WaveImaging Long Beach | RadNet Long Beach — RadNet Imaging Centers

IMAGING REFERRAL REQUEST

Appointment Time: _____ **Date:** _____

For all scheduling needs:
Fax order / Phone to schedule

(562) 299-6230 (P) / 627-0923 (F)
(714) 784-1643 (P) / 285-9084 (F)

Tax ID# 954651287
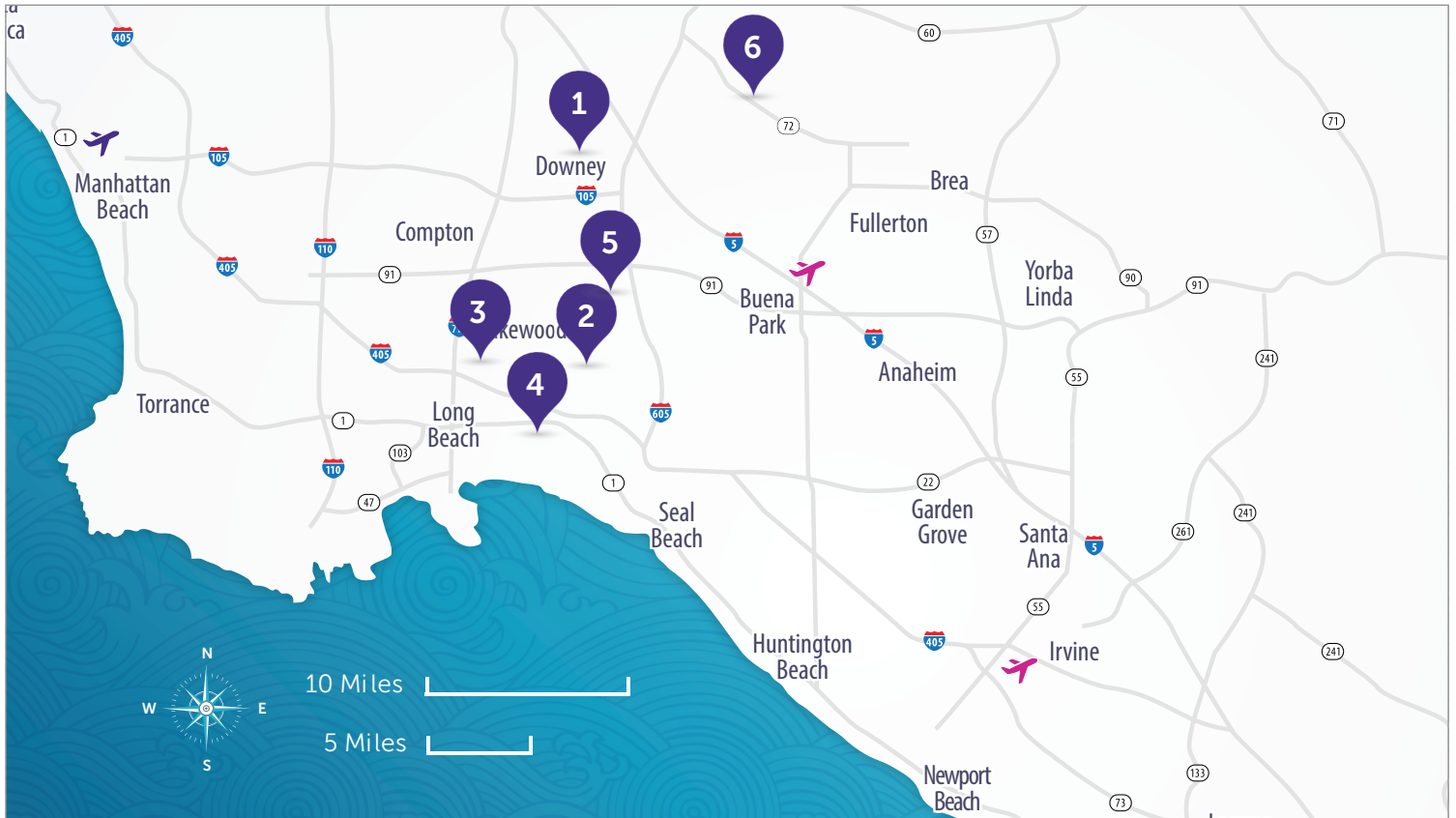SEE REVERSE SIDE FOR **SITE LOCATIONS** AND **INFORMATION**

FOR AUTHORIZATION SUPPORT: To initiate the pre-authorization **please include clinical notes with this order**

PATIENT'S NAME: _____ **DATE OF BIRTH:** _____ ☐ MALE ☐ FEMALE

PATIENT'S PHONE: _____ **ALTERNATE PHONE:** _____ **TODAY'S DATE:** _____

(CLINICAL HX/DX): _____

☐ **CALL PT. TO SCHEDULE**

☐ **STAT ORDER**

INS. AUTH: _____

☐ **LIEN** ☐ **WORK COMP** ☐ **PI**

PROVIDER NAME: (Print) _____ **SIGNATURE:** _____ **PHONE:** _____

CC: PHYSICIAN: _____ **ADDRESS:** _____ **FAX:** _____

☐ **Patient to bring images to Doctor**

CT Contrast Studies Only. Labs must be completed within the past 90 days. Labs needed if: __Hypertension __Age >80 __ Diabetes __ Renal Disease
If Labs have been completed within the past 90 days please provide values and fax lab results: Creatinine / GFR _____ /_____

