

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: _____ Call in STAT results: _____ Release CD with Patient

MRI

- Contrast if clinically indicated
- No Contrast
*if unselected, contrast performed if clinically indicated
- 3D Recon if Indicated
- Head
- Pituitary
- IAC
- Maxillofacial
- Neck - Soft Tissue
- Spine:
 __Cervical __Thoracic __Lumbar
- Abdomen: __Liver __Pancreas
 __MRCP w/3D __Renal __Adrenal
- Abdomen & Pelvis:
- Pelvis Soft Tissue:
 __Cystogram __Female
- Knee
- Shoulder
- MRA Head
- MRA Neck
- MRCP
- Other: _____

CT

- Contrast if clinically indicated
- No Contrast
*if unselected, contrast performed if clinically indicated
- 3D Recon if Indicated
- Head
- Temporal Bones/Mastoids
- Sinus
- Neck (soft tissue)
- Spine:
 __Cervical __Thoracic __Lumbar
- Chest
- Abdomen: __Liver
 __Pancreas __Renal/Adrenal
- Abdomen & Pelvis (Abd Pain)
- Pelvis: __Cystogram
- CTA Head
- CTA Neck
- CTA Abdomen
- CTA Runoff
- Lung Cancer Screening
(for Medicare patient please use Medicare referral form)
- Other: _____

ULTRASOUND

- Abdomen Complete
- Abdomen Limited
- Aorta
- Kidneys/Bladder
- Carotid
- Neck
- Aorta/Retroperitoneal
 __w Duplex if indicated
- Thyroid
 __w Duplex if indicated
- Thyroid Biopsy
 __w Duplex if indicated
- Scrotum
 __w Duplex
- DVT - Lower
 __Left __Right
- Arterial Duplex
 __Left __Right __Bilat
- Venous Reflux Duplex
 __Left __Right __Bilat
- Pelvis (TA&TV)
- Pelvis with
 transvaginal if indicated (TA&TV)
- OB Ultrasound
(TV if indicated)
- Limited
(Viability, Heart Beat, Position, Fluid, Placental Location)
- Biophysical Profile
- Other: _____

FLUOROSCOPY

- Lumbar Puncture
- CT Arthrogram
- MR Arthrogram
- Joint: _____
- C T L
- Joint: _____
- Other: _____

X-RAY

UPPER EXTREMITY

- Clavicle: __Left __Right
- Scapula: __Left __Right
- Shoulder: __Left __Right
- Humerus: __Left __Right
- Elbow: __Left __Right
- Forearm: __Left __Right
- Wrist: __Left __Right
- Pelvis: __Left __Right
- Hand: __Left __Right
- Specify body part _____
- Other: _____

LOWER EXTREMITY

- Hip & Pelv: __Left __Right
- Hip: __Left __Right
- Femur: __Left __Right
- Knee: __Left __Right
- Lower Leg
 -Tib Fib: __Left __Right
- Ankle: __Left __Right
- Foot: __Left __Right
- Heel: __Left __Right
- Specify body part _____
- Other: _____

HEAD

- Skull
- Sinuses
- Orbits
- Nasal Bones
- Facial Bones
- Mandible
- Other _____

SPINE & PELV

- C Spine
- T Spine
- L Spine
- Pelvis
- Sacrum Coccyx
- Scoliosis
- Other _____

ABDOMEN

- Abd 1VW/KUB
- ABD 2 VW
- Acute ABD
- Decubitis
- X-Table
- Other _____

THORAX

- Chest 2V
- Chest PA
- Acute ABD
- Rib: __Left __Right
- Ribs - Bilat
- Sternum
- Other _____

XRayHours.com

Walk in or schedule an appointment by scanning here. ▶



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NEW BREAST IMAGING LOCATION
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250 S 12TH Ave.
Hanford, CA 93230

- Digital Screening
- Implants Mammogram:

Please bring this Imaging Request Form, I.D., and your insurance card with you on the day of your exam.

