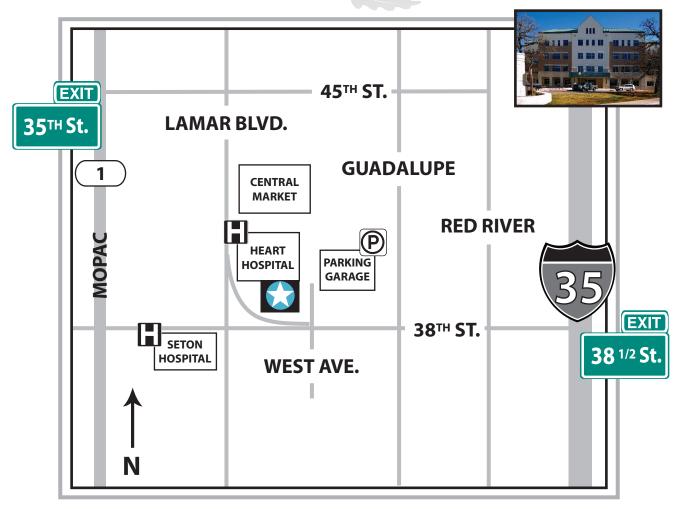


900 West 38th Street, Suite 100 Austin, TX 78705 512-501-3840

Fax: 512-501-3841

STAT CALL REPORT TO:	FAX REPORT TO:	DELIVER: ☐ CD ☐ FILMS ☐ Give CD to Patient
Call Patient to Schedule Examination.		— Give CD to Fatient
Referring Physician:	Physician Signature	
Patient Name:		
Patient Phone:	Patient Email:	
DIAGNOSIS/Clinical Information:		
Special Instructions:		
MRI	СТ	X-RAY
□ WO         □ W/WO         □ PRN Contrast           □ Brain         □ Enterography           □ Brain & Spine MS Protocol         □ Shoulder         □ L         □ R           □ IAC's         □ Scapula         □ L         □ R           □ Orbits         □ Humerus         □ L         □ R	□ W □ WO □ W / WO □ PRN Contrast  CALL FOR PREPARATION INSTRUCTIONS □ Head □ Enterography □ Orbits □ Temporal Bone □ Prophecy Ankle	☐ 1-View Chest ☐ 1-View Abdomen (KUB) ☐ 2-View Chest ☐ 2-View Abdomen ☐ Ribs ☐ L ☐ R
☐ Pituitary ☐ Elbow ☐ L ☐ R ☐ Trigeminal Nerves ☐ Forearm ☐ L ☐ R	☐ Sinus ☐ Inbone ☐ Max / Facial ☐ Infinity	EXTREMITIES
□ TMJ       □ Wrist       □ R         □ Soft Tissue Neck       □ Hand       □ L □ R         □ Brachial Plexus       □ L □ R       □ Hip       □ L □ R         □ Breast       □ Femur       □ L □ R         □ Implant Rupture       □ Knee       □ L □ R         □ Cervical Spine       □ Tib/Fib       □ L □ R         □ Thoracic Spine       □ Ankle       □ L □ R         □ Lumbar Spine       □ Foot       □ L □ R         □ Defacography       □ Sl Joints         □ Sacral Plexus       □ Biomet Signature	☐ Soft Tissue Neck ☐ Invision ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine ☐ Chest ☐ Biomet Signature ☐ Chest for Lung Nodule ☐ Chest for Interstitial Lung Disease ☐ Abdomen (w/Pelvis if needed) ☐ Abdomen & Pelvis ☐ Abdomen Only	☐ Finger       ☐ L       ☐ R       ☐ Pelvis       ☐ L       ☐ R         ☐ Hand       ☐ L       ☐ R       ☐ Hip       ☐ L       ☐ R         ☐ Wrist       ☐ L       ☐ R       ☐ Femur       ☐ L       ☐ R         ☐ Forearm       ☐ L       ☐ R       ☐ Knee       ☐ L       ☐ R         ☐ Elbow       ☐ L       ☐ R       ☐ Tib/Fib       ☐ L       ☐ R         ☐ Humerus       ☐ L       ☐ R       ☐ Ankle       ☐ L       ☐ R         ☐ Shoulder       ☐ L       ☐ R       ☐ Heel       ☐ L       ☐ R         ☐ A-C Joints       ☐ L       ☐ R       ☐ Foot       ☐ L       ☐ R         ☐ Clavicle       ☐ L       ☐ R       ☐ Toe       ☐ L       ☐ R         ☐ Other       ☐ Control       ☐ Control </td
☐ MRV Head	☐ Urogram☐ Pelvis Only	HEAD