MRI
☐ w/Contrast ☐ w/wo Contrast ☐ no Contrast
☐ w/ 3D Rendering as indicated
○ 3T ○ 1.5T ○ OPEN ○ No Preference
- ☐ **Brain:** ○ IAC'S ○ Pituitary ○ NeuroQuant®
- ☐ **Orbits**
- ☐ **Spine:** ○ Cervical ○ Thoracic ○ Lumbar ○ Sacrum/Coccyx
- ☐ **TMJ**
- ☐ **Brachial Plexus:** ○ Left ○ Right ○ Bilateral
- ☐ **Sacral Plexus:** ○ Left ○ Right ○ Bilateral
- ☐ **Soft Tissue Neck**
- ☐ **Abdomen:**
  ○ Liver ○ Eovist (liver) ○ Kidney ○ Adrenal Glands
  ○ MRA Renals ○ Pancreas ○ MRCP ○ Enterography
- ☐ **Pelvis:** ○ Female Pelvis ○ Prostate
- ☐ **Joint:** ○ Left ○ Right ○ Bilateral
  ○ Shoulder ○ Elbow ○ Wrist ○ Hip ○ Knee ○ Ankle
- ☐ **MR Arthrogram:** *(with imaging guidance as needed)*
  List Body Part: _____ ○ Left ○ Right
- ☐ **MRA:**
  ○ Brain ○ Neck
  ○ Chest ○ Thoracic Aorta ○ Abdomen ○ Abdoment (w/ Contrast)
  ○ Abdominal w/run-off ○ Renal Arteries
  ○ **Lower Extremity (w/contrast):** ○ Left ○ Right
- ☐ **MRV:** ○ Head ○ Legs/AVF (w/Contrast)
- ☐ **Other:**

Breast Imaging
- ☐ **Screening Mammogram:**
- ☐ **Diagnostic Mammogram:** ○ Left ○ Right ○ Bilateral
  Breast Ultrasound (if indicated): ○ Unilateral ○ Bilateral
- ☐ **Breast Ultrasound:** ○ Left ○ Right ○ Bilateral
- ☐ **Breast MRI - Evaluation for Breast CA (w/wo contrast)**
- ☐ **Breast MRI - Evaluation of implant Integrity (w/o contrast)**
- **Date of last mammogram:** _____

X-Ray
- ☐ **Extremity:** ○ Left ○ Right ○ Bilateral
  ○ Weight Bearing ○ Non-Weight Bearing
  ☐ **List Body Part:**
- ☐ **Sinus:** ○ Waters ○ Series
- ☐ **Spine:** ○ Routine ○ AP/LAT ○ Add Flex/Ext
  ○ Cervical ○ Thoracic ○ Lumbar
- ☐ **Chest:** ○ 1 View ○ 2 View ○ Special View
- ☐ **Rib:** Including Chest ○ Left ○ Right ○ Bilateral
- ☐ **Abdomen:** ○ 2 View ○ KUB ○ AAS
- ☐ **Pelvis AP**
- ☐ **Other:** _____

To schedule your X-Ray and find the nearest locations with walk-in hours, please visit **LBwalkin.com** or scan this **QR code.**

CT
☐ w/Contrast ☐ w/wo Contrast ☐ no Contrast
☐ w/ 3D Rendering as indicated
- ☐ **Brain**
- ☐ **Temporal Bones**
- ☐ **IAC Middle Ear**
- ☐ **Mastoids**
- ☐ **Orbits**
- ☐ **Maxillofacial - Facial Bones**
- ☐ **Sinus**
- ☐ **Neck (Soft Tissue)**
- ☐ **Spine:** ○ Cervical ○ Thoracic ○ Lumbar
- ☐ **Upper Extremity Joint:** ○ Left ○ Right ○ Bilateral
  ○ Elbow ○ Wrist ○ Shoulder
- ☐ **Lower Extremity Joint:** ○ Left ○ Right ○ Bilateral
  ○ Hip ○ Knee ○ Ankle
- ☐ **Extremity (non-joint):**
  List Body Part: _____ ○ Left ○ Right
- ☐ **Chest:** ○ Routine ○ Hi-Res ○ Lung Screen
- ☐ **Coronary Calcium Score**
- ☐ **Abdomen:** ○ Liver ○ Pancreas ○ Renal Mass ○ Adrenal
- ☐ **Abdomen and Pelvis:** ○ Urogram ○ Enterography
  ○ Stone Protocol
- ☐ **Pelvis**
- ☐ **Other:**

CTA (Angiography)
- ☐ **Head**
- ☐ **Neck**
- ☐ **Chest:** ○ Aorta ○ PE
- ☐ **Abdomen** ☐ **Pelvis**
- ☐ **Extremity:** ○ Upper ○ Lower ○ w/runoff

