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 Name: _____ D.O.B.: _____

Phone: _____ Diagnosis: _____

Special Instructions: _____

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_____

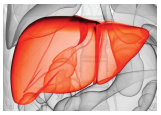
X-RAY

☐ 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 ___Adult Dexa ___Pediatric Dexa ___ Research Dexa Protocol # _____
Patient Id #_____ Study notes: _____

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