

# STONEBRIAR

medical imaging

**SMI of Plano**  
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ACR Accredited

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www.stonebriarimaging.com

Warren Medical Imaging, LLC

Patient \_\_\_\_\_ DOB \_\_\_\_\_ Home/Work # \_\_\_\_\_  
Exam \_\_\_\_\_ Insurance Carrier \_\_\_\_\_  
Group # \_\_\_\_\_ Member ID # \_\_\_\_\_  
Diagnosis/Rule Out \_\_\_\_\_ / \_\_\_\_\_  
Date of Exam \_\_\_\_\_ Time \_\_\_\_\_  
Physician Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

- STAT**     Contrast Per Radiologist     W/WO Contrast     With Contrast     WO Contrast  
 Labs required for patients 60+ or Diabetic     Send Cd-rom     Send Films

### MRI

1.5 Tesla

- Cervical Spine
- Lumbar Spine
- Thoracic Spine
- Shoulder \_\_\_\_\_  R  L
- Knee \_\_\_\_\_  R  L
- Ankle \_\_\_\_\_  R  L
- Wrist \_\_\_\_\_  R  L
- Extremity \_\_\_\_\_  R  L
- Hips \_\_\_\_\_  R  L
- Brain / Head \_\_\_\_\_  IAC
- Liver
- MRA     Head     Neck     Other
- Neck (Soft Tissue)
- Orbits
- Pelvis
- Pituitary
- TMJ
- Kidneys
- Other \_\_\_\_\_
- Special Instructions \_\_\_\_\_

### CT

Multislice

- Cervical Spine w/3D Recon
- Lumbar Spine w/3D Recon
- Thoracic Spine w/3D Recon
- Shoulder \_\_\_\_\_  R  L
- Knee \_\_\_\_\_  R  L
- Ankle \_\_\_\_\_  R  L
- Abdomen
- Pelvis
- Brain / Head
- IAC
- Chest
- Extremity \_\_\_\_\_  R  L
- Neck (Soft Tissue)
- Sinus \_\_\_\_\_  Limited
- Other \_\_\_\_\_
- Special Instructions \_\_\_\_\_

### Ultrasound

3D / 4D

**\*\* FRISCO ONLY \*\***

#### GENERAL

- Abdominal
- Axillary
- Breast \_\_\_\_\_  R  L
- Chest
- Extremity (Non-Vascular)  R  L
- Gallbladder
- Pelvic
- Transvaginal
- Renal
- Testicular
- Thyroid
- Other \_\_\_\_\_

#### OB

- Limited 1st Trimester
- Transvaginal
- 2nd & 3rd Trimester
- 4D/Babyface
- Other \_\_\_\_\_

#### VASCULAR

- Carotid
- Upper Bilateral Venous
- Upper Unilateral Venous \_\_\_\_\_  R  L
- Lower Bilateral Venous
- Lower Unilateral Venous \_\_\_\_\_  R  L
- Other \_\_\_\_\_

### XRAY

Body Part \_\_\_\_\_

Views     1     2     3

Special Instructions \_\_\_\_\_

### ARTHROGRAMS

CT     MRI     PLANO     FRISCO

- Wrist \_\_\_\_\_  R  L     Ankle \_\_\_\_\_  R  L
- Shoulder \_\_\_\_\_  R  L     Knee \_\_\_\_\_  R  L
- Elbow \_\_\_\_\_  R  L     Other \_\_\_\_\_  R  L

### INJECTION PROCEDURES

**\*\* PLANO ONLY \*\***

- Myelogram/CT:    Cervical    Thoracic    Lumbar
- Discogram/CT:    L1-2    L2-3    L3-4    L4-5    L5S1
- Xylo Disco:        L1-2    L2-3    L3-4    L4-5    L5S1
- Epidural Steriod Injection:    Cervical    Lumbar
- Facet:    R    L    Levels: \_\_\_\_\_
- SI Joint:    R    L
- Hardware:    R    L



