

STAT CALL REPORT TO: _____ FAX REPORT TO: _____ DELIVER: CD FILMS
 Give CD to Patient

Call Patient to Schedule Examination.

Referring Physician: _____ Physician Signature: _____
 Patient Name: _____ D.O.B.: _____
 Patient Phone: _____ Patient Email: _____

DIAGNOSIS/Clinical Information: _____
 Special Instructions: _____

MRI

WO W / WO PRN Contrast

Brain Enterography
 Brain & Spine MS Protocol Shoulder L R
 IAC's Scapula L R
 Orbits Humerus L R
 Pituitary Elbow L R
 Trigeminal Nerves Forearm L R
 TMJ Wrist L 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
 SI Joints
 Sacral Plexus Biomet Signature
 MRV Head
 MRA
 Head (Circle of Willis)
 Neck (Carotids)
 Chest
 Abdomen
 MRCP w/Abdomen
 Pelvis
 Other _____

ULTRASOUND

ANY STUDY MAY REQUIRE DOPPLER EVALUATION AT DISCRETION OF RADIOLOGIST

Abdomen Ltd Complete Renal
 Pelvic With Transvaginal
 Obstetrical With Transvaginal
 Transvaginal
 Venous Doppler L R Arm Leg
 Carotid Doppler
 Arterial Duplex L R Arms Legs
 Thyroid / Neck
 Breast (Complete w/axilla) L R
 Screening
 Thyroid
 Carotid Arteries
 Abdominal Aorta
 Liver & Gallbladder
 Scrotal
 Biophysical Profile
 Other _____

CT

W WO W / WO PRN Contrast

CALL FOR PREPARATION INSTRUCTIONS

Head Enterography
 Orbits
 Temporal Bone Prophecy Ankle
 Sinus Inbone
 Max / Facial Infinity
 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
 Urogram
 Pelvis Only
 Lung Cancer Screening
 Cardiac Calcium Score
 Other _____

CONTRAST & ADDITIONAL VIEWS AT DISCRETION OF RADIOLOGIST

EXTREMITIES

Hand L R Hip L R
 Elbow L R Knee L R
 Wrist L R Ankle L R
 Shoulder L R Foot L R
 Other _____

CTA

W WO W / WO PRN Contrast

Chest - Aorta / Great Vessels
 Chest - Pulmonary Veins
 Abdomen & Pelvis
 Abdomen - Aneurysm
 Other _____

ECHOCARDIOGRAPHY

Echocardiography

BONE DENSITOMETRY (DXA)

Bone Densitometry (DXA)

X-RAY

1-View Chest 1-View Abdomen (KUB)
 2-View Chest 2-View Abdomen
 Ribs L R

EXTREMITIES

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 _____

HEAD

Sinuses (Specify)
 Orbits Skull
 Facial Bones TMJ
 Nasal
 Other _____

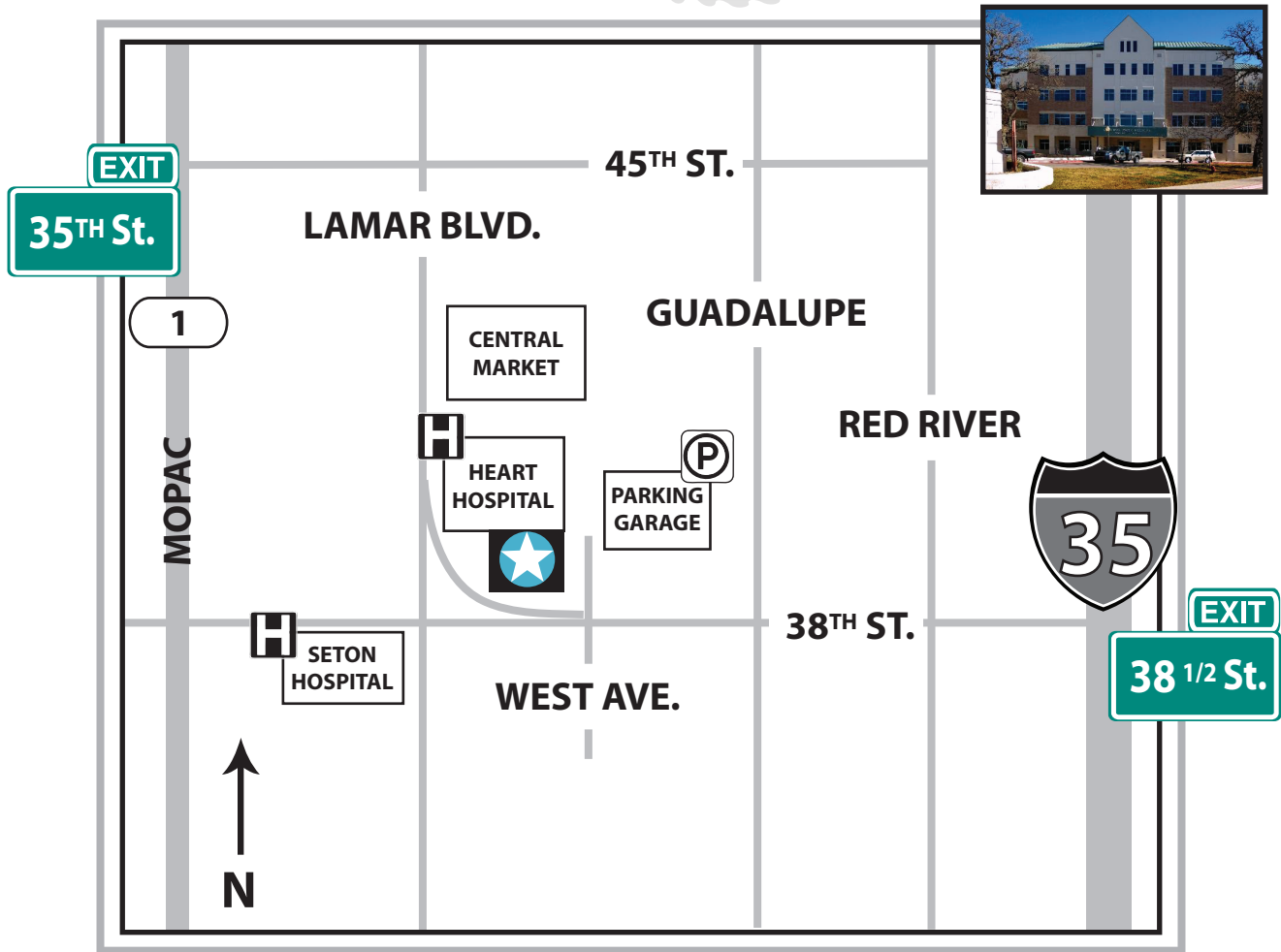
SPINE

Soft Tissue Neck
 Cervical LTD Complete
 Thoracic LTD Complete
 Lumbar LTD Complete
 Flexion & Extension SI Joints
 Sternum
 Sacrum/Coccyx
 Other _____

PROCEDURES

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
 IVP _____
 Other _____

Central Park imaging



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/Loop 1 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.