

Name: _____ Phone#: _____ DATE: ____/____/____

Insurance: _____ Authorization: _____ DOB: ____/____/____

CT

Without IV Contrast
 With & Without IV Contrast
 Contrast at Radiologists Discretion

Brain Sinus Temporal Bones / IAC
 Soft Tissue Neck (with contrast) Chest
 Cervical Thoracic Lumbar
 Abdomen & Pelvis Abdomen Pelvis
 CT IVP (CT Urogram) Enterography
 CT Renal Stone Study (Abd/Pelvis without contrast)
 Extremity _____
 Low Dose Lung Cancer Screening

CT ANGIOGRAM W/3D RECONSTRUCTION
 Brain Carotid Thoracic Angio
 Abdominal Angio (for aortic aneurysm or renal arteries)
 Abdominal Aortogram & Lower Extremity Run Off
 Other CT _____

CARDIAC
 Coronary Artery Score
 CTA Coronary Artery w/ Contrast

All contrast exams require a renal panel if age >65 or if history of renal disease.
 Creatinine: _____ BUN: _____ Lab Date: _____

OPEN MRI * 1.5T Extremity MRI * 3T MRI

Patient Claustrophobic OPEN And/or Sedation
 Without IV Contrast Contrast at Radiologists Discretion
 With & Without IV Contrast

Brain Pituitary Orbits IAC
 Cervical Thoracic Lumbar Breast
 MRCP Abdomen Pelvis
 Brachial Plexus Soft Tissue Neck Prostate

EXTREMITY	RT	LT	BILAT	ARTHROGRAM
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other MRI _____

ULTRASOUND

Abdomen Complete Abdomen Limited
 Pelvis Renal / Bladder
 Transvaginal Pre & Post Void
 Testicular / Scrotal OB
 Thyroid / Neck Thyroid FNA
 Carotid Doppler Bilateral
 Liver Elastography **RT** **LT** **BILAT**
 DVT Lower Extremity - Venous Doppler
 Other US _____

MR ANGIOGRAM (MRA)

Brain
 Carotid w/o Contrast Renal w/o Contrast
 Carotid w/ Contrast Renal w/ Contrast

WOMEN'S IMAGING

3D Screening Mammogram with 3D Screening Ultrasound (if Breast Density is >50%)
 3D Screening Mammogram Only
 Screening 3D Breast Ultrasound (always Bilateral 76641 x2)
 US/STERO Breast Biopsy
 Breast Biopsy _____

Diagnostic 3D Mammogram with Ultrasound as needed
 RT LT BILAT
 Diagnostic Breast Ultrasound
 RT LT BILAT
 Wire Localization
 Right Left
 MRI Breast Bilateral

