RadNet San Gabriel Valley
RadNet Imaging Centers

IMAGING REQUEST FORM

East San Fernando & San Gabriel Valleys
Scheduling: (626) 445-4850 | **Fax:** (626) 821-3460

CONNECT PATIENT PORTAL
To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
Connect.RadNet.com/ SGVPP

APPOINTMENT INFO:

Date: _____ Time: _____ **TODAY'S DATE:** _____

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

_____

Insurance Information: _____ Patient's Phone: _____

Referring Physician (Print): _____ Physician Signature: _____

Phone: _____ Fax: _____

☐ Patient to bring images to Doctor ☐ Report Only ☐ CD

☐ Call in STAT results ☐ CC Report to: _____

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
☐ 3D Reconstruction if indicated
☐ Contrast at Rad's Discretion
☐ With & Without Contrast
☐ With Contrast
☐ Without Contrast
☐ Oral Contrast
☐ Diabetic
Creatinine:_____
Lab Date:_____
- Lab date needs to be within 90 Days of exam
- Fax lab report

☐ Brain ☐ Orbits ☐ IAC Middle Ear
☐ Maxillofacial (Facial Bones)
☐ Sinus (Maxillofacial)
☐ Neck (Soft Tissue)
☐ Spine:
__Cervical__Thoracic__Lumbar
☐ Extremity:__Left__Right
Specify Body Part:_____
☐ Calcium Scoring (Coronary Artery)
☐ Chest
☐ Abdomen
☐ Abdomen and Pelvis
☐ Urogram (Abdomen/Pelvis):
__Contrast if needed
☐ Pelvis
☐ Other:_____

CTA (Angiography)
☐ Brain ☐ Chest ☐ Abdomen
☐ Neck ☐ Aorta ☐ Pelvis

PET/CT

☐ Amyloid Brain
☐ 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)

ULTRASOUND

☐ Abdomen
☐ Abdomen Limited:
__Liver __Gallbladder
__Right Upper Quadrant
☐ Aorta/Retroperitoneal
☐ Renal:
__w/Bladder
☐ Bladder
☐ Hysterosonogram*
☐ Pelvic (Transabdominal and Transvaginal)
☐ Pelvic Complete (Transabdominal Only)
☐ Pelvic (Transvaginal Only)
☐ Scrotum ___w/Doppler
☐ Thyroid
☐ Other: _____

Ultrasound Guided Biopsy
☐ Thyroid FNA
__Left __Right __Bilateral
Specify Values: _____
_____
_____

Vascular Studies
☐ Arterial Doppler (Duplex)
__Upper__Lower __L __R __Bil
☐ Carotid Doppler (Duplex)
☐ Renal Doppler (Duplex)
☐ Insufficiency/Varicose Vein Study (Duplex)
Lower Extremity: __L __R __Bil
☐ Venous Doppler (Duplex/DVT)
__Upper__Lower __L __R __Bil
☐ Venous Mapping Extremities
__Upper__Lower __L __R __Bil
☐ Other: _____

OB Ultrasound
☐ OB Ultrasound (TV if indicated)
☐ OB Ultrasound - less than 14 weeks
☐ OB Ultrasound - more than 14 weeks
☐ Follow-up -- specify documented
Problem: _____

FLUOROSCOPY

☐ Hysterosalpingography (HSG)*
☐ Other: _____

DEXA

☐ DEXA (Bone Density Scan)

X-RAY

For availability and to schedule, visit XRayHours.com

☐ 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: _____
Specify Values: _____
_____
_____

BREAST IMAGING

☐ 3D Screening Mammogram
☐ 3D Diagnostic Mammogram
(Breast Ultrasound if indicated):
__Left __Right __Bilateral
☐ Screening Mammogram
☐ Diagnostic Mammogram
(Breast Ultrasound if indicated):
__Left __Right __Bilateral
☐ Breast Ultrasound:
__Left __Right __Bilateral
☐ Stereotactic Breast Biopsy
☐ Ultrasound Breast Biopsy

Date of Last Mammogram: _____
Breast Implants: __Yes __No
***Date of LMP:** _____

OTHER EXAMS

_____
_____
_____
_____

Please Bring ID, this form and your insurance card with you on the day of your exam. SGVImaging.com

