



Tax ID#: 954651287

IMAGING REQUEST FORM

- Liberty Pacific Advanced Imaging Long Beach | Fax: (562) 733-5880
- Los Coyotes Imaging & Women's Center | Fax: (562) 627-0923
- Los Coyotes Imaging- Spring (X-Ray ONLY) | Fax: (562) 421-8049
- Redondo Imaging Center | Fax: (562) 988-7341

- La Mirada Imaging | Fax: (562) 947-3916
- Downey Advanced Imaging | Fax: (562) 861-6666
- Lakewood Open MRI | Fax: (562) 602-0727
- Montebello Open MRI | Fax: (323) 838-6807

* Additional information located on back of form

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

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Special Instructions: _____

Insurance Information: _____ Patient's Phone: _____

Referring Physician: _____ Physician Signature: _____

Phone: _____ Fax: _____

Results Options:
 Call in STAT results
 STAT WET READ

- Patient to hand carry: CD
- Send Referring Physician: CD

Labs needed for Contrast Studies if any of following are marked:
 Diabetes Renal Disease Hypertension

Creatinine / GFR _____ / _____

Lab date (within 1 month): _____

MR**CT****Ultrasound****Nuclear Medicine**

- MRI**
- With & Without Contrast
 - Without Contrast
 - Contrast as Indicated
 - 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 Pelvis ____Soft Tissue
 - Other: _____

- Diagnostic CT**
- With & Without Contrast
 - Without Contrast
 - Contrast as Indicated
 - Brain
 - Orbits
 - IAC Middle Ear
 - Maxillofacial - Facial Bones
 - 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)
 - Pelvis
 - Other: _____

- Ultrasound**
- Abdomen _____
 - Abdomen Limited _____
 - Renal w/ Bladder
 - Bladder _____
 - Aorta/Retroperitoneal _____
 - TV and Transabdominal
 - Transabdominal only
 - Transvaginal only
 - Scrotum w/Doppler
 - Other _____
- Vascular Studies**
- Arterial Doppler (Duplex) _____
 - Carotid Doppler (Duplex) _____
 - Venous Doppler (Duplex) _____
 - Extremity
____Upper ____Lower ____L ____R ____Bil
 - Other _____

- Nuclear Medicine**
- Bone:
 - ____Whole Body ____Limited
 - ____3-phase
 - Bone SPECT
 - Thyroid Scan
 - Thyroid Uptake and Scan
 - Parathyroid
 - Myocardial Perfusion (heart)
 - ____Exercise ____Pharmacologic
 - MUGA (cardiac blood pool)
 - Lung VQ
 - Liver/Spleen
 - Gallbladder (HIDA) with CCK
 - Gallbladder without CCK
 - GI Emptying
 - GI Bleed
 - Meckels
 - Renal ____Captopril ____Lasix
 - Gallium
 - White Blood Cell (WBC)
 - Other _____

- MR Angiography (incls veins)**
- With & Without Contrast
 - Without Contrast
 - Contrast as Indicated
 - Brain
 - Neck - Carotids
 - Chest
 - Abdomen
 - Aorta ____Renal
 - Pelvis
 - Extremity: ____Left ____Right
 - Other: _____

- CTA (angiography)**
- Head
 - Neck
 - Extremity: ____Upper ____Lower
 - Chest
 - Aorta and runoff vessels
 - Abdomen
 - Pelvis
 - Creatinine: _____
 - Lab Date: _____

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

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 ____Left ____Right
- Extremity:
 - ____Left ____Right ____Bilateral
- Specify Body Part _____
- Other: _____

Fluoroscopy

- Arthrography
Specify body part _____
- VCUG
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Other: _____

DEXA

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

- MR Arthrography** ____Left ____Right
- Shoulder
 - Knee
 - Other: _____

- Breast MR**
- Contrast tumor study
 - Implant evaluation
 - Date last mammogram: _____
 - Breast implants: ____Yes ____No

Breast Imaging

- Screening Mammogram
- Diagnostic Mammogram
Breast Ultrasound (if indicated)
____Unilateral ____Bilateral
- Breast Ultrasound
____Left ____Right ____Bilateral
- Date last mammogram: _____

Thank you for choosing a RadNet Center.

