



Imaging Request

Los Angeles Locations
(Imaging sites listed on back)

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: _____

*Please send appropriate chart notes with your order

Phone: _____ Patient to bring CD to Doctor STAT EXAM CALL _____

MR

- MRI**
- Contrast at Rad's Discretion
- With & Without Contrast
- Without Contrast
- Brain:
 - IAC Pituitary
 - Brain Anti-Amyloid/ARIA
 - NeuroQuant (Volumetric Study):
 - ___ Alzheimer's/Dementia
 - ___ Seizure ___ Pediatric
 - ___ General (MS, Trauma)
- Spectroscopy Brain
- Orbits
- TMJ
- Neck (Soft Tissue)
- Brachial Plexus ___L ___R
- Spine:
 - ___ Cervical ___ Thoracic ___ Lumbar
 - Sacrum and Coccyx
 - Extremity: ___Left ___Right
 - Specify Body Part: _____
- Chest
- Abdomen:
 - ___ Adrenals ___ MRCP
 - ___ Iron Quantification
 - Elastography (Liver Study)
 - Enterography
 - Pelvis ___ Bony Pelvis ___ Soft Tissue
 - Prostate (Multiparametric):
 - (3D rendering if indicated)
 - ___ Detection ___ Staging
 - ___ Bones and Nodes
 - Breast* ___ CAD ___ Mass ___ Implant
 - Other: _____

MR Angiography

- Contrast at Rad's Discretion
- With & Without Contrast
- Without Contrast
- Brain
- Neck (Carotids)
- Chest
- Brachial Plexus ___L ___R
- Abdomen
 - ___ Aorta ___ Renal
- Pelvis
- Other: _____

MR Arthrography ___Left ___Right

- Shoulder Hip(s) Wrist
- Knee Elbow Ankle

CT

- Screening CT**
- Low-Dose Lung Cancer Screening
- Diagnostic CT**
- With & Without Contrast
- Without Contrast
- Contrast, as Indicated
- 3D Recon
- Brain
- Orbits
- IAC Middle Ear
- Maxillofacial - Facial Bones
- Sinus (Maxillofacial)
 - ___ Medtronic Sinus
- Neck (soft tissue)
- Spine: ___Cervical ___Thoracic ___Lumbar
- Extremity ___Left ___Right
 - Specify body part _____
- Chest
- Abdomen (pelvis if indicated)
- Abdomen and Pelvis
- Urogram (abdomen/pelvis)
- Pelvis
- Treatment Plan: _____
- Biopsy _____
- CT Enterography
- Virtual Colonoscopy
- Other: _____

CT Dental

- Mandible
- Maxilla

CTA (angiography)

- Head
- Neck
- Extremity: ___Upper ___Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis
- Cardiac
 - ___ Coronary ___ Calcium Score

Creatinine: _____

Lab Date: _____

DEXA

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

Ultrasound

- Abdomen _____
- Abdomen Limited
 - ___ Liver ___ Gallbladder
 - ___ Right Upper Quadrant
- Abdomen w/Doppler if indicated
- Renal _____
 - ___ w/bladder
- Bladder _____
- Aorta/Retroperitoneal
- Pelvic Transvaginal
- Pelvic Transabdominal
- Pelvic Transvaginal and Transabdominal
- Scrotum ___w/Doppler
- Thyroid
- Biopsy / Aspiration
 - Area _____
- Extremity (Non-Vascular)
 - ___ Upper ___ Lower ___L ___R ___ Bil
- Other _____

Vascular Studies

- Carotid Doppler (Duplex) _____
- Venous Mapping
- Extremity:
 - ___ Arterial ___ Venous
 - ___ Upper ___ Lower ___L ___R ___ Bil
- Other _____

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: _____
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Other: _____

Breast Imaging

- Screening **3D TOMO** Mammogram
 - 2D Screening
- Diagnostic **3D TOMO** Mammogram
 - 2D Diagnostic
- Breast Ultrasound
 - ___ Left ___ Right ___ Bilateral
- Stereotactic Breast Biopsy
- Other _____
- 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: _____

PET/CT

- Amyloid _____
- 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)



To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
RadNetConnectCA.com

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

LOCATIONS & SERVICES

				3D Screening Mammography	MRI	CT	Nuclear Medicine	X-Ray	Ultrasound	3D Diagnostic Mammography	Stereotactic/US Breast Biopsy	Arthrograms	DEXA	PET/CT	Fluoroscopy
<input type="checkbox"/>	1 Beverly Tower Wilshire Advanced	8750 Wilshire Blvd, Ste 100, Beverly Hills, CA 90211	310-689-3100	▲	◆	●	●	●	●	●	●	●	●	●	●
<input type="checkbox"/>	2 Breastlink Women's Imaging Center	8750 Wilshire Blvd, Ste 200, Beverly Hills, CA 90211	310-385-7747	●					●	●	●		●		
<input type="checkbox"/>	3 Huntington Park Advanced Imaging	2680 Saturn Ave, Ste 100, Huntington Park, CA 90255	323-584-3333		●	●									
<input type="checkbox"/>	4 Huntington Park Advanced Imaging	2679 Zoe Ave, Huntington Park, CA 90255	323-584-3333					●	●						
<input type="checkbox"/>	5 Inglewood Advanced Imaging	211 N Prairie Ave, Ste E, Inglewood, CA 90301	310-672-9729	●	■	●		●	●	●			●	●	
<input type="checkbox"/>	6 Resolution Advanced Imaging	2428 Santa Monica Blvd, Lower Level, Santa Monica, CA 90404	310-315-1000	●	◆	●		●	●			●	●		
<input type="checkbox"/>	7 WaveImaging Beach Cities	510 N Prospect Ave, Ste 101, Redondo Beach, CA 90277	310-265-3100		■	●		●	●			●			
<input type="checkbox"/>	8 WaveImaging Torrance Advanced	23441 Madison St, Ste 100, Torrance, CA 90505	310-373-0000		◆										
<input type="checkbox"/>	9 Westchester Advanced Imaging	8540 S Sepulveda Blvd, Ste 101 & 112, Los Angeles, CA 90045	310-645-9050	●	▲	●		●	●	●		●			
<input type="checkbox"/>	10 Wilshire Downtown Advanced Imaging	3055 Wilshire Blvd, Ste 150, Los Angeles, CA 90010	213-487-4077		■	●		●							

