

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone # \_\_\_\_\_ Auth \_\_\_\_\_

Insurance/Work Comp Carrier: \_\_\_\_\_

Clinical Reason for Exam \_\_\_\_\_

Physician Signature \_\_\_\_\_ Physician Name (Print) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

CC: \_\_\_\_\_ CC: \_\_\_\_\_

For CT IV contrast studies (Renal disease, HTN, DM)  
Most Recent Cr/Bun/Date: \_\_\_\_\_

- Pt back w/CD  
 Pt back w/films

I authorize the radiologist to modify this order (Including IV contrast administration to address clinical questions)

MRI Field Strength (circle one): First Avail 1.5T Open(1.2T)

3T

Neuro MRI	w/o		w&w/o
Brain			
3D Neuroquant			
IAC (Includes Brain)			
Pituitary / Sella (Includes Brain)			
Orbits / Brainstem (Includes Brain)			
MRA Head			
MRA Neck			
Soft Tissue Neck			
Cervical Spine			
Thoracic Spine			
Lumbar Spine			
Other: _____			

Musculoskeletal MRI	w/o	w&w/o
Knee - R L		
Shoulder - R L		
Elbow - R L		
Wrist - R L		
Hip (routine, metal) - R L		
Ankle / Hindfoot - R L		
Foot (Midft / Foreft) - R L		
Hand/Finger - R L		
Bony Pelvis / Sacrum / SI Jts		
MR Arthrogram, Joint: _____		
Other: _____		

Body MRI	w/o	w&w/o
Abdomen - general		
Liver		
Adrenal		
Pancreas		
Renal		
MRCP		
MRA		
Pelvis - general		
Female pelvis		
Enterography		
Chest - Brachial Plexus		
Other: _____		

Neuro CT	w/o	w	w&w/o
Head			
CTA Head			
CTA Neck			
Soft Tissue Neck			
Sinus - Low Dose			
Sinus - Localization			
Orbits / Maxillofacial			
Mastoids / IACs			
Cervical Spine			
Thoracic Spine			
Lumbar Spine			
Other: _____			

Ultrasound (check / circle)		
Abdomen		
RUQ / Liver / Gallbladder		
Aorta / IVC		
Appendix		
Pelvis (EV if indicated)	OB	Non-OB
Renal (includes bladder)		
Bladder Only		
Thyroid		
Scrotum		
Carotids		
DVT: Upper	R	L
DVT: Lower	R	L
Sonohysterogram		
Other: _____		

Fluoroscopy	
Esophagram	
UGI	
SBFT	
UGI + SBFT	
HSG	
VCUG	
Barium Enema	
Arthrogram:	
Other: _____	

Body CT	w/o	w	w&w/o
Routine Chest			
Low Dose Chest Screening			
HRCT Interstitial Lung Eval			
CTA Pulmonary - PE			
CTA Chest - Thoracic Aorta			
CTA Chest / Abd Aorta			
CT Chest / Abd / Pelvis - General			
Abd & Pelvis - General			
Abd & Pelvis - Renal Stone			
Abd - Liver Mass			
Abd - Renal Mass			
Abd - Adrenal Mass			
Abd - Pancreatic Mass			
Abd & Pelvis - Enterography			
CT IVP Hematuria			
Pelvis only			
Other: _____			

Breast Screening	
Screening Mammo*	
Screening 3D Tomo Mammo* ( @SAM )	
Screening Ultrasound*	
*If abnormal, includes additional mammo +/- US at Rad discretion	
Breast Diagnostic	
Diagnostic Mammo +/- US	R L
Ultrasound +/- Diag Mammo	R L
Stereo/US Biopsy or Cyst Asp	R L
Breast MRI	
MRI w and w/o contrast	
MRI w/o (implant integrity)	
MRI Biopsy	R L

Bone Density DEXA \_\_\_\_\_

Musculoskeletal CT	w/o	w	Arthro
Specify: _____			

PET/CT	
Skull Base to Mid-thigh	
Whole Body (melanoma)	

X-Ray done on a walk in basis			
X-Ray (circle all)			
Chest	1V	2V	
Rib Series	R	L	
Abdomen	1V	2V	3V
Hip	R	L	
Pelvis	1V		
Sacrum / Coccyx	3V		
Cervical Spine	1V	4V	Flex/Ex
Thoracic Spine	1V/L	2V	3V
Lumbar Spine	1V	AP/L	4V
Shoulder			3V
Elbow			3V
Wrist		3V	R L
Hand		3V	R L
Knee		4V	R L
Ankle		2V	3V
Foot	2V	3V	R L
Soft Tissue Neck	1V		
Bone Age	1V		
Sinus	1V	3V	
Scoliosis Series			
Other: _____			

