



# Diagnostic Imaging Associates

CAT SCAN ■ DIAGNOSTIC RADIOLOGY ■ NUCLEAR MEDICINE ■ FLUOROSCOPY ■ ULTRASOUND ■ PET/CT

Scheduling Phone: 432-221-2300 ■ Scheduling Fax: 432-221-4926

☐ **DIA Craddick Medical  
Office Building**

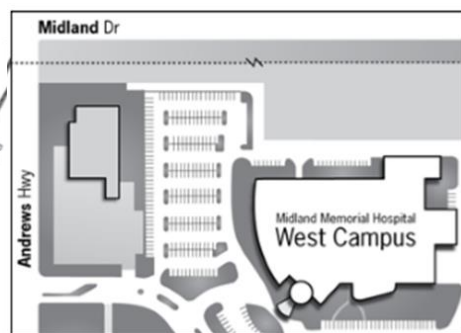
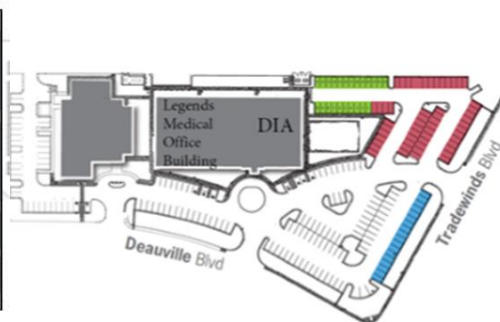
400 Rosalind Redfern Grover  
Parkway Suite 110 & 210  
Midland, Texas 79701  
(432) 221-4672

☐ **DIA  
Legends Park**

5615 Deauville Blvd. Ste 110  
Midland, Texas 79706  
(432) 221-3930

☐ **DIA F. Marie Hall  
Outpatient Ctr-West Campus**

4214 Andrews Hwy  
Midland, Texas 79706  
(432) 221-3060



Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Accession Number: \_\_\_\_\_  
Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Appropriate Use Score (CT, MRI, Nuc Med, PET, & Spect): \_\_\_\_\_  
Examination Requested: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

VALID DIAGNOSIS AND PHYSICIAN'S SIGNATURE IS REQUIRED BEFORE EXAM CAN BE PERFORMED.  
"RULE OUT", "POSSIBLE", "ROUTINE" or "HISTORY OF" MAY NOT BE USED AS A DIAGNOSIS

Check if Labs Needed: \_\_\_ Creatinine \_\_\_ PT, PTT, INR \_\_\_ Platelet Count \_\_\_ CBC ☐ Wet Read

Provider Name (printed) : \_\_\_\_\_ Provider Signature: \_\_\_\_\_  
Date Signed: \_\_\_\_\_ Time Signed: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_  
Fax Report To #: \_\_\_\_\_

BUN: \_\_\_\_\_ Creatinine: \_\_\_\_\_ Date Drawn: \* \_\_\_\_\_ Location Drawn: \* \_\_\_\_\_  
Reference Ranges: BUN 7-21 mg/dl CREATININE 0.6-1.3 mg/dL \* If performed outside of DIA.

NOTE: EXAM MUST BE DONE AT MMH IF SEDATION IS REQUIRED.  
PLEASE REMIND PATIENTS TO BRING THESE ORDERS AND ANY OUTSIDE FILMS PERTAINING  
TO YOUR REQUESTED EXAM. EXAM PREPARATION INSTRUCTIONS ON THE BACK OF THIS FORM.

## PATIENT INFORMATION

(Patient Label)

Patient Name:  
Patient DOB:  
MR #:  
Acct #:

DIA Outpatient Order Form  
Radiology Department  
Page 1 of 2  
Effective Date: 03/31/2025  
Last Review Date: 03/31/2025  
Scan to: Provider Order



The following requests are being made by us in order to comply with **State and Federal regulations** and to serve you and your loved ones to the best of our ability. Children are not allowed in the exam rooms unless they are having an examination done. One parent is allowed in the room during the exam for small children. Children may not be left unattended in the lobby area. Please arrange to have someone watch them during your examination. When an older child or adult is having an exam, only that patient is allowed in the exam room, unless there is a special need for assistance. Loved ones are welcome to stay in our lobby during the exam. We ask that you turn off cell phones while you are here.

**Your provider has ordered an exam for you. The following instructions are very important to the exam you are having performed. We respectfully request that you follow these instructions for the exam you are having, in order to expedite your procedure and prevent delays in completing your exam.**

**□ Pelvis / OB Ultrasound:**

1. Drink 32 ounces of water, one hour before your appointment time.
2. Take medications as you normally would.
3. Do not empty your bladder. The bladder **MUST** be full for the examination.
4. **Prostate Ultrasound-Fleets Enema** 2 hours before exam

**□ Abdomen, Gallbladder Ultrasound:** Nothing to eat or drink after midnight prior to the examination.

**□ Upper GI Series and /or Small Bowel Follow Through:** Nothing to eat or drink after midnight prior to the examination. Be aware that small bowel exams may take up to four hours. You may want to bring thick socks to keep your feet warm.

**□ VCUG:** No prep

**□ Barium Swallow:** Nothing to eat or drink 4 hours prior to examination.

**□ Barium Enema:**

Two days before exam:

Lunch- A light, low residue meal. After this meal, only clear liquids.

Day before exam:

Lunch,— Clear liquids as desired, the more the better.

One glass (8 oz.) water every 2 hours from Noon to Midnight – **(MINIMUM)**

4:00 PM – Drink one bottle of Magnesium Citrate.

5:00 PM – Clear liquid diet.

10:00 PM – three Dulcolax (Bisacodyl) tablets with 1 glass (8 oz.) water.

Day of exam:

7:00 AM – Drink 1 ½ glasses (12 oz.) water.

Nothing else to eat or drink. A Dulcolax suppository should be administered at least one hour before leaving home. Or

1500cc tap water enema two hours before exam.

Medication may be taken with sips of water.

**□ CT Abdomen and/ or Pelvis:** Nothing to eat or drink, four hours prior to exam.

**□ CT Abdomen and Pelvis for Kidney Stones:** no prep.

**□ CT Head/ or CT Chest:** Nothing to eat or drink two hours prior to exam.

Please arrive thirty minutes early to your appointment to fill out necessary paperwork. If you have medications to take, or if you are diabetic, please call our office to discuss procedures with our friendly staff. Please remember to bring your insurance cards with you, even if you have been here before. If you take any medications, we will need a written list of what you take and when you take it. Thank you for your cooperation! We appreciate your trust!

**□ Additional information can be found on our web site at [www.midlandhealth.org](http://www.midlandhealth.org) Go to our services, click on Radiology Department and then select the appropriate modality.**

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