



TEMECULA VALLEY | SAN JACINTO
Imaging Request Form
Scheduling - P (951) 587-8956 | F (951) 587-8290

To schedule your Mammogram, Ultrasound, CT, MRI or DEXA exam, you may also visit us at:

TemeculaImaging.com



You will receive an automated phone call confirming your scheduled appointment.

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

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____ Alternate Phone: _____

Referring Physician: _____ Physician Phone: _____ Physician Signature: _____

CT Contrast Studies only

Labs needed for the following: patients 80yr of age & older: History of hypertension for pt 60 yrs of age & older and/or taking medication for Hypertension: ___ Diabetes ___ Renal Disease

If Labs have been completed within the last 90 days please provide values and fax lab results including: Creatinine / GFR _____ / _____

Call in STAT results STAT/Wet Read Previous Films (Y) (N) location: _____

Additional Report to: _____ Send CD with Patient Other: _____

MR

- MRI**
- With & Without Contrast
 - Without Contrast
 - 3D Rendering as indicated
 - Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
 - 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
 - Chest
 - Abdomen
___Adrenals ___MRCP
 - Pelvis ___Bony Pelvis
 - Enterography
 - Prostate
 - Other: _____

- MR Angiography**
- With & Without Contrast
 - Without Contrast
 - Contrast, as Indicated
 - 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: _____

CT

- Diagnostic CT**
- With & Without Contrast
 - With Contrast
 - Without Contrast
 - 3D Rendering as indicated
 - Low Dose CT (LDCT)
 - 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 _____
 - Chest
 - Abdomen
 - Pelvis
 - Abdomen and Pelvis
 - Urogram (abdomen/pelvis)
 - Treatment Plan: _____
 - Dental Planning
 - Enterography
 - Mylogram
 - Calcium Score
 - Other: _____

- CTA (angiography)**
- Head
 - Neck
 - Extremity: ___Upper ___Lower
 - Chest
 - Aorta and runoff vessels
 - Abdomen
 - Pelvis

Creatinine: _____

Bun: _____

Lab Date: _____

DEXA

- Bone Density
Reason for bone density: _____

Date of last exam: _____

Ultrasound

- Abdomen Complete: _____
- Abdomen Limited
___Liver ___Gallbladder
___Right Upper Quadrant
- Abdomen w/Doppler if indicated
- Renal: _____
___w/bladder
- Bladder: _____
- Aorta/Retroperitoneal
- Pelvic Ultrasound (Transabdominal and Transvaginal)
- Pelvic Ultrasound (Transabdominal only)
- Pelvic Ultrasound (Transvaginal only)
- Scrotum
- Thyroid
- Hysterosonogram
- US Guided Thyroid BX
- Thyroid FNA
- Other: _____

- Vascular Studies**
- Arterial (Duplex)
 - w/ABI
 - ___Lower ___R ___L ___BIL
 - ___Upper ___R ___L ___BIL
 - Carotid (Duplex) _____
 - Venous (Duplex) _____
___Lower ___R ___L ___BIL
___Upper ___R ___L ___BIL
 - Venous Insufficiency/Varicose Veins
___Lower ___R ___L ___BIL
___Upper ___R ___L ___BIL
 - Other: _____

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

Fluoroscopy

- Arthrography
Specify body part: _____
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Colostomy
___Colostomy and Rectum
___Colostomy only
- Other: _____

PET/CT

- PET/CT, Skull Base to Mid-thigh
- PET/CT, Whole Body (Melanoma)
- PET/CT, Brain (Metabolic)
- Axumin
- Ga 68 NetSpot (Neuroendocrine Tumor)
- Amyloid
- NAF bone
- 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
- Liver/Spleen Static
- Gallbladder (HIDA) with EF
- Gallbladder without EF
- GI Emptying
- Renal ___Captopril ___Lasix
- Gallium
- White Blood Cell (WBC)
- Liver Spleen Vascular Flow
- 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 ___Left ___Right
- Extremity:
 - ___Left ___Right ___Bilateral
- Specify Body Part _____
- Other: _____

Breast Imaging

*Mammography referral sheet available

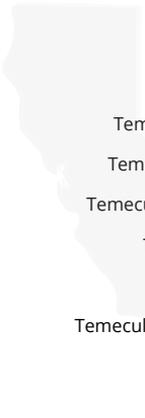
TEMECULA VALLEY

Scheduling Phone (951)-587-8956 | Scheduling Hours Monday - Friday / 8am - 5:30pm | Scheduling Fax (951)-587-8290

