

**APPOINTMENT INFO:**

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

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

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

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

Referring Physician (Print): \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Call in STAT results: \_\_\_\_\_  Release CD with Patient

**MRI**

- Contrast if clinically indicated
- No Contrast  
\*if unselected, contrast performed if clinically indicated
- 3D Recon if Indicated
- Head
- Pituitary
- IAC
- Maxillofacial
- Neck - Soft Tissue
- Spine: \_\_\_\_\_  
    \_\_\_Cervical \_\_\_Thoracic \_\_\_Lumbar
- Abdomen: \_\_\_Liver \_\_\_Pancreas  
    \_\_\_MRCP w/3D \_\_\_Renal \_\_\_Adrenal
- Abdomen & Pelvis:
- Pelvis Soft Tissue:  
    \_\_\_Cystogram \_\_\_Female
- Knee
- Shoulder
- MRA Head
- MRA Neck
- MRCP
- Other: \_\_\_\_\_

**CT**

- Contrast if clinically indicated
- No Contrast  
\*if unselected, contrast performed if clinically indicated
- 3D Recon if Indicated
- Head
- Temporal Bones/Mastoids
- Sinus
- Neck (soft tissue)
- Spine: \_\_\_\_\_  
    \_\_\_Cervical \_\_\_Thoracic \_\_\_Lumbar
- Chest
- Abdomen: \_\_\_Liver  
    \_\_\_Pancreas \_\_\_Renal/Adrenal
- Abdomen & Pelvis (Abd Pain)
- Pelvis: \_\_\_Cystogram
- CTA Head
- CTA Neck
- CTA Abdomen
- CTA Runoff
- Lung Cancer Screening  
(for Medicare patient please use Medicare referral form)
- Other: \_\_\_\_\_

**ULTRASOUND**

- Abdomen Complete
- Abdomen Limited
- Aorta
- Kidneys/Bladder
- Carotid
- Neck
- Aorta/Retroperitoneal  
    \_\_\_w Duplex if indicated
- Thyroid  
    \_\_\_w Duplex if indicated
- Thyroid Biopsy  
    \_\_\_w Duplex if indicated
- Scrotum  
    \_\_\_w Duplex
- DVT - Lower  
    \_\_\_Left \_\_\_Right
- Arterial Duplex  
    \_\_\_Left \_\_\_Right \_\_\_Bilat
- Venous Reflux Duplex  
    \_\_\_Left \_\_\_Right \_\_\_Bilat
- Pelvis (TA&TV)
- Pelvis with  
    transvaginal if indicated (TA&TV)
- OB Ultrasound  
(TV if indicated)
- Limited  
(Viability, Heart Beat, Position, Fluid, Placental Location)
- Biophysical Profile
- Other: \_\_\_\_\_

**FLUOROSCOPY**

- Lumbar Puncture
- CT Arthrogram
- CT Myelogram
- MR Arthrogram
- Joint: \_\_\_\_\_
- C  T  L
- Joint: \_\_\_\_\_
- Other: \_\_\_\_\_

**X-RAY**

**UPPER EXTREMITY**

- Clavicle: \_\_\_Left \_\_\_Right
- Scapula: \_\_\_Left \_\_\_Right
- Shoulder: \_\_\_Left \_\_\_Right
- Humerus: \_\_\_Left \_\_\_Right
- Elbow: \_\_\_Left \_\_\_Right
- Forearm: \_\_\_Left \_\_\_Right
- Wrist: \_\_\_Left \_\_\_Right
- Pelvis: \_\_\_Left \_\_\_Right
- Hand: \_\_\_Left \_\_\_Right
- Specify body part \_\_\_\_\_
- Other: \_\_\_\_\_

**LOWER EXTREMITY**

- Hip & Pelv: \_\_\_Left \_\_\_Right
- Hip: \_\_\_Left \_\_\_Right
- Femur: \_\_\_Left \_\_\_Right
- Knee: \_\_\_Left \_\_\_Right
- Lower Leg  
    -Tib Fib: \_\_\_Left \_\_\_Right
- Ankle: \_\_\_Left \_\_\_Right
- Foot: \_\_\_Left \_\_\_Right
- Heel: \_\_\_Left \_\_\_Right
- Specify body part \_\_\_\_\_
- Other: \_\_\_\_\_

**HEAD**

- Skull
- Sinuses
- Orbits
- Nasal Bones
- Facial Bones
- Mandible
- Other \_\_\_\_\_

**SPINE & PELV**

- C Spine
- T Spine
- L Spine
- Pelvis
- Sacrum Coccyx
- Scoliosis
- Other \_\_\_\_\_

