

## CT EXAMINATION OF THE PARANASAL SINUSES

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Clinical Information/Diagnosis: \_\_\_\_\_

IV contrast may be used at the discretion of the radiologist:  YES  NO

BUN: \_\_\_\_\_ Creatinine: \_\_\_\_\_ Date: \_\_\_\_\_

Are you aware if the patient has M. Tuberculosis, Varicella Zoster, or any other contagious disorder?  YES  NO

Appointment Date and Time: \_\_\_\_\_

Patient Name (If Different from Above): \_\_\_\_\_

Today's Date: \_\_\_\_\_

### SPECIAL REQUESTS

- PACS Cube CD-R
- Caregate
- Send films by courier
- Send films w/patient
- Call w/appointment time
- Fax w/appointment time
- Courier w/appointment time
- Call if patient reschedules
- Send copy of report to:  
Dr. \_\_\_\_\_  
PCP: \_\_\_\_\_
- Physician contact number for urgent findings: \_\_\_\_\_
- After-hours/weekend number: \_\_\_\_\_

Patients should arrive fifteen minutes prior to appointment time. You will be contacted by our staff prior to your exam so that we can ask a few questions. If you have not been contacted by 3:00 p.m. the day prior to your CT exam, please call 214-345-7035. Detailed information about your exam is provided in the Southwest Diagnostic Imaging Center patient brochure. Thank you.

Women of childbearing ages (12-55) **SHOULD** be screened for the possibility of **PREGNANCY** before scheduling Diagnostic, CT, and/or MRI procedures.

- CT Complete Sinus Examination: This exam includes 2.5 contiguous axial images from the hard palate through frontal sinus, with coronal reformation of the ostiomeatal unit and the paranasal sinuses.
- CT Paranasal Sinus Survey (Axial): This exam consists of screening of the sinuses for the presence or absence of inflammatory changes and comprises no more than 10 slices.
- CT Insta Trak VTI Single Plane (Axial): Pre-Op localization study for use with the VTI Stereotactic device at THD OR. This exam consists of axial images from the bottom of the maxilla through 1mm above the highest metal ball in the headset. Images are obtained after the external applications of the Stereotactic frame.
- CT Insta Trak VTI Dual Plane (Axial VTI Study and Single Limited Coronal): Pre-Op localization study for the use with the VTI Stereotactic device at THD OR. This exam consists of CT VTI Single Plan scan (see above) and CT Ostiomeatal Unit Screen (see above).

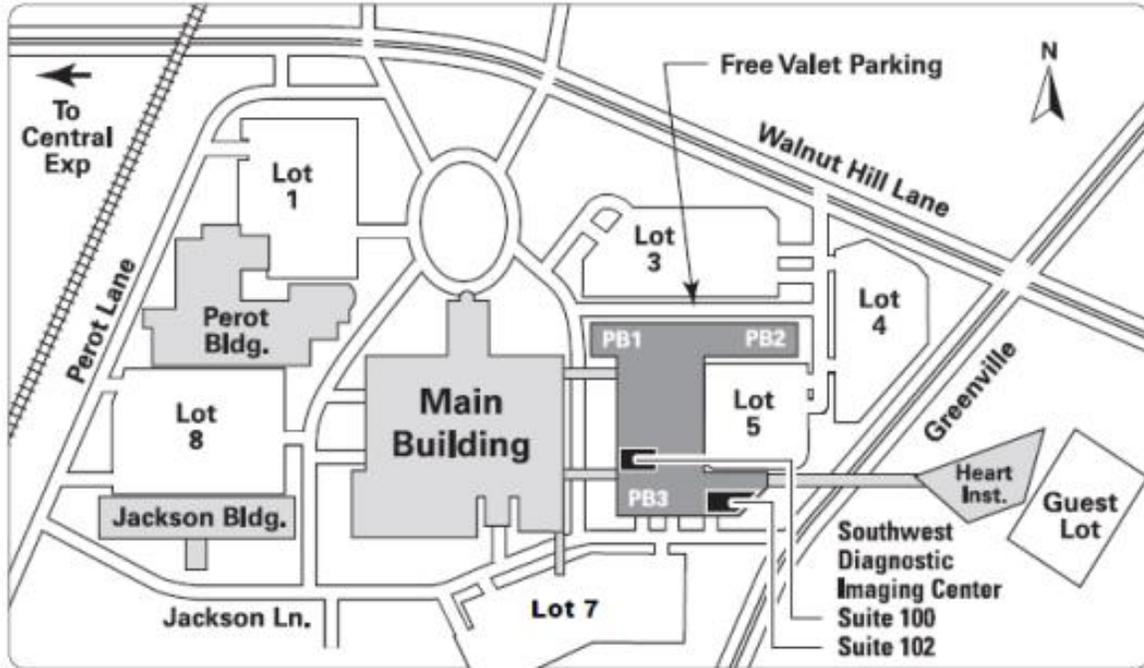
**FOR MAP, PLEASE SEE BACK OF FORM**

**Payment is required at the time of service unless other arrangements have been made.**

**WHITE – Patient Copy to Bring to SWDIC • YELLOW – Referring Physician's Office for Records.**

\* ATTENTION: FOR CHILDREN AND EXTREMELY ELDERLY OR DEBILITATED PATIENTS, YOU MAY WISH TO CONSULT A RADIOLOGIST OR YOUR PHYSICIAN REGARDING PREPARATIONS.

*Thank you!*



For additional information, visit  
Southwest Diagnostic Imaging  
Center's Website.  
**[www.swdic.com](http://www.swdic.com)**

LOCATION:  
Presbyterian Professional Building 3 (PB3)  
8230 Walnut Hill Lane, Suite 100  
Dallas, TX 75231-4472

PARKING:  
Please park in lot #5 (open parking)  
Parking validation will be provided.

Public Education Website:  
American College of Radiology  
**[www.radiologyinfo.org](http://www.radiologyinfo.org)**

IMAGING CENTER:  
Phone 214-345-6905  
Fax: 214-345-6941

BUSINESS OFFICE:  
Phone: 214-345-2098  
Fax: 214-345-2099

SCHEDULING:  
Phone: 214-345-4331  
Fax: 214-345-6230