DALLAS DIAGNOSTIC IMAGING SERVICES

SE HABLA ESPANOL

214-337-6513 • Fax: 214-988-1000
8355 WALNUT HILL LANE #200A, DALLAS, TEXAS, 75231

REFERRAL DATE: _____

Patient's ID: _____ HT: _____ WT: _____ Year of Birth: _____

Phone: _____ Scanning Time Point: _____ STUDY PROTOCOL # _____

Facility: **PRISM HEALTH NORTH TEXAS** Patient Name: _____

Referring Physicians Signature Required Below

Referring Dr. Signature: _____ Referring Office Contact: _____

Office Phone: _____ Office Fax: _____

MRI

1.5T High Field

☐ With/Without Contrast ☐ Without Contrast

- ☐ **Research Study PDFF**
- ☐ Brain
- ☐ Pituitary
- ☐ Internal Auditory Canals
- ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Sacrum
- ☐ Soft Tissue Neck
- ☐ Orbits
- ☐ Abdomen
- ☐ Prostate
- ☐ MRCP
- ☐ Pelvis
- ☐ Shoulder ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Extremity_____ ☐ R ☐ L
- ☐ MRAngiogram Head
- ☐ MRAngiogram Neck
- ☐ MRAngiogram Renal
- ☐ Other_____
- ☐ Other _____

ULTRASOUND

- ☐ Research Subj # _____
- ☐ Protocol # _____
- ☐ Abdomen Complete (NPO)
- ☐ Aorta (NPO) ☐ Aorta w/ Doppler
- ☐ Abdomen (Wall)
- ☐ Cardiac Echo
- ☐ Carotid Doppler
- ☐ OB Less Than 14 Weeks
- ☐ Prostate
- ☐ Pelvic
- ☐ Transvaginal
- ☐ Renal w/ Doppler
- ☐ US Breast ☐ UNILATERAL ☐ BILATERAL
- ☐ Soft Tissue _____
- ☐ Testicular/Scrotal ☐ w/Doppler
- ☐ Thyroid
- ☐ Groin

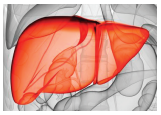
VENOUS/ARTEROA DOPPLER (Circle One or Both)

- ☐ Lower Extremity ☐ R ☐ L ☐ BILAT
- ☐ Upper Extremity ☐ R ☐ L ☐ BILAT
- ☐ Other_____

X-RAY

- ☐ TGC15302(10009435)_____
- ☐ Facial Bones
- ☐ Sinuses
- ☐ Chest PA & Lateral
- ☐ Ribs (specify) ☐ Bilateral ☐ R ☐ L
- ☐ Cervical Spine 2v, 4v, 6 view
- ☐ Thoracic Spine
- ☐ Lumbar Spine 2v, 4v, 6 View
- ☐ KUB
- ☐ Scapula
- ☐ Pelvis AP
- ☐ Hip ☐ R ☐ L
- ☐ Femur ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Tibia/Fibula ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Foot ☐ R ☐ L
- ☐ Skull Complete
- ☐ Shoulder ☐ R ☐ L
- ☐ Humerus ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Finger (specify) _____
- ☐ Other _____

FIBROSCAN LIVER



- ☐ Routine Exam
- ☐ Hepatitis ☐ A ☐ B ☐ C
- ☐ Non-Alcoholic Fatty Liver Disease (NAFLD)
- ☐ Non-Alcoholic Steatohepatitis (NASH)
- ☐ Alcoholic Liver Disease (ALD)
- ☐ Research Subject ID #_____
  Protocol # _____

DEXA

☐ LUNAR iDXA 2 **Pediatric Dexa:** _____ **Body Composition Dexa:**_____

Adult Dexa _____ **(TBS)** Trabecular Bone Score- assess fracture risk and monitor treatment response.

DALLASDIAGNOSTICIMAGINGSERVICES.COM