

GATEWAY

DIAGNOSTIC IMAGING

BECAUSE PATIENTS DESERVE MORE FOR LESS

KELLER/ALLIANCE
Phone (817) 799-6700
Fax (817) 999-9114
MRI 3T Open Bore • CT
U/S • X-Ray

WEATHERFORD
Phone (817) 599-8995
Fax (817) 599-6795
MRI 1.5T • CT
U/S • X-Ray

FT. WORTH MEDICAL DISTRICT
Phone (817) 289-2002
Fax (817) 289-2010
 MRI 1.5T
 Open MRI
CT • U/S • X-Ray

MID-CITIES
Phone 817-GATEWAY (428-3929)
Fax (817) 428-1771
MRI 1.5T • CT
U/S • X-Ray

FRISCO
Phone: (214) 618-3100
Fax: (214) 618-8508
MRI 1.5T • CT
U/S • X-Ray

PLANO
Phone (972) 378-3200
Fax (972) 378-3600
MRI 1.5T • CT
U/S • X-Ray

RICHARDSON
Phone 214-GATEWAY (428-3929)
Fax (214) 428-1500
MRI 3T Open Bore • CT
U/S • X-Ray

GENERAL INFO

PATIENT NAME: _____ DOB: ____/____/____ SEX: ____
 PATIENT'S HOME #: _____ MOBILE: _____ MRI/CT TRANSPORT NEEDED (NON-CMS)
 INS. NAME: _____ ID#: _____ GROUP#: _____ AUTH. #: _____

PHYSICIAN INFORMATION

REFERRING PHYSICIAN NAME: _____ SIGNATURE: _____
 REFERRAL COORDINATOR: _____ PHONE #: _____ FAX#: _____

STAT FAX

STAT CALL

MRI

- w/contrast w/o contrast GDI to Determine
- MR Brain
 - MR Brain to include PITUITARY
 - MR Brain to include IAC's
 - MR Brain to include Orbits
 - MR Soft Tissue Neck
 - MR Cervical Spine
 - MR Thoracic Spine
 - MR Lumbar Spine
 - MR Shoulder L R B
 - MR Elbow L R B
 - MR Wrist L R B
 - MR Abdomen
 - MR Pelvic
 - MR Hip L R B
 - MR Knee L R B
 - MR Ankle L R B
 - MR Foot L R B
 - MRA Head (Circle of Willis)
 - MRA Neck (includes of carotid/cerebral)
 - MR Arthrogram _____
 - MR Other _____
 - MRA Other _____

CT

- w/contrast w/o contrast GDI to Determine
- CT Head
 - CT Sinuses Limited (Coronal Only)
 - CT Sinuses Complete (Axial and Coronal)
 - CT Soft Tissue Neck
 - CT Cervical Spine
 - CT Thoracic Spine
 - CT Lumbar Spine
 - CT Myelogram (Plano) C T L
 - CT Chest
 - CT Chest - Low Dose
 - CT Abdomen
 - CT Pelvic
 - CT Abdomen/Pelvis Special Protocols: _____
 - CT Enterography
 - CT Lower Extremity _____
 - CT Upper Extremity _____
 - CT Arthrogram _____
 - CT Other _____
 - CTA Other _____

ULTRASOUND

- US Thyroid
- US Neck
- US Aorta
- US Upper Ext. Non-Vascular L R B
- US Lower Ext. Non-Vascular L R B
- US Abdomen Complete
- US Abdomen Limited
- US Bladder
- US Spleen
- US Retroperitoneal (Renal Complete)
- US Pelvic
- US Pelvic (transvaginal if needed)
- US Transvaginal
- US OB 1st Trimester
- US Testicular
- US Other _____

DOPPLER U/S

- US Upper Arterial Doppler L R B
- US Lower Arterial Doppler L R B
- US Upper Venous Doppler L R B
- US Lower Venous Doppler L R B
- US Carotid Doppler
- US Renal Doppler w/ Renal Complete
- US Renal Doppler (vascular only, limited anatomy)
- US Liver Doppler w/ Abdomen Complete
- US Liver Doppler (vascular only, limited anatomy)

NOTES/DX: _____

X-RAY

- XR Spine C T L
- XR Shoulder L R B
- XR Hip L R B
- XR Chest L R B
- XR Elbow L R B
- XR Knee L R B
- XR Pelvis L R B
- XR Wrist L R B
- XR Ankle L R B
- XR Other _____
- XR Hand L R B
- XR Foot L R B

