

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 _____ / _____

With & Without Contrast Without Contrast
 3D Recon

MRI
 3T 1.5T OPEN No Preference

Brain: IAC/Trigeminal Dementia Baseline (pre DMT)
 Brain Anti-Amyloid/ARIA Pituitary
 Quantitative Volumetric Imaging (NeuroQuant, LesionQuant, icobrain),
Protocol: Dementia Seizures MS TBI Peds

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 Abdomen (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.



w/Contrast w/wo Contrast no Contrast
 w/ 3D Rendering as indicated

CT

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
 Amyloid Brain

FDG Skull Base to Mid-Thigh
 FDG Whole Body (Melanoma)

F-18 PSMA/PyL (Prostate Cancer - Initial Staging/Recurrence)

Ga 68 NetSpot (Neuroendocrine Tumor)

FDG Brain (Metabolic)

18F-FES Cerianna (ER+ Breast Cancer)

F-18 Axumin (Prostate Cancer - Recurrence)

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 sulfur 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

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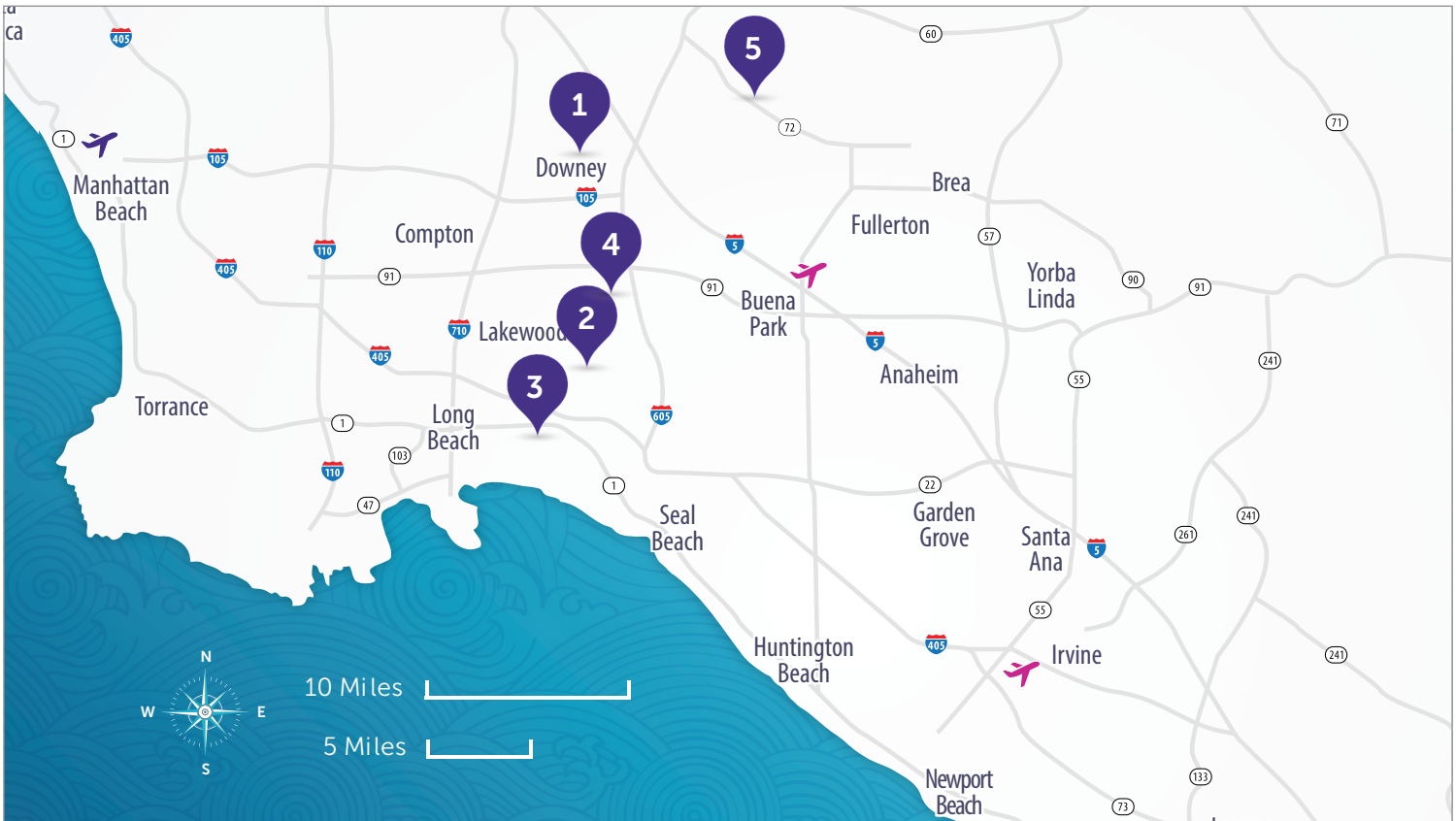
CENTER	ADDRESS	SITE PHONE #	MRI	CT	PET	Nuclear Medicine	X-Ray	Ultrasound	Fluoroscopy	Mammography	DXA
① Downey Advanced Imaging	11525 Brookshire Ave., #111, Downey, CA 90241	(562) 904-1111	1.5	●			●	●			
② Wavelmaging Long Beach	3320 Los Coyotes Diagonal, #120, Long Beach CA 90808	(562) 627-0903	1.5								
③ Wavelmaging Signal Hill	2708 E Willow St., Signal Hill, CA 90755	(562) 216-5120	1.5	●	●	●	●	●	●	●	
④ Wavelmaging Palo Verde / BL Women's Imaging	6440 South St., Lakewood, CA 90713	(562) 627-0903	3T O	●			●	●	●	●	●
⑤ Wavelmaging 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



For Medicare or GNP patients no authorization required. Some insurances may require pre-authorization to be obtained prior to exam.

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