**EXAM PREPARATIONS**

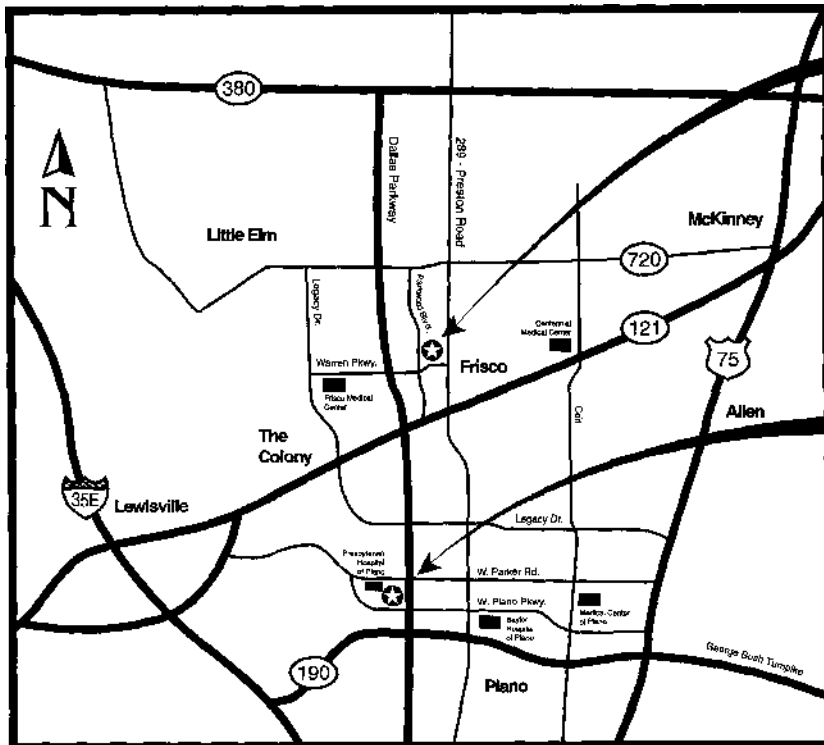
- ❑ **1. CT SCAN:** Please inform the scheduler if you are taking Glucophage, Glucovance, Metformin, Avandamet, or Metaglip. Nothing to eat or drink except water for 4 hours prior to exam time, (except for CT sinus).

**CT SCAN** (abdomen and pelvis): Please arrive 2 hours early to receive the contrast agents for your exam. (Abdomen): Please arrive 1 hour early to receive the contrast or you may pick up the contrast the day prior to your exam. Please inform us if you are allergic to x-ray/contrast dye or shellfish at least 24 hrs prior to your exam. Patients receiving oral contrast may experience diarrhea.

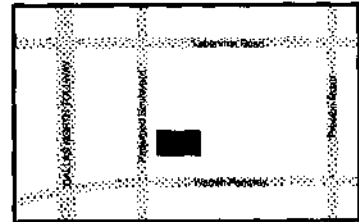
- ❑ **2. MAGNETIC RESONANCE IMAGING (MRI/MRA):** Do not wear jewelry, hairpins, and barrettes for this exam. Please inform scheduler if you have a pacemaker or electronic implant.
- ❑ **3. MYELOGRAM/DISCOGRAM: (Plano Only)** Nothing to eat or drink 4 hours prior to exam time. You are encouraged to drink plenty of water before the exam. All medications **MUST** be reviewed by our patient care specialist 24-48 hours prior to your appointment. Please drink plenty of water the prior to your exam. Please wear loose fitting garments that do not contain metal objects, such as clasps, zippers, etc. For your safety and comfort, a driver is required for your transportation following this exam. Please inform our staff immediately if you are taking blood thinners other than aspirin. Also, you **MUST** inform our staff if you have an infection of any sort prior to your exam.

**04. U.S. ABD: (Frisco Only)** Nothing to eat or drink except water 8 hours prior to exam time.

❑ **5. PELVIS AND O.B.: (Frisco Only)** Drink 32 ounces of water 1 hour prior to exam. **\*DO NOT VOID\***



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