

Appointment Date/Time _____

LOCATIONS	PATIENT	Today's Date:
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 **Huntington Park Advanced Imaging**
A RadNet Imaging Center

- Huntington Park Advanced**
2680 Saturn Ave., Suite 100
Huntington Park, CA 90255
Open MRI, CT
- Huntington Park ZOE**
2679 Zoe Ave.
Huntington Park, CA 90255
P: (323) 584-3333 | F: (323) 584-3336
X-Ray, Ultrasound

 **Downey Advanced Imaging**
A RadNet Imaging Center

- Downey Radiology**
11525 Brookshire Ave., Suite 111
Downey, CA 90241
P: (562) 904-1111 | F: (562) 861-6666
MRI, CT, PET, Nuclear Medicine,
Ultrasound, Mammography, X-Ray
- Montebello OPEN MRI**
1918 West Beverly Blvd.
Montebello, CA 90640
P: (323) 838-6800 | F: (323) 838-6807
Open MRI

Name (Last, First): _____

Phone(s): _____ Date of Birth: _____

Ordered Exam(s): _____

Diagnosis / History: _____

Referring Physician: _____

Signature: _____ Date: _____

EXAM

MR	CT	Ultrasound	Nuclear Medicine
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- MRI**
- With & Without Contrast
 - Without Contrast
 - Contrast as Indicated
 - Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
 - Orbits
 - TMJ
 - Neck - Soft Tissue
 - Spine:
 - Cervical Thoracic
 - Lumbar
 - Extremity: Joint
 - Left Right
 Specify Body Part _____

- Diagnostic CT**
- With & Without Contrast
 - Without Contrast
 - Contrast as Indicated
 - Brain
 - Orbits
 - IAC Middle Ear
 - Maxillofacial - Facial Bones
 - Sinus (Maxillofacial)
 - Neck - Soft Tissue
 - Spine:
 - Cervical Thoracic
 - Lumbar
 - Extremity: Joint
 - Left Right
 Specify Body Part _____

- Abdomen _____
 - Abdomen Limited _____
 - Renal w/Bladder
 - Bladder _____
 - Aorta/Retroperitoneal _____
 - TV and Transabdominal
 - Transabdominal only
 - Transvaginal only
 - Scrotum w/Doppler
 - Other: _____
- Vascular Studies**
- Arterial Doppler (Duplex) _____
 - Carotid Doppler (Duplex) _____
 - Venous Doppler (Duplex) _____
 - Extremity: Upper Lower
 - L R Bil
 - Other: _____

- Bone:
 - Whole Body Limited 3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)
 - Exercise Pharmacologic
- MUGA (cardiac blood pool)
- Lung VQ
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Emptying
- GI Bleed
- Meckels
- Renal Captopril Lasix
- Gallium
- White Blood Cell (WBC)
- Other: _____

- Extremity: Non-Joint
 - Left Right
 Specify Body Part _____
- Chest
- Abdomen
- Adrenals MRCP
- Pelvis
 - Bony Pelvis Soft Tissue
- Other: _____

- Chest
- Abdomen (pelvis if indicated)
- Abdomen and Pelvis
- Urogram (abdomen/pelvis)
- Pelvis
- Other: _____

- CTA (angiography)**
- Head
 - Neck
 - Extremity: Upper Lower
 - Chest
 - Aorta and runoff vessels
 - Abdomen
 - Pelvis
- Creatinine:** _____

Lab Date: _____

- Breast MR**
- Contrast tumor study
 - Implant evaluation
- Date last mammogram: _____
- Breast implants: Yes No

- OB Ultrasound**
- OB Ultrasound (TV if indicated) _____
 - Limited (Viability, Heart Beat, Position, Fluid, Placental Location) _____
 - Follow-up -- specify documented problem _____

- Fluoroscopy**
- Arthrography
- Specify body part: _____
- VCUG
 - Esophagram
 - Hysterosalpingogram (HSG)
 - UGI
 - UGI w/SBFT
 - Small Bowel
 - Other: _____

- Breast Imaging**
- Screening Mammogram
 - Diagnostic Mammogram
- Breast Ultrasound (if indicated)
- Unilateral Bilateral
 - Breast Ultrasound
 - Left Right Bilateral
- Date last mammogram: _____

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 Left Right
- Extremity:
 - Left Right Bilateral
 Specify body part: _____
- Other: _____

DEXA

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

REPORT

- STAT
- PHONE: _____
- FAX: _____
- E-Mail: _____
- CD TO PATIENT/
HANDCARRY
- CD TO DR.

Exams preparation instructions are on the back of the form.

This test is a medical necessity.