



Patient's Name: _____ Date of Birth: _____ Patient's Phone: _____

Reason for Exam/ ICD10 Code: _____

Surgical/Navigational Protocol: _____

Referring Provider (Print): _____ Provider Signature: _____ Today's Date: _____

Phone: _____ Fax: _____ CC Report To: _____

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

Insurance Plan: _____ Member ID#: _____

IMAGING SERVICES

☐ 3D Screening Digital Mammogram

(Breast Ultrasound if indicated)

- ☐ EBCD Recommended
- ☐ Asymptomatic
- ☐ Personal History of Breast Cancer
- ☐ Other _____

☐ 3D Diagnostic Mammogram

(Breast Ultrasound if indicated)

- ☐ Left ☐ Right ☐ Bilateral
- ☐ Breast Ultrasound
 - ☐ Left ☐ Right ☐ Bilateral
- ☐ Contrast Enhanced Mammogram (CEM)
- ☐ History of Breast Cancer (within the last 2 years)
- ☐ Lump
- ☐ Focal Point of Pain
- ☐ Nipple Discharge
- ☐ Call Back from Screening
- ☐ Six Month Follow-Up
- ☐ Other _____

☐ Diagnostic Breast Ultrasound

*(Please indicate area of concern if applicable)

- ☐ Left ☐ Right ☐ Bilateral
- ☐ Palpable Lump
- ☐ Focal Point of Pain
- ☐ Mass seen on Mammogram
- ☐ Other _____

☐ Ultrasound

- ☐ Screening Breast Ultrasound
- ☐ Pelvic Ultrasound (Trans-abdominal and Trans-vaginal)
- ☐ Pelvic Ultrasound Complete (Trans-abdominal only)
- ☐ Pelvic Ultrasound (Trans-vaginal only)

☐ Breast MRI

- ☐ Without contrast
(Implant evaluation only)
- ☐ With and without contrast
(For high risk screening and tumor protocol)

☐ DEXA (Bone Density Scan)

- ☐ Osteoporosis

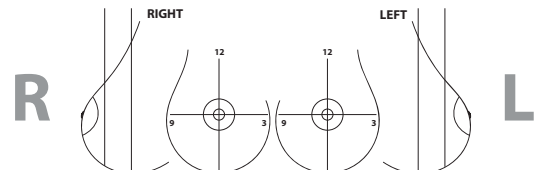
If recommended proceed with: ☐ 3D Diagnostic Mammogram and/or Breast Ultrasound ☐ Breast MRI w/wo Contrast
☐ Breast Biopsy (Ultrasound, Stereotactic, MRI as indicated)

☐ Procedures ☐ Left ☐ Right ☐ Bilateral

- ☐ Cyst Aspiration
- ☐ Ultrasound Guided Core Needle Breast Biopsy
- ☐ Stereotactic Core Needle Breast Biopsy
- ☐ CEM Stereotactic Core Needle Breast Biopsy
- ☐ Other _____

Exam Findings/Special Instructions:

LOCATION OF
CONCERN MUST
BE NOTED ON
DIAGRAM



PLEASE SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATIONS

Locations, Maps & General Information



DESERT ADVANCED IMAGING | RadNet Locations List

			MRI	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Tomo	DEXA	General Ultrasound	Nuclear Medication	Fluoroscopy	Interventional Radiology	Biopsy	X-Ray
☐	①	Desert Advanced Imaging Center Rancho Mirage/Breast Care Center of the Desert- Interventional Radiology	35-800 Bob Hope Drive Suite.150A,150B Rancho Mirage, CA 92270 P: (760) 770-1920	1.5 GE	64 SL											
☐	②	Desert Advanced Imaging Center Palm Springs	2601 Tahquitz Canyon Way Palm Springs, CA 92262 P: (760) 318-2980													
☐	③	Desert Advanced Imaging Center Palm Desert	72115 CA HWY 111 Rancho Mirage, CA 92270 P: (760) 837-1420	1.5 GE	16 SL											
☐	④	Desert Advanced Imaging Center Indio	81880 Doctor Carreon Blvd., Suite. A-102 Indio, CA 92201 P: (760) 863-3857													
☐	⑤	Desert Advanced Imaging Bermuda Dunes	41120 Washington Blvd., 2nd floor Bermuda Dunes, CA 92203 P: (760) 200-4168													
☐	⑥	Desert Advanced Imaging Yucca Valley	57840 29 Plams Hwy Yucca Valley, CA 92284 P: (760) 969-6583													
☐	⑦	Desert Advanced Imaging Center El Cielo	275 N. El Cielo, Suite D418 Palm Springs, CA 92262 P: (760) 318-1934													



COACHELLA VALLEY IMAGING | RadNet Locations List

☐	⑧	Palm Desert	74000 Country Club Dr., Ste E1/E2 Palm Desert CA 92260 P: (760) 674-8800	1.5 GE	16 Slice											
☐	⑨	La Quinta	79440 Corporate Center Dr., Ste 118 La Quinta, CA 92253 P: (760) 777-4646		0.3 T											
☐	⑩	Palm Springs	1080 N. Indian Canyon, Ste 104 Palm Springs CA 92262 P: (760) 322-3036	3T GE HDX	16 Slice											
☐	⑪	Indio	81-800 Dr. Carreon Blvd. Suite C Indio, CA 92201 P: (760) 863-4085		16 Slice											
☐	⑫	Indian Wells	74-785 Highway 111, Suite 101 Indian Wells, CA 92210 P: (760) 776-8989	1.5 PH	128 Slice											

▲ Breast Ultrasound MRI Open 1.2 Hitachi Oasis High Field ■ Ultrasound Guided Breast ◆ Stereotactic Breast

For exam preparation instructions and more visit [RadNetImaging.com](https://www.RadNetImaging.com)

General information

- It is required that we have a doctor's order to perform your exam.
- Please bring a valid I.D. card with you along with your insurance card.
- Some exams require authorization.
- Please plan on completing registration forms prior to your exam.
- If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
- To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
- Study times may vary.
- CT contrast studies only:
 - Labs 90 days - GFR & Creatinine.
 - History for patients 80 years and older.

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.