Modalities & Location List

Locations	MRI	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Tomo	DEXA	General Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrogram	X-Ray
<input type="checkbox"/> Breastlink Women's Imaging Temecula Valley					•	• ■	•	•	• ● ▲				
<input type="checkbox"/> San Jacinto Imaging		•	•		•	•	•	•	•				•
<input type="checkbox"/> Temecula Valley Advanced Imaging - California Oaks	1.5		•						•				•
<input type="checkbox"/> Temecula Valley Advanced Imaging - Golden Triangle	1.5		•										
<input type="checkbox"/> Temecula Valley Advanced Imaging - Haun Road (TVH)	1.5								●				
<input type="checkbox"/> Temecula Valley Advanced Imaging - Highway 79	1.5		•						•				•
<input type="checkbox"/> Temecula Valley Advanced Imaging - Murrieta	3.0 & 1.5T		•	•					■	•	•	•	
<input type="checkbox"/> Temecula Valley Advanced Imaging - Temecula Parkway		High-Field	•	•	•	•	•	•	• ▲				•
<input type="checkbox"/> Temecula Valley Imaging - Menifee					•		•						•
<input type="checkbox"/> Temecula Valley Imaging - Murrieta									•				•

● Ultrasound Guided Breast Biopsies ■ Stereotactic Breast Biopsy ▲ Breast Ultrasound ● Vascular Ultrasound



Breastlink Women's Imaging Temecula Valley	25455 Medical Center Dr., Ste 210, Murrieta, CA 92562 (951) 600-2839 Virtual Waiting Room (951) 383-6381
San Jacinto Imaging	1695 S. San Jacinto Ave., Ste. B, San Jacinto, CA 92583 (951) 665-1555 Virtual Waiting Room (951) 783-4138
Temecula Valley Advanced Imaging - California Oaks	40700 California Oaks Rd., Suite 103, Murrieta, CA 92562 (951) 894-4418
Temecula Valley Advanced Imaging - Golden Triangle	25150 Hancock Ave., Murrieta, CA 92562 (951) 412-0228
Temecula Valley Advanced Imaging - Haun Road (TVH)	29798 Haun Road, Suite 103, Sun City, CA 92586 (951) 244-6700
Temecula Valley Advanced Imaging - Highway 79	31565 Rancho Pueblo Rd., Suite 101, Temecula, CA 92592 (951) 302-2225
Temecula Valley Advanced Imaging - Murrieta	25455 Medical Center Dr., Ste. 100, Murrieta, CA 92562 (951) 696-4230 Virtual Waiting Room (951) 467-4585
Temecula Valley Advanced Imaging - Temecula Parkway	31775 De Portola Rd., Ste. 100, Temecula, CA 92592 (951) 238-6070 Virtual Waiting Room (951) 420-7804
Temecula Valley Imaging - Menifee	27168 Newport Rd., Ste. B, Menifee, CA 92584 (951) 566-5813 Virtual Waiting Room (951) 783-4707
Temecula Valley Imaging - Murrieta	25395 Hancock Ave., Ste. 110, Murrieta, CA 92562 (951) 699-7161 Virtual Waiting Room (951) 524-7245

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.

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. You may also visit us at temeculaimaging.com for preparation instructions.

- MRI Scan:** Please inform us of any metal in your body at time of scheduling. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled.
- CT SCAN (Abdomen or Pelvis):** Please inform us of any allergies to contrast or x-ray dye (Stones, no oral contrast).
- 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 48-hour preparation. : Regarding children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation. Diabetic patients: Please follow the 24 hour prep.
- IVP:** Obtain Prep kit and instructions directly from center: 951-696-4230.
- DEXA (Bone Density Exam):** Do not take any calcium supplements for 48 hours prior to your exam.

- Ultrasound (Abdomen Gallbladder Aorta):** No food or drink 8 hours prior to exam.
- Ultrasound (Pelvic):** 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 (Renal/Bladder):** Adults: 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):** Less than 14 weeks, drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

Greater than 14 weeks, drink 16 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

After the Exam: Your exam will be read by a board-certified, licensed radiologist 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.



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.

