CENTRO DE IMAGENOLOGIA
800 W Airport Fwy Suite 1033, Irving, TX
75062.
Phone: 817-264-7814
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Email:imagingprodallas@gmail.com

CENTRO DE IMAGENOLOGÍA
IMAGING–PRO

IMAGING-PRO ULTRASOUND

REQUEST FORM

Patient Name: _____ **D.O.B:** _____

Male ( ) Female ( ) **Patient Phone:** _____

Date: _____ / _____ / _____

Appointment Date: _____ / _____ / _____ **Time:** _____: _____ **( ) AM ( ) PM**

Facility: _____

Phone: _____ **FAX:** _____

Referring Provider: _____ **NPI:** _____

Reason for Exam (symptoms/diagnosis):
_____
_____

EXAMINATION REQUESTED:

- ☐ Abdominal Complete. (76700)
- ☐ Abdomen Limited. (76705)
- ☐ Renal. (76770)
- ☐ Bladder (76857)
- ☐ Prostate transabdominal (76857)
- ☐ Pelvic Complete (No OB) Male and Female (76856)
- ☐ Pelvic Transvaginal (76830) ***
- ☐ OB Diagnostic
- ☐ Soft Tissue Head and Neck (Thyroid) (76536)
- ☐ Soft Tissue. (76882)
- ☐ Scrotum and contents (76870)
- ☐ Knee (76881)
- ☐ Breast Complete (Bilateral) (76641)
- ☐ Screening AAA (Aorta) (76706)
- ☐ Prostate Transrectal (76873) ***
- ☐ Other_____

Preparation Instructions:

Abdominal Ultrasounds: Nothing to eat or drink 6 hours prior to the exam.

Pelvic and Prostate Ultrasound: Full bladder required. Drink 32 oz. of water 45 minutes prior to the exam.

Prostate Ultrasound Transrectal: A Fleet enema should be taken 1-4 hours prior to the exam. ***

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