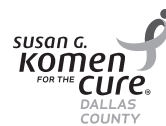




Promo Code _____



Advanced Breast Imaging

Phone: 972-733-3531 • Fax: 972-346-6564 • www.sandraoneal.com

PATIENT INFORMATION (PLEASE PRINT CLEARLY)

Please arrive 15 minutes before scheduled appointment.

Today's Date _____ / _____ / _____
Name of Patient Last _____ First _____ M.I. _____

Cell Phone # _____ Alternate Phone # _____
Social Security # _____ Date of Birth _____
Insurance Carrier _____ Policy # _____
Authorization # _____ Group # _____

EXAM INFORMATION

Reason for Exam / History _____
Diagnosis Code / Notes _____
Referring Physician: _____ Physician Signature: _____
Contact Person: _____ Phone #: _____ Fax #: _____

<p>MRI BREAST</p> <p><input type="checkbox"/> MRI Breast with contrast</p> <p><input type="checkbox"/> MRI Breast with contrast and followup second look U/S with U/S biopsy if needed</p> <p><input type="checkbox"/> Fax Report <input type="checkbox"/> Deliver Films or Report</p>	<p>BREAST ULTRASOUND</p> <p><input type="checkbox"/> Bilateral Screening U/S <input type="checkbox"/> with biopsy if needed</p> <p><input type="checkbox"/> Diagnostic Ultrasound <input type="checkbox"/> with biopsy if needed</p> <p><input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Send Films with Patient</p>	<p>POSITRON EMISSION MAMMOGRAPHY</p> <p><input type="checkbox"/> Breast PEM <input type="checkbox"/> with biopsy if needed</p> <p><input type="checkbox"/> Call Report STAT</p>
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SEDATION (VALIUM OR XANAX)

Drug Name: Valium Xanax _____ Strength: _____ Quantity: _____
Dosage Form: _____ Refills (if any): _____
Directions: _____
Physician Signature (Sedation): _____

For sedation, a second manual signature is required (signature stamps not valid).

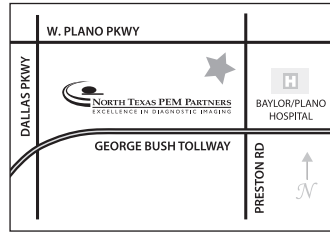
LOCATION

<input type="checkbox"/> North Texas PEM	<input type="checkbox"/> Preferred Imaging - Frisco	<input type="checkbox"/> Preferred Imaging - Plano Parkway
<input type="checkbox"/> Preferred Imaging - Forest Park	<input type="checkbox"/> Preferred Imaging - Grapevine	<input type="checkbox"/> Preferred Imaging - Richardson
<input type="checkbox"/> Preferred Imaging - Fort Worth	<input type="checkbox"/> Preferred Imaging - Medical City	<input type="checkbox"/> Preferred Imaging - Rowlett

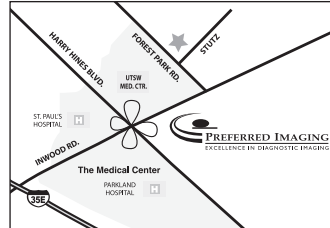
ALL INSURANCE PLANS ACCEPTED

LOCATIONS & MAPS

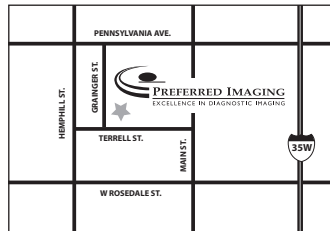
- North Texas PEM**
5072 West Plano Parkway
Suite 190
Plano, Texas 75093
Phone: 972-733-3531
Fax: 972-346-6564



- Preferred Imaging Forest Park**
5920 Forest Park Road
Suite 560
Dallas, Texas 75235
Phone: 214-350-0708
Fax: 214-350-0712



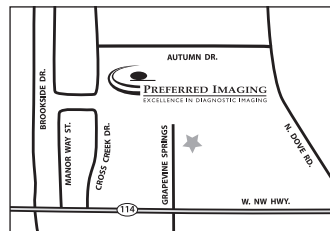
- Preferred Imaging Fort Worth**
851 Grainger Street
Suite 101
Fort Worth, Texas 76104
Phone: 817-659-2870
Fax: 817-885-7912



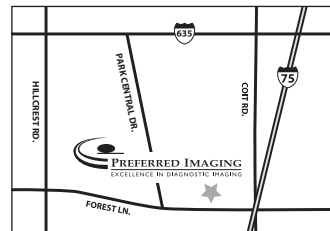
- Preferred Imaging Frisco**
4525 Ohio Drive
Suite 200
Frisco, TX 75035
469-300-2025
Fax: 469-362-5737



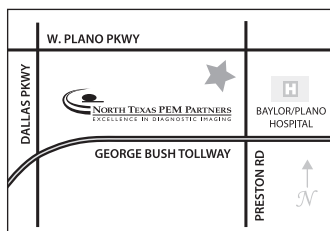
- Preferred Imaging Grapevine**
1600 W. Northwest Hwy
Suite 1000
Grapevine, Texas 76051
Phone: 817-416-7545
Fax: 817-416-7301



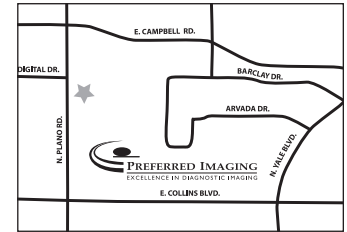
- Preferred Imaging Medical City**
7777 Forest Lane
Suite C-112
Dallas, Texas 75230
Phone: 972-566-2900
Fax: 972-566-2930



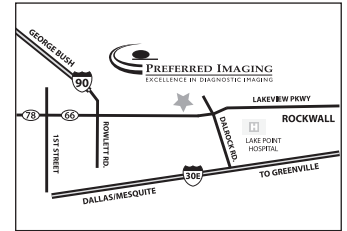
- Preferred Imaging Plano Parkway**
5072 West Plano Parkway
Suite 170
Plano, Texas 75093
Phone: 972-248-1924
Fax: 972-248-0333



- Preferred Imaging Richardson**
1778 North Plano Road
Suite 300
Richardson, Texas 75081
Phone: 972-234-0004
Fax 972-234-0035



- Preferred Imaging Rowlett**
8405 Lakeview Parkway
Suite 220
Rowlett, Texas 75088
Phone: 972-412-0211
Fax 972-412-0799



EXAM PREPARATION

PEM Scan

Restrictions one day before PEM scan:

Limit your carbohydrate and sugar intake – this means bread, rice pastas, potatoes, etc.

Avoid candy and excessive amounts of fruits as well. Vegetables and protein (such as meat, eggs, beans, and cheese) are fine and will not affect the test.

Do not exercise 24 hours prior to the scan.

Day of the PEM scan:

Do not eat breakfast or lunch.

Do not drink juices or coffee (*not even straight black coffee*).

You may drink as much water as you like.

You may brush your teeth but do not have any mints, gum, or hard candy. Please take your usual medication.

MRI Scan - Breast

Patient must be NPO 6 hours prior to exam.

For comfort, wear loose clothes without metal buttons or closures. Patients with pacemakers, aneurysm clips in the brain, certain ear implants, implanted neurostimulators, or metallic fragments in one or both eyes or other surgically implanted devices should check with the Imaging Center Team prior to exam.