**ABDOMEN**

- Abd 1VW/KUB
- ABD 2 VW
- Acute ABD
- Decubitis
- X-Table
- Other \_\_\_\_\_

**THORAX**

- Chest 2V
- Chest PA
- Acute ABD
- Rib: \_\_\_Left \_\_\_Right
- Ribs - Bilat
- Sternum
- Other \_\_\_\_\_

**Please bring this Imaging Request Form, I.D., and your insurance card with you on the day of your exam.**

# LOCATIONS & PREPARATION INSTRUCTIONS

## GENERAL PATIENT INFORMATION

- Arrive at the specified time to allow for registration and exam preparation.
- Notify us upon arrival of any special needs or allergies
- You may take and prescribed medication as usual unless specified at the time of scheduling.
- Bring your ID, insurance card and any authorization of workers comp information.
- Co-pay, co-insurance and/or deductibles will be collected at time of service.
- Wear comfortable clothing.
- Leave valuables at home. Hanford Imaging is not responsible for lost or stolen articles.

## MRI

- Please allow 1-2 hours for MRI examinations
- Alert the technologist **if you have ever** worked with or around metal cutting or grinding, or have any known metal (pacemaker, aneurysm clip, bullet, insulin pump) in your body, please alert your technologist.
- Remove any jewelry, piercings or valuable items before arriving to your appointment (wedding ring is ok).

## CT

- If you are scheduled for any type of CT Abdomen, CT Pelvic or CT Abdomen/Pelvic with or without contrast, do not eat four (4) hours prior to your arrival time. Please drink plenty of water.
- If you are scheduled for a myelogram, do not eat or drink six (6) hours prior to your arrival time.

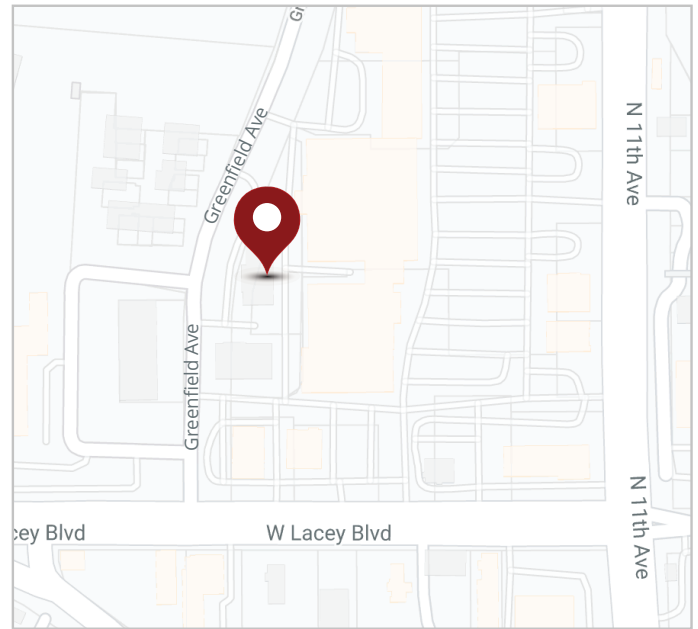
## ULTRASOUND

**Pelvic/OB/Bladder:** You must fill your bladder by drinking 32oz. of water, 60 minutes prior to your exam. **DO NOT** empty your bladder.

**Abdominal:** Do not eat or drink six (6) hours prior to your exam.

**AFTER THE EXAM** Your exam will be read by a board-certified, licensed physician with specialty training and certification in radiology. The results of your exam will be sent to your physician. You will receive your results from your physician.

**BILLING INFORMATION** If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If you are a member of an HMO or managed care plan, please bring your referral form and any required copayment with you at the time of your visit. You are responsible for any outstanding or unpaid balance. If you have any questions, please call our Billing Department at (844) 866-2718, option 1.



## Hanford Advanced Imaging

457 Greenfield Ave., Suite 150

Hanford, CA 93230

Phone: (559) 584-0210 | Fax: (559) 584-0290

## PLEASE BRING THE FOLLOWING ITEMS WITH YOU TO YOUR APPOINTMENT:

- ✓ This Imaging Request Form
- ✓ All prior related X-Rays / Scans
- ✓ Health Insurance Card & Picture I.D.
- ✓ Pre-Authorizations you may have received

**For your safety, children may not accompany patients into procedures. If it is necessary to bring children to the appointment, please bring appropriate adult supervision to watch your children during the scan.**

**If you have asthma, please bring your inhaler to the appointment.**

**Please inform us if you may be pregnant.**

CONNECT  
PATIENT PORTAL

CONNECT.RADNET.COM/HANPP