Fluoroscopy
- ☐ **Arthrography:** ○ Left ○ Right
  Body Part: _____
- ☐ **Esophagram** ☐ **UGI** ☐ **Small Bowel**
- ☐ **UGIw/SBFT**
- ☐ **Hysterosalpingogram (HSG)**

PET/CT
- ☐ **NaF Bone**
- ☐ **PET/CT, Skull Bast to Mid-Thigh**
- ☐ **PET/CT, Whole Body (Melanoma)**
- ☐ **PET/CT, Brain-Metabolic (FDG)**
- ☐ **PET/CT, Axumin (Prostate)**
- ☐ **PET/CT, F-18 PSMA/PyL (Prostate)**
- ☐ **PET/CT, NetSpot GA 68**
- ☐ **Notes:**

DEXA
- ☐ **Bone Density**
- **Reason for bone density:** _____
- **Date of last exam:** _____

Ultrasound
☐ Doppler if indicated ☐ 3D as indicated
- ☐ **Thyroid**
- ☐ **Thyroid w/BX:**
  ○ Core ○ FNA ○ w/Afirma
- ☐ **Lymph Node Bx**
- ☐ **Abdomen:** ○ Limited ○ Complete
  ☐ **Area of concern:** ○ Liver ○ Gallbladder
  ○ Upper Right Quadrant ○ Lower Right Quadrant
- ☐ **Renal:** ○ w/Bladder
- ☐ **Bladder (w/pre and post voiding)**
- ☐ **Aorta**
- ☐ **Pelvis (TV if indicated)**
- ☐ **Hysterosonogram**
- ☐ **Scrotum/Testicular**
- ☐ **Venous Doppler (Duplex):** ○ Left ○ Right ○ Bilateral
  ○ Upper ○ Lower
- ☐ **Carotid Doppler (Duplex)**
- ☐ **Arterial Doppler (Duplex):** ○ Upper ○ Lower
- ☐ **ABI:** ○ Segmental Pressures
- ☐ **Other:**

OB Ultrasound
○ 0-14 Weeks ○ 14 Weeks or Greater
- ☐ **OB Ultrasound (TV if indicated)**
- ☐ **Limited:** ○ Viability ○ Heart Beat ○ Position ○ Fluid
  ○ Placental Location
- ☐ **Follow-up -- specify documented problem:**
- ☐ **Other:**

Pediatric Ultrasound
- ☐ **Infant Hips Ultrasound (<1yr of age)**
- ☐ **Pyloric Ultrasound**

Nuclear Medicine
- ☐ **Thyroid Uptake Scan**
- ☐ **Parathyroid Scan**
- ☐ **I123 MIBG Scan**
- ☐ **MUGA (Cardiac Blood Pool)**
- ☐ **GI Emptying Scan**
- ☐ **White Blood Cell (WBC)** ○ w sulfar colloid
- ☐ **Bone Scan:** ○ 3-Phase ○ Whole Body
- ☐ **Renal Scan w/Vascular Flow & Function**
- ☐ **Lasix**
- ☐ **HIDA SCAN:** ○ w/fatty meal ○ w/o EF ○ w/ EF
- ☐ **Other:**

OUR LOCATIONS & SERVICES

CENTER	ADDRESS	SITE PHONE #	MRI	CT	PET	Nuclear Medicine	X-Ray	Ultrasound	Fluoroscopy	Mammography	DXA
① Downey Advanced Imaging	11525 Brookshire Ave., #111, Downey, CA 90241	(562) 904-1111	1.5	●			●	●			
② WaveImaging Long Beach	3320 Los Coyotes Diagonal, #120, Long Beach CA 90808	(562) 627-0903	1.5								
③ WaveImaging Douglas Park	3828 Schaufele Ave., #250, Long Beach, CA 90808	(562) 498-6322						●			
④ WaveImaging Signal Hill	2708 E Willow St., Signal Hill, CA 90755	(562) 216-5120	1.5	●	●	●	●	●		●	
⑤ WaveImaging Palo Verde / BL Women's Imaging	6440 South St., Lakewood, CA 90713	(562) 627-0903	1.5 O	●			●	●	●	●	●
⑥ WaveImaging Whittier	8135 Painter Ave #101, Whittier, CA 90602	(562) 464-0039	1.5	●			●	●	●	●	●

3T = 3T MRI   **1.5** = 1.5T MRI   **O** = Open System

GENERAL INFORMATION:

1. IT IS REQUIRED THAT WE HAVE A DOCTOR'S ORDER TO PERFORM YOUR EXAM.
2. Please bring a valid ID card with you along with your insurance card.
3. Some exams require authorization.
4. Please plan on completing registration forms prior to your exam.
5. If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
6. To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
7. Study times may vary

For Driving Directions, call or visit our website: **RadNet.com/Long-Beach**

10 Miles

5 Miles

Scan the QR code or go to **RadNet.com/Long-Beach** for exam preparation instructions.

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