X-RAY

RT LT BILAT Complete Limited

DEXA DEXA Bone Mineral Analysis

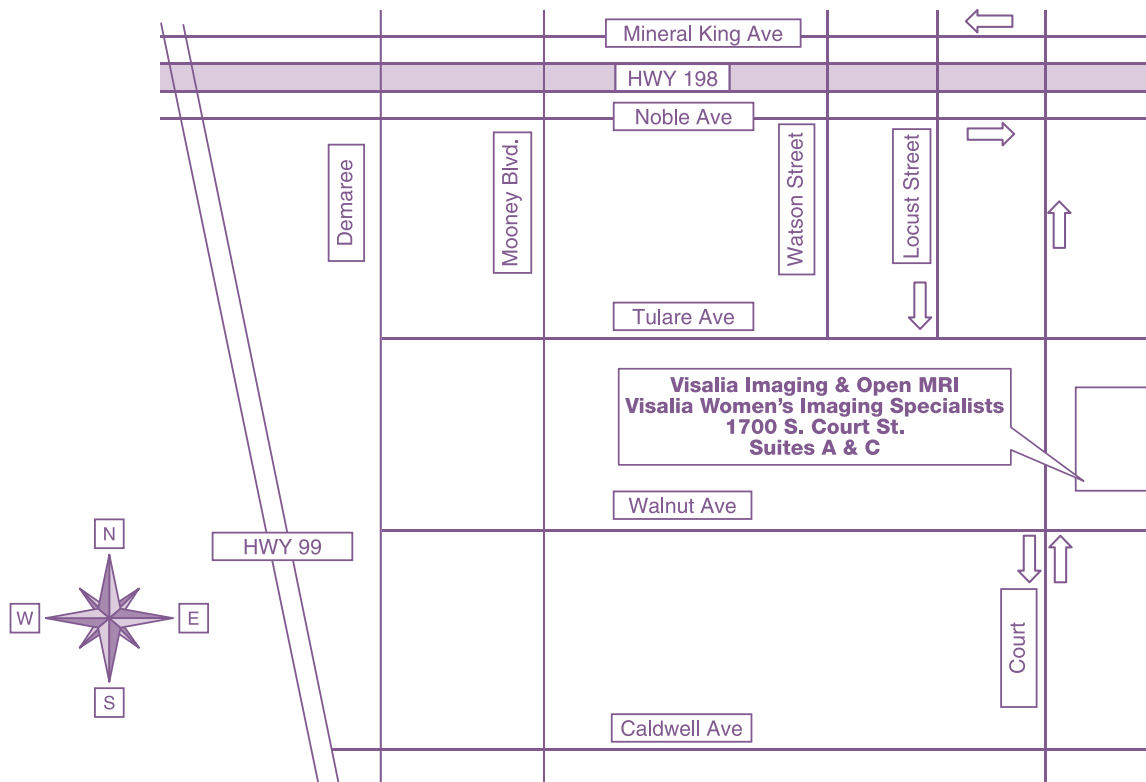
Pain Injection w/Fluoro

REASON FOR EXAM, SYMPTOMS OR DIAGNOSIS? _____ STAT FAX Patient to return with CD

PHYSICIAN SIGNATURE: _____ PHONE#: _____ FAX#: _____

Patient will be charged \$75 no show fee, without 24 hour notice of canceled appointment • Por favor de cancelar cita entre 24 horas o habra' cargo de \$75

Please bring this order, insurance card, and photo ID to your scheduled appointment. [MAP ON REVERSE SIDE](#)



X-RAY Is Done On A Walk In Basis

- Monday through Friday starting at 9:00 am till 5:00 pm

MRI SAFETY/COMFORT SUGGESTIONS

- No pacemakers (our MRI is not compatible)
- Avoid wearing jewelry to your appointment
- If you have aneurysm clips, a neurostimulator or other implanted medical devices, please call (559) 734-5674 and speak to a Technologist before scheduling your exam
- Please wear comfortable clothing that contains no metal
- Claustrophobic patients, who require sedation, must have a driver and arrive 1 hour before their exam time
- You may take all of your prescribed medications as normal

CT Preparations

- If you are scheduled with IV contrast please do not eat 6 hours prior to your appointment.
- All medications are okay to take with water
- Most exams will require you to drink 32 ounces of water upon check in.

Ultrasound Preparations

- Abdomen / Abdomen Limited Ultrasound - No food or drink 6 hours prior to exam time. Medications are okay with water only.
- Renal Ultrasound - Please drink 16 ounces of water, 1 hour before your exam time and hold your bladder.
- Pelvic Ultrasound - Please drink 32 ounces of water, 1 hour before your exam time and hold your bladder.

Low Dose Lung Screening (G0297) Patient must meet all items to qualify for exam.

Is the patient:

- Between 50 to 77 years old?
- Current smoker or quit smoking within the past 15 years?
- Have at least a 20 pack-year smoking history? (example: 1 pack a day x 20 yrs or 2 pack a day x 10 years)
- Asymptomatic for lung cancer?
- Healthy enough and willing to receive potentially curative treatment if needed?

Unfortunately children are not permitted in the exam room and will need to stay in the waiting room and/or dressing room. We ask that you do not leave children under 12 years old unattended.

MOST EXAMS REQUIRE AN APPOINTMENT, PLEASE CALL (559) 734-5674 FOR AN APPOINTMENT