

Please bring this form, your insurance card and a form of I.D. card with you on the day of your exam.

Centralized Scheduling - P: (760) 951-2867 / F: (760) 951-7473
 PET/CT / Nuclear Medicine - P: (760) 955-6133 / F: (760) 242-1283

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

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____

Referring Physician: _____ Physician Signature: _____
 (PRINT or STAMP)

Phone: _____ Fax: _____ Patient to bring images to Doctor

MR

Contrast as indicated
 3D Rendering as indicated

MRI ___ High field ___ OpenScan

- 3-D Rendering
- With & Without Contrast
- With Contrast
- Without Contrast
- Breast MRI
- 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
- Pelvis ___ Bony Pelvis ___ Soft Tissue
- Other: _____

MR Angiography (Incls Veins)

- With & Without Contrast
- With Contrast
- Without Contrast
- Brain
- Neck ___ Carotids
- Chest
- Abdomen
- Other: _____

MR Arthrography ___ Left ___ Right

- Shoulder
- Knee
- Wrist
- Hip
- Elbow

CT

Contrast as indicated
 3D Rendering as indicated

Diagnostic CT

- With & Without Contrast
- With Contrast
- Without Contrast
- 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
- Biopsy/Aspiration/Injection
- Other: _____

CTA (Angiography)

- Head
- Neck
- Extremity: ___ Upper ___ Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis

Creatinine: _____

Lab Date: _____

Breast Imaging

- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound (If indicated)
 - ___ Unilateral ___ Bilateral
- Breast Ultrasound ___ L ___ R ___ Bil
- Stereotactic
- Date last mammogram: _____
- Breast implants: ___ Yes ___ No

Ultrasound

- Abdomen _____
- Hernia
- ___ Inguinal Abdomen/Pelvic Wall
- Abdomen Limited
 - ___ Liver
 - ___ Gallbladder
 - ___ Right Upper Quadrant
- Renal ___ w/Bladder
- Bladder _____
- Aorta/Retroperitoneal _____
- Pelvis (TV if indicated)
- Pelvis Transabdominal Only
- Scrotum
- Prostate/Transrectal
- Thyroid
- Other _____
- Breast Biopsy
- Breast Aspiration
- Vascular Studies**
 - Arterial Doppler (Duplex)
 - Carotid Doppler (Duplex)
 - Renal Doppler (Duplex)
 - Venous Doppler (Duplex)
 - Extremity
 - ___ Upper ___ Lower ___ L ___ R ___ 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
- VCUG
- Esophagram
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Other: _____

Dexa

- Dexa (Bone Density)

X-Ray

- Head: ___ Skull ___ Orbits ___ Sinuses
- Spine: ___ Cervical ___ Thoracic ___ Lumbar
- Chest: ___ PA ___ PA/LAT
- Ribs ___ L ___ R
- ___ Unilateral ___ Bilateral ___ w/PA Chest
- Abdomen: ___ KUB ___ Two Views
- Pelvis
- Shoulder ___ L ___ R ___ Bilateral
- Humerus ___ L ___ R ___ Bilateral
- Elbow ___ L ___ R ___ Bilateral
- Forearm ___ L ___ R ___ Bilateral
- Wrist ___ L ___ R ___ Bilateral
- Hand ___ L ___ R ___ Bilateral
- Finger ___ L ___ R
 - Specify which finger: _____
- Hips
 - ___ w/AP pelvis, bilateral
 - ___ Unilateral ___ L ___ R
- Femur ___ L ___ R ___ Bilateral
- Knee ___ L ___ R ___ Bilateral
- Tibia Fibula ___ L ___ R ___ Bilateral
- Ankle ___ L ___ R ___ Bilateral
- Calcaneus (Heel) ___ L ___ R ___ Bilateral
- Foot ___ L ___ R ___ Bilateral
- Toe ___ L ___ R
 - Specify which toe: _____
- Other: _____
- Scoliosis Series

Nuclear Medicine

- Bone Scan _____
 - ___ Whole Body ___ Limited ___ 3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- MUGA (cardiac blood pool)
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Emptying
- Meckels
- Renal ___ Captopril ___ Lasix
- Other _____