Locations & Services

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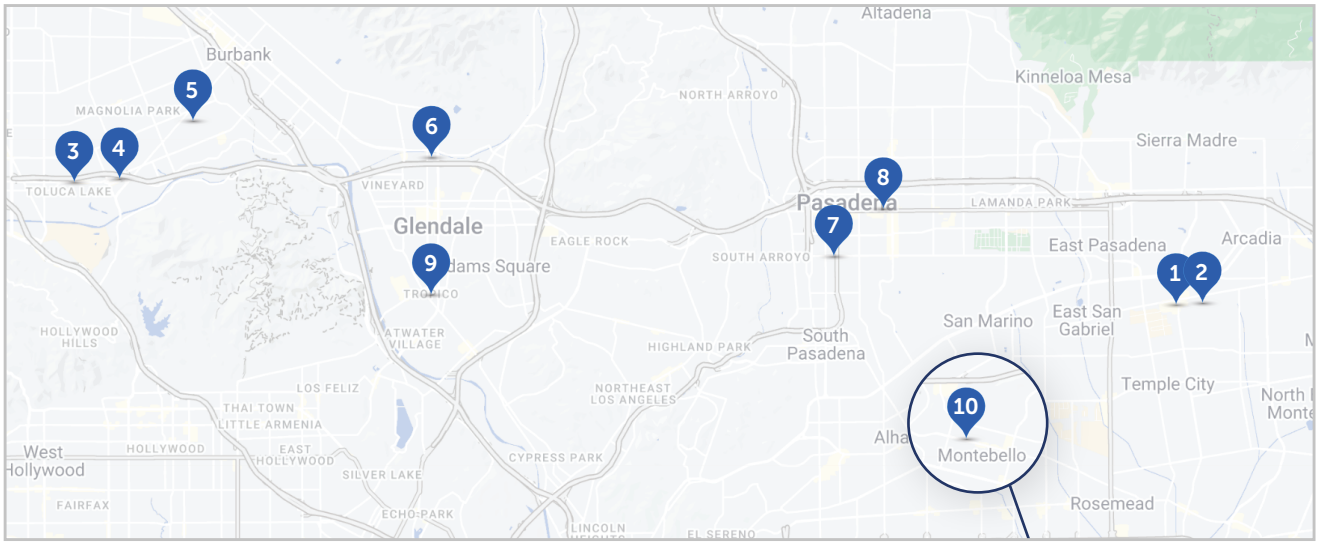
3T = 3T MRI 1.5 = 1.5T MRI

			MRI	Open MRI	MRA	CT	PET/CT	Screening Mammo	Diagnostic Mammo	3D Mammo (Tomo)	DEXA	Ultrasound	Vascular Ultrasound	Fluoroscopy	Arthrogram	X-Ray	Ultrasound Guided Breast Biopsy	Stereotactic Breast Biopsy
☐	1 **Arcadia Radiology Imaging** 612 W. Duarte Rd., Suite 101, Arcadia, CA 91007	Phone: (626) 447-0035	1.5		●	●		✂		✂	●	●	●			●	●	●
☐	2 **Arcadia Radiology Women's Imaging** 622 W. Duarte Rd., Suite 104, Arcadia, CA 91007	Phone: (626) 447-0035						✂	✂	✂		●						
☐	3 **Burbank Advanced Imaging Center** 10101 Riverside Dr., Toluca Lake, CA 91602	Phone: (818) 762-2626	1.5	●	●	●						●	●	●	●			
☐	4 **The Burbank Breast Care Center** 2601 W. Alameda Ave., Suite 101, Burbank, CA 91505	Phone: (818) 843-7462						✂	✂	✂	●	●					●	●
	Burbank Imaging X-Ray 3808 W. Riverside Dr., Suite 120, Burbank, CA 91505	Phone: (818) 842-5742	[PERMANENTLY CLOSED]															
☐	5 **Imaging Specialists of Burbank** 1821 W. Olive Ave., Burbank, CA 91506	Phone: (818) 841-8880	3T		●							●	●			●		
☐	6 **Imaging Specialists of Glendale** 700 N. Central Ave., Suite 100, Glendale, CA 91203	Phone: (818) 480-7234	1.5		●	●						●	●	●	●	●		
☐	7 **Imaging Specialists of Pasadena** 630 S. Raymond Ave., Suite 210, Pasadena, CA 91105	Phone: (626) 356-0700	3T	●	●	●	●					●	●					
☐	8 **Madison Radiology Advanced Imaging** 65 N. Madison Ave., Lower Level, Pasadena, CA 91101	Phone: (626) 793-8189	1.5		●	●		✂	✂	✂	●	●		●		●		
☐	9 **Marcia Ray Breastlink Women's Imaging Center** 222 W. Eulalia St., Glendale, CA 91204	Phone: (818) 502-2323						✂	✂	✂	●	●					●	●
☐	10 **Montebello Advanced Imaging** 1918 W. Beverly Blvd., Montebello, CA 90640	Phone: (323) 838-6800		●														



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

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