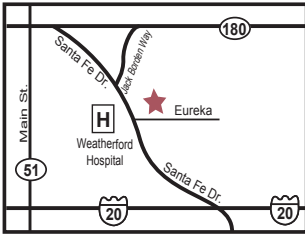
APPOINTMENT / DELIVERY

- CALL AND SCHEDULE PATIENT FOR EXAM
- PATIENT SCHEDULED DATE: _____ TIME: _____
- FILMS *or* CD WITH PATIENT *or* COURIER
- FOLLOW-UP APPT W/ DR. DATE: _____ TIME: _____

SEDATION NEEDED (VALIUM ONLY)

DRUG NAME: VALIUM STRENGTH: 10MG QTY: 1
 DOSAGE FORM: ORAL REFILL(IF ANY): _____
 DIRECTIONS: _____
 PHYSICIAN SIGNATURE: _____
 (NO STAMP)

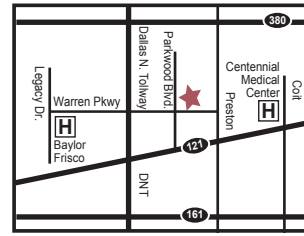
WEATHERFORD



831 Eureka Street
Weatherford, TX 76086
Phone (817) 599-8995
Fax (817) 599-6795

MODALITIES
MRI 1.5T • CT
U/S • X-Ray

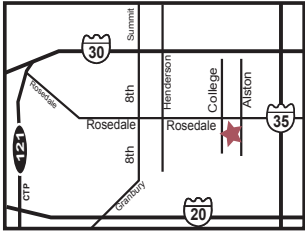
FRISCO



3550 Parkwood Boulevard
Suite C-302
Frisco, TX 75034
Phone: (214) 618-3100
Fax: (214) 618-8508

MODALITIES
MRI 1.5T • CT
U/S • X-Ray

FT. WORTH MEDICAL DISTRICT



1106 Alston Avenue
Suite 175
Ft. Worth, TX 76104
Phone (817) 289-2002
Fax (817) 289-2010

MODALITIES
MRI 1.5T • Open MRI • CT
U/S • X-Ray

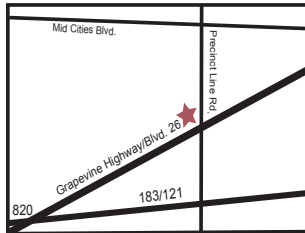
PLANO



3060 Communications Parkway
Suite 103
Plano, TX 75093
Phone (972) 378-3200
Fax (972) 378-3600

MODALITIES
MRI 1.5T • CT
U/S • X-Ray

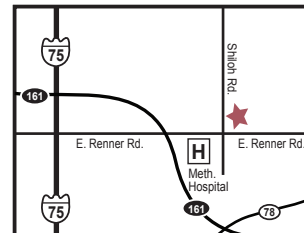
MID-CITIES



9155 Grapevine Highway
Suite 210
North Richland Hills, TX 76180
Phone 817-GATEWAY (428-3929)
Fax (817) 428-1771

MODALITIES
MRI 1.5T • CT
U/S • X-Ray

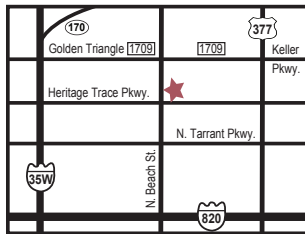
RICHARDSON



3021 East Renner Road
Suite 120
Richardson, TX 75082
Phone 214-GATEWAY (428-3929)
Fax (214) 428-1500

MODALITIES
MRI 3T Open Bore • CT
U/S • X-Ray

KELLER/ALLIANCE



4533 Heritage Trace Parkway
Suite 1401
Fort Worth, TX 76244
Phone (817) 799-6700
Fax (817) 999-9114

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DID YOU KNOW?

- Gateway is an independent (NOT hospital owned) high-quality, low-cost diagnostic provider
- Hospital-owned competitors charge insured patients MUCH more than Gateway charges

EXAM PREPARATIONS

Prior to your appointment, please inform the Gateway staff if you have prior medical imaging exams and/or previous surgery related to the area of your body of your currently scheduled exam. Bring all prior Films/CDs and reports to your exam.

MAGNETIC RESONANCE IMAGING (MRI)

No preparation is necessary; however, please alert your MRI technologist if:

- You have received a pacemaker, surgical clips, stents, prosthesis, or any other medical implants.
- You have ANY metal objects in your body (metal fragments, bullet fragments, BBs, etc...)

COMPUTED TOMOGRAPHY (CT)

Abdomen and Pelvis CT exams require specific test preparations. Please contact a Gateway staff member to receive preparation instructions.

ULTRASOUND (SONO)

Most SONO exams require specific test preparations. Please contact a Gateway staff member to receive preparation instructions.

X-RAY

No preparation required.