

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: _____

Phone: _____ Fax: _____ Patient to bring images to Doctor Fax Report Call in STAT results

CC: Physician: _____

MR

MRI

- With & Without Contrast
- With Contrast
- Without Contrast
- Contrast, as Indicated

Creatinine: _____

Lab Date: _____

- 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 _____
- Extremity:non-joint __Left__Right
Specify body part _____

- Chest
- Abdomen: __Adrenals__MRCP
- Pelvis: __Bony__Soft Tissue
- Other: _____

MR Angiography

- With & Without Contrast
- With Contrast
- Without Contrast
- Contrast, as Indicated

Creatinine: _____

Lab Date: _____

- Brain
- Neck - Carotids
- Aorta and runoff vessels
- Chest
- Abdomen: __Aorta__Renal
- Aorta and runoff vessels
- Pelvis
- Extremities: __Left__Right
- Other: _____

MR Arthrography __Left__Right

- Shoulder
- Elbow
- Wrist
- Hip
- Knee
- Ankle
- Other: _____

CT

Diagnostic CT

- With & Without Contrast
- With Contrast
- Without Contrast
- Contrast, as Indicated

Creatinine: _____

Lab Date: _____

- Brain
- Orbits
- IAC Middle Ear
- Sinus (Maxillofacial)
- Neck (soft tissue)
- Spine: __Cervical__Thoracic__Lumbar
- Extremity __Left__Right
Specify body part _____

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

CTA (Angiography) With Contrast

- Head
- Neck
- Extremity: __Upper__Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis

Creatinine: _____

Lab Date: _____

Available at our California Street Location

Nuclear Medicine

- Bone:
 - Whole Body
 - Limited
 - 3-phase
- Thyroid Scan
- Parathyroid
- Renal
- Gallbladder (HIDA)
- Other _____

Ultrasound

- Abdomen_____
- Abdomen Limited
- Liver __Gallbladder
- Right Upper Quadrant
- Renal
- with Bladder
- Bladder_____
- Aorta/Retroperitoneal_____
- Pelvis (TV if indicated)
- Pelvis Transabdominal Only
- Scrotum __with Doppler
- Thyroid_____
- Venous Doppler (Duplex)_____
- Carotid Doppler (Duplex)_____
- Guided Needle Placement for Biopsy/Aspiration/Injection
- Other _____

OB Ultrasound

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

Fluoroscopy

- Arthrography
Specify body part _____
- IVP
- VCUG
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small bowel
- Barium enema
- Myelogram __C__T__L
__with CT__without CT
- Discogram, Lumbar Spine
__with CT__without CT
- Levels: _____
- Other: _____

PET/CT

To Schedule a **PET/CT Exam**, please use the **PET/CT order form** or call our offices directly.

- PET/CT, Skull Base to Mid-Thigh
- PET/CT, Whole Body (Melanoma)
- PET/CT, Brain
- PET/CT, Sodium Fluoride Bone Scan
- Other: _____

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
- Extremity:
 - Left
 - Right
 - Bilateral
 Specify Body Part _____
- Other: _____

Available at our March Lane Location

Breast Imaging

- Screening Mammogram
- Diagnostic Mammogram
- Breast Ultrasound (if indicated)
- Unilateral
- Bilateral
- Breast Ultrasound
- Left
- Right
- Bilateral
- Guided Needle Placement (Wire)
- Other _____