☐ MRA ☐ Head (Circle of Willis) ☐ Neck (Carotids) ☐ Chest ☐ Abdomen ☐ MRCP w/Abdomen	☐ Lung Cancer Screening ☐ Cardiac Calcium Score ☐ Other ☐ CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST	☐ Sinuses (Specify) ☐ Orbits ☐ Skull ☐ Facial Bones ☐ TMJ ☐ Nasal ☐ Other
☐ Pelvis	EXTREMITIES	
ULTRASOUND ANY STUDY MAY REQUIRE DOPPLER EVALUATION AT	Hand	SPINE  Soft Tissue Neck Cervical LTD Complete Thoracic LTD Complete Lumbar LTD Complete
DISCRETION OF RADIOLOGIST  Abdomen Ltd Complete Renal  Pelvic With Transvaginal  Obstetrical With Transvaginal  Transvaginal  Venous Doppler L R Arm Leg	CTA  W WO WO PRN Contrast Chest - Aorta / Great Vessels Chest - Pulmonary Veins Abdomen & Pelvis	☐ Flexion & Extension ☐ SI Joints ☐ Sternum ☐ Sacrum/Coccyx ☐ Other
☐ Carotid Doppler	☐ Abdomen - Aneurysm ☐ Other	PROCEDURES
☐ Arterial Duplex ☐ L ☐ R ☐ Arms ☐ Legs ☐ Thyroid / Neck ☐ Breast (Complete w/axilla) ☐ L ☐ R ☐ Screening ☐ Thyroid ☐ Carotid Arteries ☐ Abdominal Aorta ☐ Liver & Gallbladder	ECHOCARDIOGRAPHY  □ Echocardiography	□ Joint Injection         □ Arthrogram           □ Shoulder         □ L         □ R         □ With MRI         □ With CT           □ Elbow         □ L         □ R         □ With MRI         □ With CT           □ Wrist         □ L         □ R         □ With MRI         □ With CT           □ Knee         □ L         □ R         □ With MRI         □ With CT           □ Ankle         □ L         □ R         □ With MRI         □ With CT           □ Hip         □ L         □ R         □ With MRI         □ With CT
☐ Scrotal ☐ Biophysical Profile	<b>BONE DENSITOMETRY (DXA)</b>	□ IVP
□ Other	Dono Donoitomotry (DVA)	□ Othor





900 West 38th Street, Suite 100 Austin, TX 78705 512-501-3840

Hours: Monday through Friday 8:00 a.m. – 5:00 p.m.

## **DIRECTIONS**

From IH 35 take the 38 1/2 St. Exit

From Mopac/Loop1 take the 35th St. Exit

Both 38 1/2 St. and 35th St. merge into 38th St.

Central Park Imaging Center is located on the Northeast Corner of North Lamar Blvd. and West 38th Street.

Central Park Imaging is adjacent to the Heart Hospital of Austin.

Central Park Imaging Center is on the first floor of the Central Park Medical Building. There is a large green awning on the exterior of the building with the words **CENTRAL PARK MEDICAL**.

## PARKING.

There is a parking garage **BEHIND** the medical building and there is a fee for parking.

Central Park Imaging does not validate tickets.

Valet Parking is also available directly in front of the hospital.