# LOCATION, ADDRESS AND MODALITIES INFORMATION

LOCATION	ADDRESS	Scheduling	High Field 3.0T	High Field 1.5T	Open MRI 1.2T	PET/CT	CT	U/S	Mammo	3D/ Tomo	Dexa	Fluoro	X-Ray
VRI-Samaritan	2581 Samaritan Dr., Suite 100 Suite 206 (Women's), San Jose, CA 95124	PH (408) 358-6881 Fax(408) 356-8785	●	●		●	●	●	◆	●	●	●	●
VRI-Sunnyvale	696 W El Camino Real Sunnyvale, CA 94087	PH (650) 967-1331 Fax(650) 962-7549	●				●	●	◆	●	●	●	●
VRI-East San Jose	2323 McKee Rd., Suite 40 San Jose, CA 95116	PH (408) 964-1000 Fax(408) 272-7784	●	●			●	●	◆	●	●	●	●
VRI-Los Gatos	555 Knowles Dr, Suite 116 Los Gatos, CA 95032	PH (408) 866-7131 Fax(408) 866-7494			●		●	●				●	●
VRI-Ciro	125 Ciro Ave., Suite 220 San Jose, CA 95128	PH (408) 297-4591 Fax(408) 272-7784					●	●	●		●	●	●

◆ Digital & Tomo

## EXAMINATION PREPARATIONS / ALL EXAMS BELOW REQUIRE PRESCHEDULED APPOINTMENTS

### ULTRASOUND - Allow 1 hour

#### ABDOMINAL

- Nothing by mouth after midnight.

#### PELVIC

- Drink 32 oz. of water to be finished 1 hour before appointment.
- Do NOT empty your bladder after drinking the 32 oz. of water. (If you cannot tolerate water, other beverages can be used. AVOID carbonated beverages).

#### RENAL OR KIDNEY

- Drink 32 ounces (1 quart) of clear fluid to be finished 1 hour before appointment. This is to hydrate your system.
- Do NOT empty your bladder.

#### PRE & POST VOID BLADDER

- Drink 32 ounces (1 quart) of water to be finished one hour before appointment.
- Do NOT empty your bladder after drinking the 32 oz. of water. (If you cannot tolerate water, other beverages can be used. AVOID carbonated beverages).

### VASCULAR STUDIES

#### (CAROTID, DVT, VENOUS, ETC.)

No preparation necessary.

#### THYROID – No preparation necessary.

#### DEXA – No preparation necessary.

#### CT SCAN - Allow 30 min – 2 hours

##### PREPARATION FOR ALL CT SCANS (EXCEPT SPINE AND SINUS):

- Nothing by mouth except water 3 hours before scan. (However, medications may be taken with small amounts of water.)

#### MAMMOGRAPHY

- For patient's comfort, easily removable top should be worn.
- No deodorants or body powders on breasts or underarm areas.

#### MRI SCAN - Allow 40 Minutes – 2 hours

No metal in eyes or pacemaker.  
No other preparation necessary.

### GENERAL FLUOROSCOPY

#### UPPER G.I. SERIES OR ESOPHAGRAM - Allow 1 hr.

- Nothing by mouth after midnight.

#### SMALL BOWEL SERIES - Allow up to 3+ hours

- Nothing by mouth after midnight.

#### BARIUM ENEMA, CONTRAST ENEMA, Allow 1 hour

##### DAY BEFORE EXAM:

Breakfast: Eat before 7 a.m.

Noon: Have a liquid lunch.  
(Example: Clear bouillon, apple juice, cranberry juice, plain gelatin. **NO MILK.**)

1 p.m.: Drink at least 1 full glass or more of water.

3 p.m.: Drink at least 1 full glass or more of water.

4 p.m.: Drink one 10 oz. bottle of Magnesium Citrate (cold).

5 p.m.: Supper: Have only clear liquids.

(Example: Clear bouillon, apple juice, cranberry juice, plain gelatin. **NO MILK.**)

6 p.m.: Take 3 Bisacodyl (Dulcolax) tablets with at least one full glass water. **DO NOT CRUSH OR CHEW TABLETS. SWALLOW THEM WHOLE. DO NOT TAKE TABLETS WITHIN ONE HOUR OF ANTACIDS.** Please **do not take anything by mouth** after midnight or in the morning before the examination.

### VCUG – No preparation necessary.

#### HSG - Allow 1 hour

- Schedule on day 7–10 from start of menstrual period.
- Must abstain** from intercourse until after appt.
- If spotting, please call to reschedule.
- Bringing a driver is recommended.

- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.

**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.



Leading Radiology Forward

Thank you for choosing a **RadNet** Center