EXAM REQUISITION



Please fax completed requisition, clinical documentation, ID, and Demographics to Scheduling at 214-345-6230. To contact Scheduling by phone, call 214-345-4331. Please visit swdic.com for specialized exams not listed on this requisition

TO contact scheduling by phone, call 2 14-345-4551. Flease vi	sit swalc.com for specialized exams not listed on this requisition.	
Today's Date: Patier	t Name:	
Research Study (Name/#):	_(Patient Identifier #):	
Date of Birth: Patier	t Phone (Day):	
Physician Name: Physic	an Office Phone:	
Physician Signature (Required):		
□ Stat Schedule □ Call Patient to Schedule □ Se	nd CD with Patient	
□ Stat Call Report □ Call with Urgent Findings Call F	eport/Urgent Findings Cell Phone:	
Implantable device? 🛛 Yes 🖵 No 🛛 Make/Model:		
IV Contrast Allergy? 🗖 Yes 🗖 No Type?	Southwest Diagnostic Imaging Center to pre-medicate	
Creatinine: Date:		
Patients w/ Government Insurance - Healthcare Common Proce	dure Code:Modifier:	
Diagnosis/ICD Code(s) (Required):		
Clinical Notes:		
IV Contrast used at the discretion of the radio CT CTA CT CTA CTA CTV CTA CTA <	 Right □ Left □ Bilateral □ Breast Implants (Possible Breast Ultrasound/Mammogram if Indicated by Radiologist) MRI Breast (Always Bilateral) MRI Guided Breast Biopsy 	
 MRI IMRA MRV I fMRI Perspectum Liver MultiScat Arthrogram (Orbital X-Rays if Indicated by Radiologist) Right I Left Bilateral Body location: X-Ray Right Left Bilateral (Additional Views if Indicated by Radiologist) Exam: Other: Fluoroscopy IVP Retrograde Urethrogram VCUG 	 (ABUS-Supplemental Screening for Women with Known Dense Breasts) Dense Breast Screening (Includes Mammogram and ABUS) Special Views Mammography/US (Call Back from Abnormal Screening Mammogram) Diagnostic Mammogram Breast Ultrasound US Guided Cyst Aspiration (With Possible Needle Biopsy or Post 	
□ Static Cysto □ HSG (LMP)	Procedural Mammogram) US Guided Core Needle Biopsy (May perform MRI Guided PRN)	
Exam:	(With Possible Post Procedure Mammogram)	
 Bone Densitometry (DXA) Hip and Spine (Routine) Forearm 	 Needle Localization (NL): US and/or MMG NL with Possible Post Procedure Confirmation of Surgical Specimen by MMG or US Other: 	
 Ultrasound Abdomen □ RUQ □ Groin (□ RT □ LT) □ Renal AAA Screening □ Aorta □ Transrectal Prostate □ Scrotal Pelvis (Transvaginal if Indicated) □ Hysterosonogram OB < 14 Weeks (Transvaginal if Indicated) □ OB ≥ 14 Weeks Thyroid/Neck (Separate FNA Order on Website if Needed) Lower Extremity Venous Doppler to Rule Out DVT □ Right □ Left □ Bilateral □ Carotid Doppler □ Renal with Renal Artery Doppler (for RAS □ Other: 	If Diagnostic, Please Indicate Area of Concern SWDIC.com	



Main Phone: 214-345-6905

Admitting Hours:

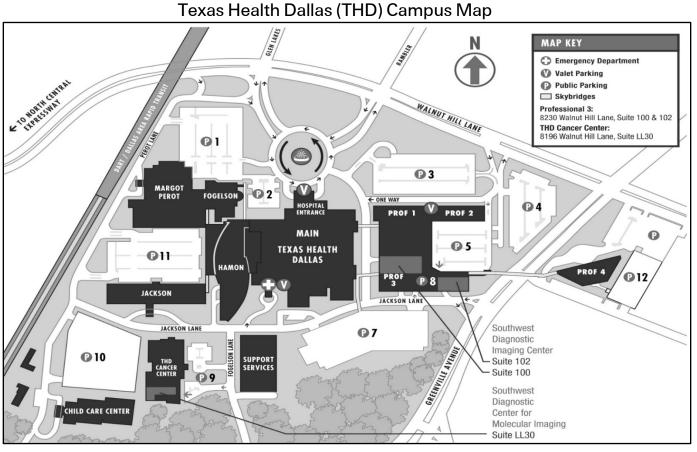
Monday – Friday	6:00 a.m. – 9:30 p.m.
Saturday	7:00 a.m. – 5:30 p.m.
Sunday (Seasonal)	9:00 a.m. – 4:00 p.m.

*Nights and Weekend Parking – Lot 8 is currently the closest parking to our front doors. After parking, you will take the elevator to floor 1.
D p.m.
D p.m.
D p.m.
D p.m.

receive your validation sticker at registration.

Parking is complimentary for patients visiting Southwest

Diagnostic Imaging Center. Please bring your ticket and



For faster service, please consult the chart below to determine which suite offers your scheduled exam.

Check-In at PB3 Suite 100 for:

- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)
- General Radiology (X-Ray)

Exam Preparations:

Check-In at PB3 Suite 102 for:

- Ultrasound (Sono)
- Mammography
- Bone Densitometry (DXA)

Directions to SWDIC:



