

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clinical History/Reason for Exam: \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Patient to bring images to Doctor  Call in STAT results

**MR**  
*Contrast as indicated  
Orbit X-Ray as indicated  
MRI without contrast*

**MRI**

- With & Without Contrast
- With Contrast
- Without Contrast
- Brain
  - w/special attention to IAC
  - w/special attention to Pituitary
- NeuroQuant
- Breast
- Orbits
- TMJ
- Neck - Soft Tissue
- Spine:
  - \_\_\_Cervical\_\_\_Thoracic\_\_\_Lumbar
- Extremity: Joint \_\_\_Left \_\_\_Right  
Specify body part \_\_\_\_\_
- Extremity: Non-joint \_\_\_Left \_\_\_Right  
Specify body part \_\_\_\_\_
- Abdomen
- MRCP
- Pelvis \_\_\_Bony Pelvis \_\_\_Soft Tissue
- Other: \_\_\_\_\_

**MR Angiography**

- With & Without Contrast
- With Contrast
- Without Contrast
- Brain
- Neck - Carotids
- Other: \_\_\_\_\_

**MR Arthrography** \_\_\_Left \_\_\_Right

- Shoulder
- Elbow
- Wrist
- Hip
- Knee
- Ankle

**CT**  
*Contrast as indicated  
3D Rendering as indicated  
Orbit X-Ray as indicated  
MRI without contrast*

**Diagnostic CT**

- With & Without Contrast
- With Contrast
- Without Contrast
- 3D Rendering
- Brain
- Orbits
- IAC Middle Ear
- Facial Bones
- Sinus (Maxillofacial)
- Neck (soft tissue)
- Spine:
  - \_\_\_Cervical\_\_\_Thoracic\_\_\_Lumbar
- Myelogram
- Extremity \_\_\_Left \_\_\_Right  
Specify body part \_\_\_\_\_
- Chest
- Abdomen (pelvis if indicated)
- Abdomen and Pelvis
- Urogram (abdomen/pelvis)  
\_\_\_Contrast if needed
- Pelvis
- Multi-Phase Liver
- Renal Mass
- Pancreatic Protocol
- Enterography
- Smoker's Screening
- Other: \_\_\_\_\_

**CTA**

- Head
- Neck
- Extremity:
  - \_\_\_Upper\_\_\_Lower
- Chest
- Aorta & Runoff Vessel
- Abdomen
- Pelvic

**Ultrasound**

- Abdomen \_\_\_\_\_
- Abdomen Limited
  - \_\_\_Liver\_\_\_Gallbladder
  - \_\_\_Right Upper Quadrant
- Renal \_\_\_\_\_  
\_\_\_w/Bladder
- Bladder \_\_\_\_\_
- Aorta/Retroperitoneal \_\_\_\_\_
- Pelvis (TV if indicated)
- Pelvis Transabdominal Only
- Scrotum \_\_\_w/Doppler
- Thyroid \_\_\_\_\_
- Venous Doppler (Duplex) \_\_\_\_\_
- Carotid Doppler (Duplex) \_\_\_\_\_
- Arterial Doppler (Duplex) \_\_\_\_\_  
\_\_\_ABI (Anchial Brachial Index)
- Extremity (Non Vascular)
- Other \_\_\_\_\_

**OB Ultrasound**

- OB Ultrasound (TV if indicated) \_\_\_
- Limited (Viability, Heart Beat, Position, Fluid, Placental Location) \_\_\_\_\_
- Follow-up -- specify documented problem \_\_\_\_\_
- Biophysical Profile \_\_\_\_\_

**Fluoroscopy**

- Arthrography  
Specify body part \_\_\_\_\_
- IVP
- VCUG
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small bowel
- Barium enema
- Other: \_\_\_\_\_

**X-Ray**

- Head:
  - \_\_\_Skull\_\_\_Orbits\_\_\_Sinuses
- Spine:
  - \_\_\_Cervical\_\_\_Thoracic\_\_\_Lumbar
- Chest: \_\_\_PA \_\_\_PA/LAT
- Ribs:
  - \_\_\_Unilateral\_\_\_Bilateral\_\_\_w/PA Chest
- Abdomen: \_\_\_KUB \_\_\_Two Views
- Pelvis
- Hips w/AP pelvis, bilateral  
\_\_\_Unilateral
- Extremity:
  - \_\_\_Left\_\_\_Right\_\_\_Bilateral
- Specify Body Part \_\_\_\_\_
- Other: \_\_\_\_\_