www.RadNet.com

REV04072017VER1

1 LIBERTY PACIFIC ADVANCED IMAGING

- Long Beach

2708 E. Willow St.
Signal Hill, CA 90755

P: (562) 216-5120

F: (562) 733-5880

MRI, CT, X-Ray*, Ultrasound

2 LOS COYOTES IMAGING & WOMEN'S CENTER

3200 Los Coyotes Diagonal,
Suites 112, 120 & 260

Long Beach, CA 90808

P: (562) 627-0903 | F: (562) 627-0923

Suite 112 - Ultrasound, Fluoroscopy, X-Ray

Suite 120 - MRI, CT, Nuclear Medicine

Suite 260 - Mammography, Ultrasound, DEXA

3 DOWNEY ADVANCED IMAGING

11525 Brookshire Ave

Unit 111

Downey, CA 90241

P: (562) 904-1111

F: (562) 861-6666

MRI, CT, X-Ray*, Ultrasound

4 REDONDO IMAGING CENTER

2600 Redondo Ave.

Long Beach, CA 90806

P: (562) 988-7357

F: (562) 988-7341

X-Ray*, Ultrasound

Ultrasound Hours: 8am - 5pm

5 LA MIRADA IMAGING

15651 Imperial Highway,

Suite 103

La Mirada, CA 90638

P: (562) 947-3870

F: (562) 947-3916

Screening Mammography,
Ultrasound, X-Ray*

6 LOS COYOTES IMAGING - Spring

6226 E. Spring St. Suite 270

Long Beach, CA 90815

P: (562) 421-5640

F: (562) 421-8049

X-Ray*

7 LAKEWOOD OPEN MRI

3715 South St.

Long Beach, CA 90805

P: (562) 602-0700

F: (562) 602-0727

Open MRI, Screening Mammography

8 MONTEBELLO ADVANCED IMAGING

1918 West Beverly Blvd.

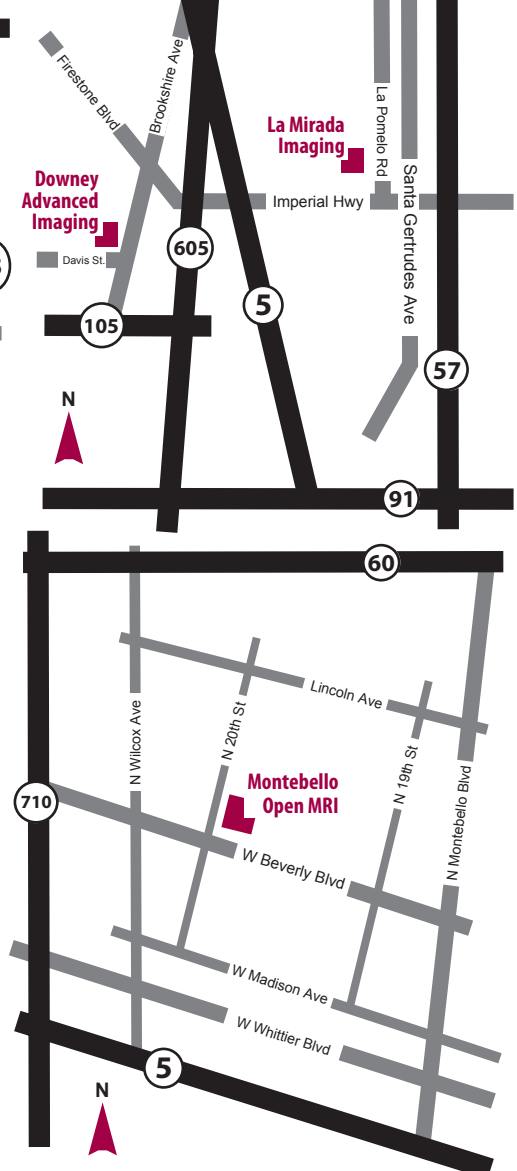
Montebello, CA 90640

P: (323) 838-6800

F: (323) 838-6807

Open MRI

*(No Appointments for X-Ray)



Please call us if you have any questions regarding your procedure or preparation prior to appointment. Please bring this form/authorization and your insurance card with you on the day of your exam. Please contact your physician for the results of your examination. Study times vary in length.

For your convenience an on line scheduling request can be made at www.loscoyotesimaging.com



A premier network of centers providing diagnostic radiology and imaging services.™