

**APPOINTMENT INFO:**

**TODAY'S DATE:** \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Insurance: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Auth #: \_\_\_\_\_

Clinical History: \_\_\_\_\_

Preferred Language:  English  Spanish Other: \_\_\_\_\_

**Referring Provider Name (Print):** \_\_\_\_\_

**Referring Provider Signature:** \_\_\_\_\_

CC Report to: \_\_\_\_\_

**PRIORITY**

Routine Fax: \_\_\_\_\_

Stat Call: \_\_\_\_\_

Stat Fax: \_\_\_\_\_

**MEDIA REQUESTED**

Films  CD

Patient to Hand Carry

Courier to Deliver

Comparison Film Location: \_\_\_\_\_

**PROSTATE MRI – PATIENT INFORMATION NEEDED**

PSA Level: \_\_\_\_\_ Date: \_\_\_\_\_

Prior Biopsy Date: \_\_\_\_\_ Results: \_\_\_\_\_ Meds/Treatment: \_\_\_\_\_

Call in STAT results  Previous Films (Y) (N) location: \_\_\_\_\_

Additional Report to: \_\_\_\_\_  Send CD with Patient  Other: \_\_\_\_\_

**MR (3D Rendering as indicated)**

With & Without Contrast (Per Rad)

Without Contrast

Chest

Abdomen

\_\_\_ Adrenals \_\_\_ MRCP

Pelvis

Other: \_\_\_\_\_

**CT**

With & Without Contrast (Per Rad)

Without Contrast

Chest

Abdomen

Pelvis

Abdomen and Pelvis

Urogram/IVP (Abdomen/Pelvis)

Other: \_\_\_\_\_

**ULTRASOUND**

Abdomen Complete

Renal: \_\_\_\_\_  
\_\_\_w/bladder

Bladder: \_\_\_\_\_

Testicular/Scrotum  
w/ Doppler if Indicated

All Renal Ultrasounds

Other: \_\_\_\_\_

**PET/CT**

F-18 PSMA-PyL (78815)  
Tracer Code: A9595

(Prostate Cancer - Initial  
Staging/Recurrence)

F-18 Axumin  
(Prostate Cancer Recurrence)

**NUCLEAR MEDICINE**

Bone Scan

\_\_\_ WholeBody

Renal

\_\_\_ Lasix

Other: \_\_\_\_\_

**X-RAY**

Head:

\_\_\_ Skull \_\_\_ Orbits \_\_\_ Sinuses

Chest

\_\_\_ PA \_\_\_ PA/LAT

Abdomen:

\_\_\_ KUB \_\_\_ Two Views

Pelvis

Other: \_\_\_\_\_

**DEXA**

Bone Density

Reason for bone density: \_\_\_\_\_

Date of last exam: \_\_\_\_\_

**PROSTATE CANCER TREATMENT**

TULSA PRO (Transurethral ULtraSound Ablation of the prostate)  
- Thermal HIFU

TULSA-Contact - TULSA-Pro Coordinator  
(805) 626-0920 (CA) | (480) 321-5280 (AZ)

**PROSTATE MRI (3D Rendering as indicated)**

Detection: MRI Prostate with and w/out contrast with 3D-Rendering

MRI Prostate without contrast for patients with allergies or impaired renal function

Radiation treatment planning/Hydrogel spacer confirmation-limited exam: MR Prostate w/o Contrast

*(Limited to high quality axial, sagittal T2, axial gradient echo to evaluate for fiducial seed placement.)*



**Please bring this Imaging Request Form, I.D. and your insurance card with you on the day of your exam.**

**TAX ID: 954651287**

**For AUTHORIZATION please fax the following:**

- Patient & clinical information
- Insurance card(s)

**For PROSTATE MRI please fax the following:**

- All clinical notes
- Recent PSA results
- Biopsy Results and Pathology

**Order forms are valid for 6 months after the issued date.**

## LOCATIONS & MODALITIES

CENTER	LOCATION	PHONE	3T MRI	1.5T MRI	Prostate MRI	Open MRI	CT	Ultrasound	Digital X-Ray	Digital Fluoroscopy	DEXA	Nuclear Medicine	PET/CT	Arthrogram
<input type="checkbox"/> Wavelmaging Newport Beach	3300 West Coast Hwy, Ste. B, Newport Beach, CA 92663	(949) 646-4400	●	●	●	●	●	●	●				●	●
<input type="checkbox"/> Wavelmaging Irvine Barranca	4050 Barranca Parkway, #160 Irvine, CA 92604	(949) 726-9500	●		●		●	●	●				●	●
<input type="checkbox"/> Wavelmaging Santa Ana	1100 N. Tustin Ave. Bldg. A Santa Ana, CA 92705	(714) 835-6055	●	●	●		●	●	●	●	●	●		●
<input type="checkbox"/> Wavelmaging Douglas Park	3828 Schauffele Avenue, #250 Long Beach, CA 90808	(562) 498-6322	●		●			●	●					
<input type="checkbox"/> Wavelmaging Palo Verde	6440 South St. Lakewood, CA 90713	(562) 299-6230	●	●	●		●	●	●	●	●			●
<input type="checkbox"/> Wavelmaging Signal Hill	2708 E Willow St, Signal Hill, CA 90755	(562) 216-5120		●			●	●	●			●	●	●
<input type="checkbox"/> Wavelmaging Orange	230 S. Main St Ste. 101 & 205, Orange, CA 92868	(714) 978-2937		●			●	●	●	●			●	●

### PROSTATE MRI PREPARATIONS

- Patient self-insert fleet enema 2 hours prior to arriving to the center
- Check for hip replacement and MRI safety check list prior to exam
- Need current PSA and results of all biopsies, history and treatment within 6 months
- Provide height and weight to determine if able to fit in scanner
- No ejaculation 2 days prior to exam
- Obtain all providers who will need a copy of report
- Clear liquid diet for 12 hours prior to exam

**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, option 1.

### PLEASE BRING THE FOLLOWING ITEMS WITH YOU TO YOUR APPOINTMENT:

- This Imaging Request Form
- All prior related X-Rays / Scans
- Health Insurance Card & Picture I.D.
- Pre-Authorizations you may have received

### INTRODUCING OUR "NEW" VIRTUAL WAITING ROOM

#### Now Offering Remote Check-in

- Simple step by step instructions for patients and a quick and easy way to communicate with our staff.
- Reduced lobby traffic and greater social distancing by waiting in the comfort of patient's vehicle.

#### How does it work?

- During your pre-check-in process you will be given a number to text, notifying us of your arrival.
- We will text back and include links to complete check-in from outside the center.

**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.**

**If you have asthma, please bring your inhaler to the appointment.**

**Please inform us if you may be pregnant.**



RadNet provides its own online scheduling and PACS system named CONNECT. Access to imaging studies ordered at these locations can only be accessed via the CONNECT portal.

**CONNECT.RADNET.COM/WCRPP**

