



Rolling Oaks Radiology Imaging Referral Request

RadNet Imaging Centers

Tax ID# 954651287

X-Ray: For availability and to schedule, please visit xrayhours.com

Appointment Date: _____ Appointment Time: _____ Today's Date: _____

Authorization Number: _____

Patient's Name: _____ Date of Birth: _____

Diagnosis/Reason for Exam: _____ ICD-10 Code: _____

Insurance Information: _____

Referring Physician: _____

Provider Signature: _____ Fax: _____

Patient to bring images to Doctor **Call in STAT results** Additional Report to: _____

MR

- MRI** With Contrast
- Without Contrast
- With & w/out Contrast
- Contrast at Rad's Discretion
- 3D Rendering
- Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
 - w/ 3D volumetric study
 - NeuroQuant
- Orbits
- TMJ
- Neck - Soft Tissue
- Spine: __Cervical __Thoracic __Lumbar
- Extremity: Joint __Left __Right
 - Specify body part: _____
- Extremity: Non-Joint __Left __Right
 - Specify body part: _____
- Breast __CAD __Mass __Implant
- MR Guided Breast Biopsy
- Cardiac
- Chest
- Abdomen
 - __Adrenals __MRCF
- Pelvis __Bony Pelvis __Soft Tissue
- Prostate
- Spectroscopy __Brain
- Dynamic Pelvic Floor
- Enterography
- Elastography
- Defecography
- Other: _____

MR Angiography

- Contrast No Contrast
- 3D Rendering
- Brain
- Neck - Carotids
- Chest
- Abdomen
 - __Aorta __Renal
- Aorta and runoff vessels
- Pelvis
- Extremity: __Left __Right
- Other: _____

MR Arthrography __Left __Right

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

Please bring this form, your insurance card & a form of ID with you on the day of your exam.

CT

- Screening CT
- Lung Cancer Screening
- Diagnostic CT
- Contrast No Contrast
- IV Contrast (Iodine)
- Oral Contrast
- Contrast at Rad's Discretion
- 3D Rendering
- Brain
- Orbits
- IAC Middle Ear
- Maxillofacial - Facial Bones
 - __Bones __Implants
- Sinus (Maxillofacial)
- Neck (soft tissue)
- Spine: __Cervical __Thoracic __Lumbar
- Extremity: __Left __Right
 - Specify body part: _____
- Scanogram
- Chest __High Resolution
- Abdomen Pelvis
- Urogram
- Pelvis
- Virtual Colonography
- Treatment Plan: _____
- Dental Planning
- Spectroscopy __Brain
- Biopsy: _____
- Other: _____

CTA (angiography)

- Head
- Neck
- Extremity: __Upper __Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis
- Calcium Score
- Cardiac __Coronary FFR_{CT} (if needed)
 - __EP Plan

Creatinine: _____

Lab Date: _____

Breast Imaging

- 2D 3D Screening Mammogram
- 2D 3D Diagnostic Mammogram
- Screening Whole Breast Ultrasound
- Diagnostic Breast Ultrasound
 - __L __R __Bilateral
- Breast Ultrasound __L __R __Bilateral
- Stereotactic Breast Biopsy
- Ultrasound Guided Biopsy/Aspiration
- Guided Needle Placement (J-Wire)
 - Date last mammogram: _____
 - Breast Implants: __Yes __No

Ultrasound

- Abdomen: _____
 - Abdomen Limited
 - __Liver __Gallbladder
 - __Right Upper Quadrant
 - Abdomen w/ Doppler if indicated
 - Renal: _____
 - __w/bladder
 - Bladder: _____
 - Aorta/Retroperitoneal
 - Pelvis Transabdominal Only
 - Scrotum: __w/Doppler
 - Thyroid: _____
 - Biopsy / Aspiration / Injection
 - Area: _____
 - __Mass __Implant
 - Pelvis transvaginal
 - Pelvis TA and TV
 - Soft Tissue Abdomen Wall
 - Groin
- ### Vascular Studies
- Arterial Doppler (Duplex)
 - Carotid Doppler (Duplex)
 - Venous Doppler (Duplex)
 - __Acute (DVT) __Chronic (Reflux)
 - Extremity
 - __Upper __Lower __L __R
 - Ankle-Brachial Index (ABT)
 - Other: _____
- ### OB Ultrasound
- OB Ultrasound (TV if indicated)
 - Limited (Viability, Heart Beat, Position, Fluid, Placental
 - Location): _____
 - Follow-up -- specify documented problem
 - Biophysical Profile: _____
 - Echocardiogram

Fluoroscopy

- Arthrography
 - Specify body part: _____
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small bowel
- Barium Enema
- Cystogram
- Other: _____

DEXA

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

PET/CT

- FDG Skull Base to Mid Thigh
- FDG Whole Body (Melanoma)
- FDG Brain (Metabolic)
- Ga 68 NetSpot (Neuroendocrine Tumor)
- 18F-FES Cerianna (ER+Breast Cancer)
- F-18 Axumin (Prostate Cancer-Recurrence)
- F-18 PSMA/PyL (Prostate Cancer-Initial Staging/Recurrence)