▲ 1.2T ■ 1.5T ◆ 3.0T ○ Open

MINK LOCATIONS

<input type="checkbox"/>	11 Mink Advanced Imaging Beverly Hills	8670 Wilshire Blvd, Ste 101, Beverly Hills, CA 90211	310-358-2100	■	●		●	●				●			
<input type="checkbox"/>	12 Mink Advanced Imaging Los Angeles	8436 W 3rd St, Ste 600, Los Angeles, CA 90048	310-358-2199	■			●								
<input type="checkbox"/>	13 Breastlink Women's Imaging Center Marina Del Rey	4640 Admiralty Way, Ste 102, Marina Del Rey, CA 90292	310-305-4500	●				●	●	●		●			
<input type="checkbox"/>	14 Mink Advanced Imaging Admiralty	4640 Admiralty Way, Ste 100, Marina Del Rey, CA 90292	310-836-4700	◆			●	●				●			
<input type="checkbox"/>	15 Mink Advanced Imaging Glencoe	4553 Glencoe Ave #120, Marina Del Rey, CA 90292	310-473-0201		●		●								

▲ 1.2T ■ 1.5T ◆ 3.0T ○ Open

RadNet Locations:

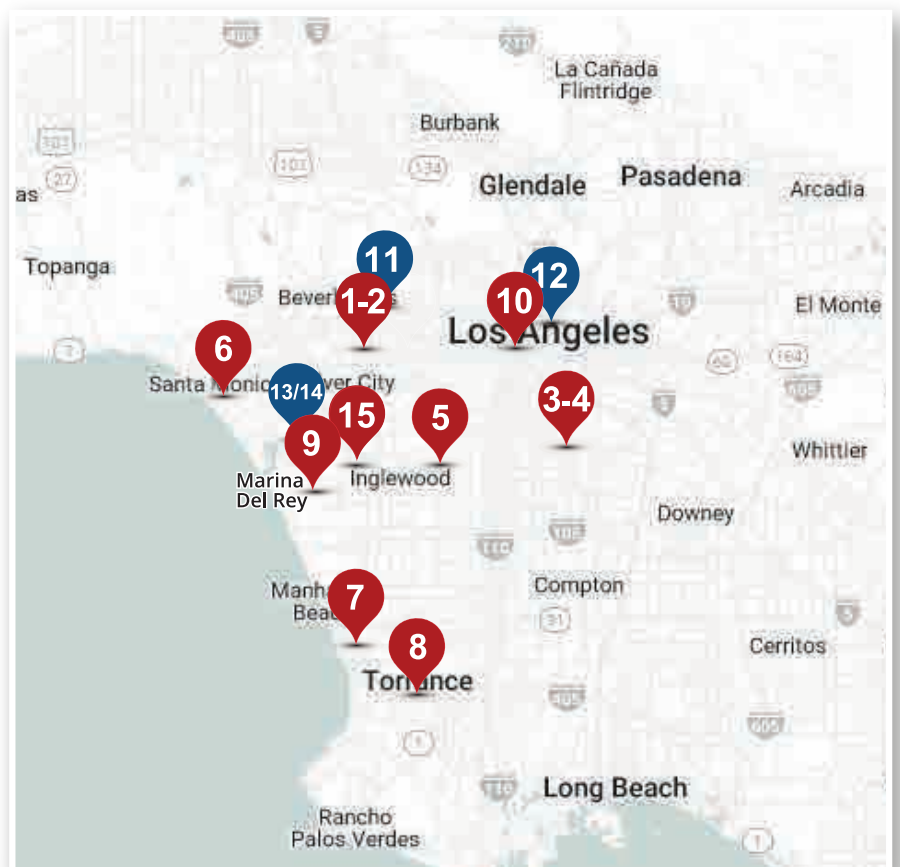
Scheduling Phone: (310) 854-7722
 Fax: (310) 854-0011
 BeverlyTowerScheduling@Radnet.com

Mink Advanced Imaging Locations:

Beverly Hills and Los Angeles location
 Scheduling Phone: (424) 389-2280
 Fax: (310) 358-2131

Marina Del Rey Locations:

Scheduling Phone: (424) 394-0203
 Fax: (310) 773-3602



For X-Ray locations, hours, wait times, appointments or walk in locations visit: xrayhours.com