Brain

____ Chest

____ IAC's

____ Mandible

____ Orbit

____ Pelvis

____ Pituitary Gland/ Sella

____ Sacro-iliac Joint

____ Sinus (Maxiofacial)

____ Soft Tissue Neck

____ Spine

☐ Cervical ☐ Thoracic ☐ Lumbar

☐ Post Discogram/Myelogram

____ Temporal Bones

____ Upper Extremity Left Right

☐ Elbow ☐ Forearm ☐ Hand

☐ Humerus ☐ Shoulder ☐ Wrist

____ Lower Extremity Left Right

☐ Ankle ☐ Femur ☐ Foot

☐ Hip ☐ Knee ☐ Tibia/Fibula

ULTRASOUND

____ Abdomen, Single Organ/Quadrant

____ Abdomen Total

____ Aorta Duplex

____ Arterial Lower Extremity Duplex

☐ Bilateral ☐ Unilateral Left Right

____ Arterial Upper Extremity Duplex

☐ Bilateral ☐ Unilateral Left Right

____ Bladder (Pre & Post Void)

____ Breast

☐ Bilateral ☐ Unilateral Left Right

____ Carotid Duplex

____ Complete Extremity Non-Vascular

☐ Upper ☐ Lower Left Right

____ Liver

____ Pelvic – Transabdominal

____ Retroperitoneal

☐ Limited (Renal) ☐ Complete (Renal & Bladder)

____ Renal Arteries (Abdomen Aorta, IVC)

____ Scrotum (Testicular) Duplex

____ Thyroid

____ Venous Upper Extremity

☐ Bilateral ☐ Unilateral Left Right

____ Venous Lower Extremity

☐ Bilateral ☐ Unilateral Left Right

____ Other _____

X-RAY

☐ With Weights ☐ Flex/Ext

Exam Requested: _____

16530 Huebner Rd., Suite 401 & 411

San Antonio, TX 78248

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MRI CONTRAINDICATIONS

If you have any of the following devices implanted in your body you will not be able to have an MRI exam.

- Pacemaker
- Brain Aneurysm Clip
- Battery Operated Pumps (Insulin, Pain meds, etc.)

MRI OF ABDOMEN

- Need to be fasting 3-4 hours before exam.

MRI SUGGESTIONS

- Do not wear jewelry (necklaces, bracelets, earrings, etc.)
- Wear comfortable loose clothing
- Do not wear clothing with metal buttons or zippers
- For Females, do not wear mascara

NOTE

The exam requires you to lay still for approximately 30 to 40 minutes. If you are in severe pain, we suggest that you take pain medication 1 hour prior to appointment time.

You may eat prior to the exam.

ULTRASOUND PREPARATIONS

- ABDOMEN / GALLBLADDER
NPO (Nothing to eat or drink after midnight)
- RENAL
NPO (nothing to eat or drink after midnight)
- PELVIC
Must have full bladder. Drink 32oz (about 6 full glasses of water or liquid 1 hour prior to appointment time) DO NOT empty bladder until exam is completed.
- BREAST
If mammogram was done prior, please bring film and reports to appointment

*PLEASE BRING YOUR LIST OF MEDICATIONS

PREPARATION FOR CT SCAN WITH CONTRAST

- BUN and Creatinine Lab Levels to be drawn within 30 days before exam
- You may take Glucophage or Glucovance the evening before the procedure. No Glucophage or Glucovance is to be taken the morning before the scan.

After the CT scan, no more Glucophage or Glucovance may be taken for 48 hours after the test. Please check with your ordering physician before resuming your next dosage.

- If you are using insulin, you need to have the first morning appointment. Do not take your morning insulin injection and do not eat before the test. Bring your insulin along for injection after the procedure.

• CT PELVIS

1. Nothing to eat or drink after midnight the night before the exam
2. Need to stop by office to pick up two bottles of Read-CAT
3. Need to drink one bottle of Read-CAT the night before and the second bottle one hour before exam.

• CT ABDOMEN

1. Nothing to eat or drink after midnight the night before the exam
2. Need to stop by office to pick up bottle of Read-CAT
3. Need to drink bottle of Read-CAT 1 hour before exam

• CT CHEST

Please bring chest x-ray film with you at time of appointment

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