PCI
PREVENTATIVE CARE INSTITUTE

MRI • MRA • CTA • NucMed • Echo Stress
Ultrasound • Diagnostic Radiology

500 S. Bicentennial, McAllen, Texas 78501
B. 956.971.0077 **F.** 956.971.0076
Hours of Operation M-F • 8:00 a.m. -5:00 p.m.

Appointment:_____ **Time**_____ **Date:**_____

Patient's Name:_____ **DOB**__/___/___

Phone #:_____ **Alt #** _____

Physician: _____

DIAGNOSIS: _____

	MAGNETIC RESONANCE (MR)			
	Brain	wo		w/wo
	Brain / Iac's	wo		w/wo
	Brain / Orbits	wo		w/wo
	Brain / Pituitary	wo		w/wo
	Cervical Spine	wo		w/wo
	Thoracic Spine	wo		w/wo
	Lumbar Spine	wo		w/wo
	MRA			
	A. Brain C. Abdomen	wo		w/wo
	B. Carotids D. Renal	wo		w/wo
	Chest	wo		w/wo
	Abdomen	wo		w/wo
	Tmj	R	L	B
	Pelvis			
	Shoulder	R	L	B
	Elbow	R	L	B
	Wrist	R	L	B
	Upper Extremity No Joint	R	L	B
	Lower Extremity No Joint	R	L	B
	Hip	R	L	B
	Knee	R	L	B
	Ankle	R	L	B
	Foot	R	L	B
	MRCP			
	Breast	R	L	B

	CT SCAN			
	Brain	wo	w/wo	w
	Sinuses	wo	w/wo	w
	Mandible / Facial Bones			
	Neck	wo	w/wo	w
	Chest	wo	w/wo	w3D
	Abdomen	wo	w/wo	w3D
	Pelvis	wo	w/wo	w3D
	Cervical Spine	wo	w/wo	w3D
	Thoracic Spine	wo	w/wo	w3D
	Lumbar Spine	wo	w/wo	w3D
	Shoulder	R	L	B
	Elbow	R	L	B
	Wrist	R	L	B
	Upper / Lower No Joint	R	L	B
	Hip	R	L	B
	Knee	R	L	B
	Ankle	R	L	B
	Foot	R	L	B
	3-D Reconstruction			
	NO 3-D Reconstruction needed			
	CT Angiography Of: (Fill In Blank)			
	Cardiac CT Angiography			

	DIAGNOSTIC RADIOLOGY
	X-Ray Of: (Fill In Blank)
	ULTRASOUND
	Breast Ultrasound
	Thyroid
	Carotid arteries
	Aorta
	Kidneys
	Pelvis w/ transvaginal
	Groin - pseudoaneurysm
	Extremity Mass
	Lower extremity venous Doppler
	Upper extremity venous Doppler
	Venous incompetence studies
	Lower extremity arterial Doppler
	Upper extremity arterial Doppler
	Echocardiogram
	Stress Echo
	Obstetrics 1st trimester
	Complete 2nd trimester over 14 weeks
	OB Follow-up- Growth
	OB limited - position check or heart rate
	Fetal biophysical profile
	Scrotum
	NUCLEAR MEDICINE
	Bone - Whole Body *
	Bone - Limited region 3 phase
	Bone - Limited region SPECT
	MUGA w/ ejection fraction
	Thallium or Technetium
	HIDA or Ejection fraction
	Liver / Spleen
	Renal w/ Lasik
	w/ Captopril
	Thyroid scan only
	Gastroesophageal Reflux
	Gastric Emptying
	GI Bleed

PHYSICIAN'S SIGNATURE:_____ DATE:_____