LOCATIONS & PREPARATION INSTRUCTIONS



	MRI	Open MRI	CT	PET CT	Screening Mammo	Diagnostic Mammo	TOMO	DXA	US	Nuc Med	Fluoro	IR	Arthro	XRay
Fresno Imaging Center 6191 N Thesta St., Fresno, CA 93710	1.5T		•	•					•	•	•		•	•
Sierra Medical Imaging 231 W. Fir Ave., Clovis, CA 93611	3T	1.2T	•						•		•		•	•
WISH Fresno Breast Center 6107 N. Fresno St. #101 Fresno, CA 93710					•	•	•	•	• BREAST ONLY					
Hanford Advanced Imaging 457 Greenfield Ave., Suite 150 Hanford, CA 93230	•		•				•		•		•			•
MammogramNow at Walmart 250 S 12TH Ave. Hanford, CA 93230					•									

GENERAL PATIENT INFORMATION

- Arrive at the specified time to allow for registration and exam preparation.
- Notify us upon arrival of any special needs or allergies
- You may take and prescribed medication as usual unless specified at the time of scheduling.
- Bring your ID, insurance card and any authorization of workers comp information.
- Co-pay, co-insurance and/or deductibles will be collected at time of service.
- Wear comfortable clothing.
- Leave valuables at home. Hanford Imaging is not responsible for lost or stolen articles.

MRI

- Please allow 1-2 hours for MRI examinations
- Alert the technologist **if you have ever** worked with or around metal cutting or grinding, or have any known metal (pacemaker, aneurysm clip, bullet, insulin pump) in your body, please alert your technologist.
- Remove any jewelry, piercings or valuable items before arriving to your appointment (wedding ring is ok).

CT

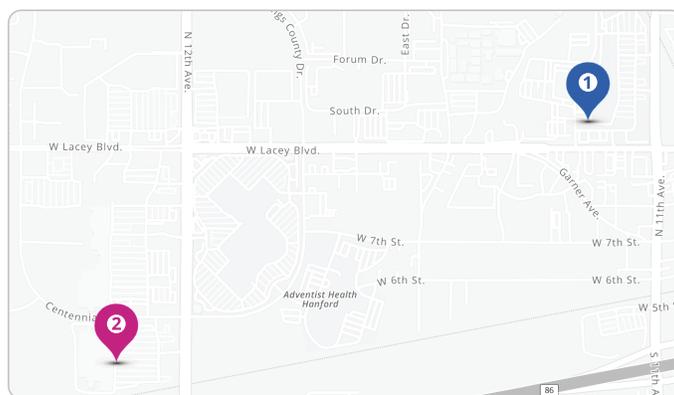
- If you are scheduled for any type of CT Abdomen, CT Pelvic or CT Abdomen/Pelvic with or without contrast, do not eat four (4) hours prior to your arrival time. Please drink plenty of water.
- If you are scheduled for a myelogram, do not eat or drink six (6) hours prior to your arrival time.

ULTRASOUND

Pelvic/OB/Bladder: You must fill your bladder by drinking 32oz. of water, 60 minutes prior to your exam. **DO NOT** empty your bladder.

Abdominal: Do not eat or drink six (6) hours prior to your exam.

AFTER THE EXAM Your exam will be read by a board-certified, licensed physician 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.



1 Hanford Advanced Imaging

457 Greenfield Ave., Suite 150
Hanford, CA 93230
Phone: (559) 584-0210 | Fax: (559) 584-0290

2 MammogramNow

250 S 12TH Ave.
Hanford, CA 93230
Phone: (559) 295-2450 | Fax: (559) 367-0363

PLEASE BRING THE FOLLOWING ITEMS WITH YOU TO YOUR APPOINTMENT:

- ✓ This Imaging Request Form
- ✓ All prior related X-Rays / Scans
- ✓ Health Insurance Card & Picture I.D.
- ✓ Pre-Authorizations you may have received

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.

If you have asthma, please bring your inhaler to the appointment.

Please inform us if you may be pregnant.

CONNECT
PATIENT PORTAL

CONNECT.RADNET.COM/HANPP

