PAIN MANAGEMENT EXAM REQUISITION

SOUTHWEST™ DIAGNOSTIC IMAGING CENTER

Patient Name:_____ Date of Birth: _____

Patient Phone (Day):_____(Eve):_____(Cell): _____

Physician:_____ Phone: _____

Physician Signature: _____

Clinical Information/Diagnosis: _____

_____

Appointment Date and Time: _____

Today's Date: _____

SPECIAL REQUESTS

- ❑ Call physician w/appt time
- ❑ Fax physician w/appt time
- ❑ Call if patient reschedules or cancels
- ❑ Send copy of report to:
  Dr. _____
  PCP_____
- ❑ Physician contact number for urgent findings:
  _____
- ❑ After-hours/weekend #:
  _____

Injection Site:

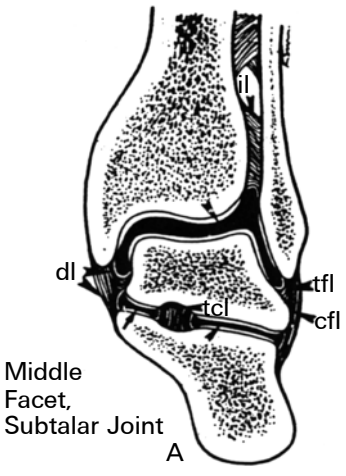
Shoulder:	❑ Right	❑ Left	Subacromial/Subdeltoid Bursa:	❑ Right	❑ Left
Elbow:	❑ Right	❑ Left	Ankle (Please mark chart):	❑ Right	❑ Left
Wrist:	❑ Right	❑ Left	Foot (Please mark chart):	❑ Right	❑ Left
Hip:	❑ Right	❑ Left	Toe (Please mark chart):	❑ Right	❑ Left
Greater Trochanteric Bursa:	❑ Right	❑ Left	SI Joint:	❑ Right	❑ Left
Knee:	❑ Right	❑ Left	Lumbar Facet Joint (Please specify): L1-2 L2-3 L3-4 L4-5 L5-S1	❑ Right	❑ Left

Distensive Arthrogram Shoulder (for Adhesive Capsulitis) _____ ❑ Right ❑ Left

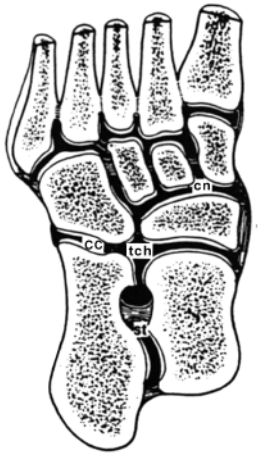
Tendon Sheath (Please Specify) _____

Other (Please Specify) _____

ANKLE:



FOOT:



4th & 5th TMT

Calcaneocubiod

Sinus Tarsi

1st TMT

Naviculocuneiform

Talocalcaneonav

Posterior Subtalar

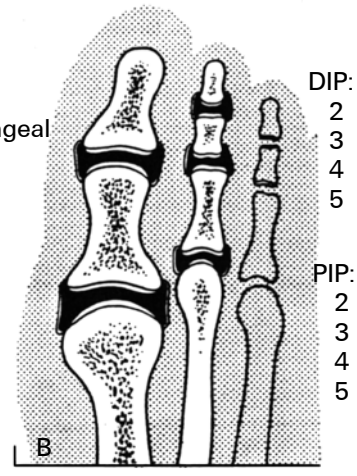
TOE:

Interphalangeal

DIP: 2 3 4 5

PIP: 2 3 4 5

MTP: 1 2 3 4 5

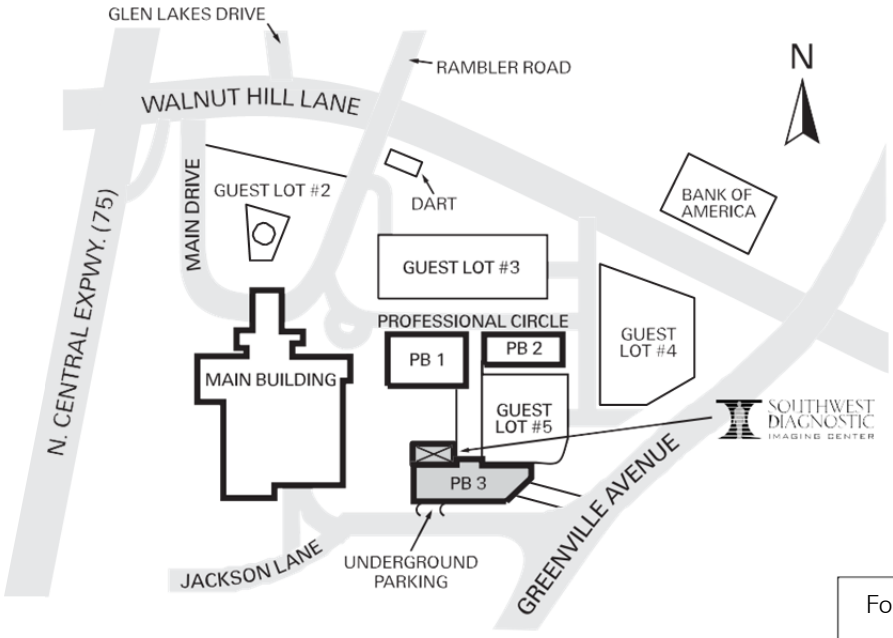


FOR MAP, PLEASE SEE BACK OF FORM

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

Rev. 1/24/17

Patients should arrive fifteen minutes prior to appointment time. Women during childbearing ages (12-55) SHOULD be screened for the possibility of PREGNANCY before scheduling Diagnostic, CT, and/or MRI procedures.



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 Web site:
American College of Radiology
www.radiologyinfo.org

For additional Information visit Southwest Diagnostic Imaging Center's Web site.

www.swdic.com

IMAGING CENTER: Phone
214/345-6905

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