Nuclear Medicine

- Bone Scan: _____
 - __Whole Body __Limited __3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)
 - __Exercise __Pharmacologic
 - __Lexi __Adenosine
- MUGA (cardiac blood pool)
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Emptying
- GI Bleed
- Meckels
- Renal __Captopril __Lasix
- Gallium
- White Blood Cell (WBC)
- 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 __L __R
- Extremity:
 - __Left __Right __Bilateral
- Specify Body Part: _____
- EKG

Other

Locations, Maps & General Information

SCHEDULING

P: (805) 357-0067

F: (805) 777-3846

3T = 3T MRI 1.5 = 1.5T MRI 1.2 = Open System S = Stereotactic Biopsy

	MR	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Breast Tomo	DEXA	General Ultrasound	Vascular Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrograms	X-Ray
<input type="checkbox"/> ① Rolling Oaks Radiology Thousand Oaks 415 Rolling Oaks Dr., Suite 125 & Suite 160, Thousand Oaks, CA 91361	3T		●	●					●	●	●	●	●	●
<input type="checkbox"/> ② Rolling Oaks Radiology Thousand Oaks Women's Center 415 Rolling Oaks Dr., Suite 230, Thousand Oaks, CA 91361					●	S	●	●	●					
<input type="checkbox"/> ③ Rolling Oaks Radiology Camarillo 3801 Las Posas Rd., Suite 111, Camarillo, CA 93010					●		●		●	●				
<input type="checkbox"/> ④ Rolling Oaks Radiology Oxnard 1901 N. Rice Ave., Suite 145, Oxnard, CA 93030	3T		●	●						●	●	●	●	●
<input type="checkbox"/> ⑤ Rolling Oaks Radiology Oxnard Women's Center 1901 N. Rice Ave., Suite 155, Oxnard, CA 93030					●	S	●	●	●					
<input type="checkbox"/> ⑥ Rolling Oaks Radiology Ventura 4516 Market Street, Ventura, CA 93003		1.5	●		●		●	●	●	●		●	●	●
<input type="checkbox"/> ⑦ Rolling Oaks Radiology - St. John's 1700 N Rose Ave., Suite 110, Oxnard, CA 93030		1.5	●		●		●	●	●	●				●
<input type="checkbox"/> ⑧ MDI Thousand Oaks 300 Lombard Street, Thousand Oaks, CA 91361		1.5	1.2						●	●		●	●	●
<input type="checkbox"/> ⑨ Simi Valley Medical Imaging 1687 Erringer Rd., Suite 210, Simi Valley, CA 93605		1.5	●						●	●				
<input type="checkbox"/> ⑩ Rolling Oaks Radiology Simi Valley 2950 Sycamore Dr., Suite 102, Simi Valley, CA 93065									●	●				●

General Information

- 1 It is required that we have a doctor's order to perform your exam.
- 2 Please bring a valid id card with you along with your insurance card.
- 3 Some exams require authorization.
- 4 Please plan on completing registration forms prior to your exam.
- 5 If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
- 6 To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
- 7 Study times may vary.

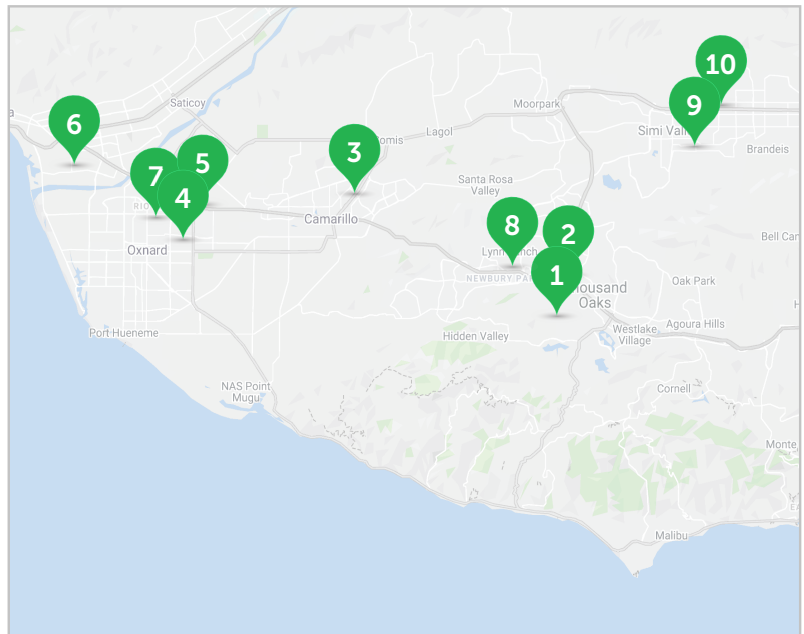
Now Offering Remote Check-in

- 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 exam preparation instructions and more visit RollingOaksRadiology.com



X-Ray: For availability and to schedule, please visit xrayhours.com

CONNECT
PATIENT PORTAL

Take advantage of our patient portal to schedule your exam, then view your report after your appointment.

CONNECT.RadNet.com/RORP

