



HAMMAMI IMAGING & ASSOCIATES

TRENTON MEDICAL IMAGING

2513 W. Trenton Rd. • Edinburg, TX 78539

Phone: (956) 668-9729 • Fax: (956) 668-9742

Patient Name: _____ DOB _____ Account #: _____

Appointment Date: _____ Time: _____ Insurance: _____

Address: _____ Allergies: _____

Phone #: _____ Pregnancy Test: _____

Referring Physician & Phone #: _____ BUN ____ Creatinine ____

X-RAY Please Specify: _____ WT: _____

DX: _____

OPEN M.R.I. SEE INSTRUCTIONS ON BACK

- | | | | |
|---|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Without Contrast | <input type="checkbox"/> Without & With Contrast | | |
| <input type="checkbox"/> Brain or Head | <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Pituitary Gland | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Elbow | <input type="checkbox"/> Knee |
| <input type="checkbox"/> MRA Cerebral | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Wrist | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> MRA Carotids | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hand | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Sinus/Orbit/Face | <input type="checkbox"/> Pelvis | | |

Other: _____ DX: _____

HELICAL C.T. SEE INSTRUCTIONS ON BACK

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Without Contrast | <input type="checkbox"/> Without & With Contrast | <input type="checkbox"/> With Contrast | |
| <input type="checkbox"/> Brain or Head | <input type="checkbox"/> Sinuses | <input type="checkbox"/> Chest | <input type="checkbox"/> C Spine |
| <input type="checkbox"/> Orbit/Sella | <input type="checkbox"/> Maxillofacial | <input type="checkbox"/> Abdomen | <input type="checkbox"/> T Spine |
| <input type="checkbox"/> Temporal Bone/Ear | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Pelvis | <input type="checkbox"/> L Spine |
| <input type="checkbox"/> CT Guided Biopsy _____ | <input type="checkbox"/> CT Guided Drainage _____ | | |

Other: _____ DX: _____

((ULTRASOUND)) SEE INSTRUCTIONS ON BACK

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Right Upper Quadrant*
(Gallbladder / Liver / Pancreas) | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Breast | <input type="checkbox"/> Pelvis** |
| <input type="checkbox"/> Abdomen/Complete* | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Endovag. | |
| <input type="checkbox"/> 2D Echo | <input type="checkbox"/> Testicular | | |
| <input type="checkbox"/> Doppler | <input type="checkbox"/> Color | <input type="checkbox"/> Read by Dr. _____ | |
| <input type="checkbox"/> Doppler/Vascular: | <input type="checkbox"/> Carotid | <input type="checkbox"/> Aorta* | <input type="checkbox"/> Renal Artery* |
| <input type="checkbox"/> Venous, Lower extremity: | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Bilateral |
| <input type="checkbox"/> Arterial, Lower extremity: | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Bilateral |

Other: _____ DX: _____

Prelim Report:

INSTRUCTIONS FOR PATIENTS

GENERAL:

If similar or related exams were done somewhere else, please bring films and reports.

Suggestions on clothing attire:

Do not bring jewelry (necklaces, bracelets, earrings, etc.).

Wear comfortable loose clothing such as warm-ups & sweatshirts.

Do not wear clothing with metal buttons or zippers.

For females, do not wear mascara or metallic eyeshadow.

M.R.I.:

Contraindications: you are unable to have M.R.I. If you have any of the followings:
Pacemaker, brain aneurysm clip, or Battery Operated Pumps (Insulin, Painmeds, etc.).

Need to be fasting (NPO): 4 hours before the exam which includes I.V. Contrast only.

You should have normal Creatinine within 4 weeks prior to contrast injection.

C.T.:

If you are diabetic, and your exam involves the I.V. Injection of Iodinated Contrast, you need to let the staff know; if you take GLUCOPHAGE, this medicine should be discontinued at least 48 hours before and 48 hours after the procedure. Re-start medication only after renal function has been re-evaluated and found to be normal. You should have normal Creatinine within 4 weeks prior to contrast injection. For female patients, C.T. Produces X-ray. If there is a possibility that you might be pregnant, you need to have a negative pregnancy test prior to this exam.

C.T. CHEST:

Please bring chest x-ray at the time of appointment.

C.T. ABDOMEN:

1-Need to be fasting (NPO): 4 hours before exam which includes I.V. Contrast only.

2-When you come for your appointment you will be given 1 bottle of Oral Contrast to drink ½ to 1 hour before your exam.

C.T. PELVIS:

1-Need to be fasting (NPO): 4 hours before exam which includes I.V. Contrast only.

2-Need to stop by the office to pick up 1 bottle of Oral Contrast.

3-Need to drink 1 bottle of Oral Contrast the night before exam. You will be given another bottle to drink in our facility ½ to 1 hour before exam.

4-Do Not empty bladder until exam is completed.

ULTRASOUND:

* NPO, Nothing to eat or drink for 6 hours prior to exam.

** 32 oz. Of fluid 45 minutes prior to exam time; do not empty bladder until exam is completed.