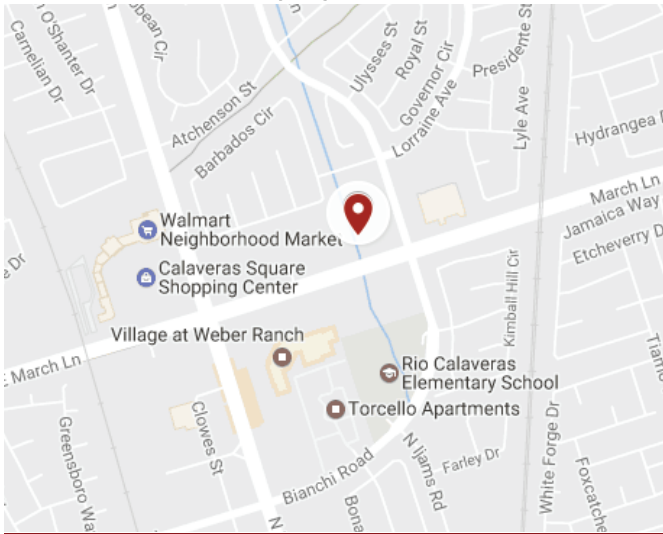
Date last mammogram: _____

Breast implants: __Yes__No

Stockton Diagnostic Imaging

March Lane

A RadNet Imaging Center

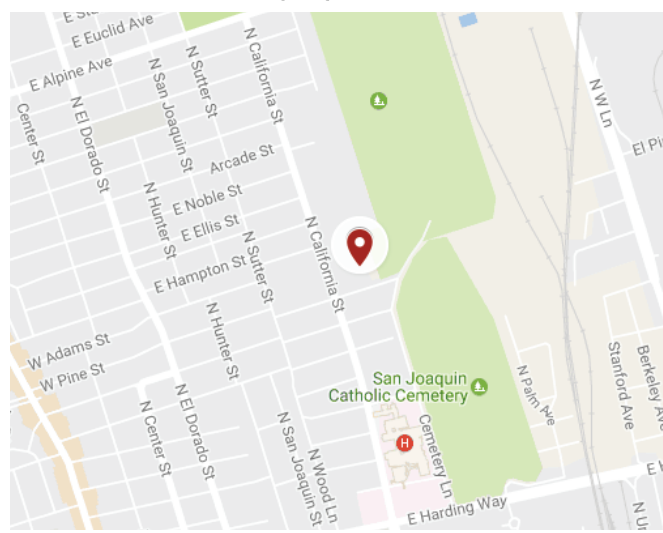


Stockton Diagnostic Imaging - March Lane
 1801 E. March Lane, Suite A130,
 Stockton, CA 95210
 P: (209) 475-9871 | F: (209) 474-9620
 MRI, MR Angiography, CT, PET/CT, Ultrasound,
 Mammography, Fluoroscopy, X-Ray

Stockton Diagnostic Imaging

California Street

A RadNet Imaging Center



Stockton Diagnostic Imaging - California Street
 2320 N. California Street
 Stockton, CA 95204
 P: (209) 466-2000 F: (209) 466-2600
 MRI, MR Angiography, CT, PET/CT, Nuclear Medicine,
 Ultrasound, Fluoroscopy, X-Ray

Locations and Preparation Instructions

Please call us if you have any questions regarding your procedure or preparation for your procedure. Study times vary in length. Bring I.D., this form and your insurance card with you on the day of your exam.

- MRI Scan:** Please inform us at the time of scheduling, if you have any metal in your body or have had any surgeries to your eyes, ears, brain or heart. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled. If you have any type of arterial stent, please bring your safety card or obtain documentation that specifies the safety parameters of the stent.
- Nuclear Medicine:** Specific preparation information will be given when your appointment is scheduled. Study times vary in length.
- CT SCAN (Abdomen or Pelvis):** Please call our facility for instructions.
- PET/CT:** Please allow 3 hours for your scan. No food or drink for 5 hours prior to your scan.
- Ultrasound (Abdominal, Gallbladder, Aorta):** No food or drink 6 hours prior to exam.
- Ultrasound (Pelvic/Bladder/Renal):** Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- Ultrasound (OB):** If you are 25 weeks or less, drink 16 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam. No preparation needed if you are 26 weeks or greater.
- Biophysical Profile:** Eat a meal one hour prior to exam.
- Mammography:** Do not use any powders, talc, sprays or deodorants on your breast or underarm area before your exam. Prior to your exam, please obtain your previous mammogram films and reports. Either bring them with you to your appointment or have them sent to our office.
- G.I. and/or Small Bowel Series:** No food or drink after 10 pm the evening before your exam. No chewing gum.
- Barium Enema or Air Contrast Enema:** Obtain prep from your imaging center. Follow instructions for the 24-hour preparation. Children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation.
- IVP:** Light supper the day before your exam. Adults take two Dulcolax tablets at 6 pm the night before the exam. No solids after supper. There are no restrictions on liquid intake. Juice, coffee, tea or milk for breakfast the day of the exam. Children under 12, call the office for laxative instructions. For an appointment after 1 pm, you may eat an early, light breakfast. Take medications as normal.

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 co-payment 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.

Billing-CustomerServiceHelpDesk@RADNET.COM

- For your safety, children may not accompany patients into procedures. If it is necessary to bring children to the appointment, please bring appropriate adult supervision to watch your children during the scan.
- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.

APPOINTMENT CHECKLIST

- This Referral Slip
- Health Insurance Card & Picture ID
- Pre-Authorizations You May Have Received