**Interventional**

- Paracentesis:
  - Diagnostic
  - Therapeutic
- Biopsy (Ultrasound Guided):
  - \_\_\_Left\_\_\_Right
  - Breast
  - Lymphnode
  - Thyroid
  - Soft Tissue Mass
  - Liver
    - Targeted
    - Non-Targeted
- Biopsy (CT Guided):
  - Abdomen / Pelvis
    - Liver
    - Other
  - Soft Tissue
- Special IR Request: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Indications: \_\_\_\_\_
- \_\_\_\_\_

**Breast Imaging**

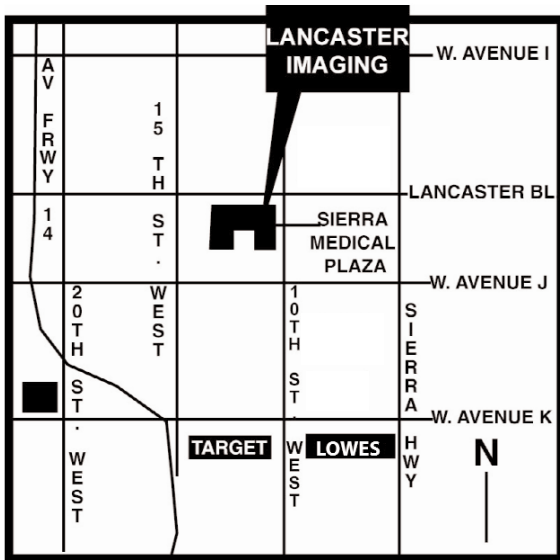
- Screening **TOMO** Mammogram
- Diagnostic **TOMO** Mammogram  
Breast Ultrasound (if indicated)  
\_\_\_Unilateral\_\_\_Bilateral
- Screening Mammogram
- Diagnostic Mammogram and/or  
Breast Ultrasound (If indicated)
- Diagnostic Mammogram  
Breast Ultrasound (If indicated)
- Breast Ultrasound \_\_\_Left \_\_\_Right
- Breast MRI \_\_\_Mass\_\_\_Implant
- Stereotactic
- Date last mammogram: \_\_\_\_\_
- Breast Implants: \_\_\_Yes \_\_\_No

Please bring this form, I.D. and your insurance card with you on the day of your exam.

Thank you for choosing a RadNet Center.

# Lancaster Imaging

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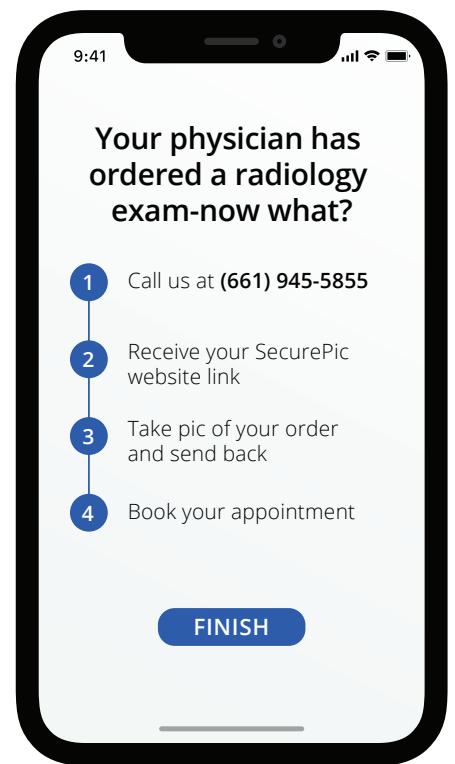


## LANCASTER IMAGING

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*High Field MRI, MRA, Arthrograms, CT, CTA, Ultrasound,  
Mammography, X-Ray, Non-Invasive Vascular Ultrasound, Fluoroscopy*



Please call us if you have any questions regarding your procedure or preparation for your procedure.

Study times vary in length.

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