



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#: _____

MR

MRI

- ☐ Without Contrast
- ☐ With & Without Contrast
- ☐ 3D Recon
- ☐ Brain
 - ☐ IAC/Trigeminal
 - ☐ Dementia Baseline (pre DMT)
 - ☐ Dementia for ARIA Surveillance (on DMT)
 - ☐ Pituitary
 - ☐ Quantitative Volumetric Imaging (NeuroQuant, LesionQuant, icobrain), Protocol: __Dementia__Seizures__MS__TBI__Peds
- ☐ Orbits
- ☐ TMJ
- ☐ Neck - Soft Tissue
- ☐ Spine:
 - ☐ Cervical Thoracic Lumbar
- ☐ Breast __CAD__Mass __Implant__Guided Breast Biopsy
- ☐ Chest
- ☐ Abdomen __Adrenals__MRCP
- ☐ Pelvis __Bony Soft Tissue
- ☐ Standard Prostate MRI w/ Contrast
- ☐ Pelvis
- ☐ Enhanced Prostate Screening wo Contrast
- ☐ Extremity: Joint __Left__Right Specify body part _____
- ☐ Extremity: Non-joint __Left__Right Specify body part _____
- ☐ Spectroscopy Brain
- ☐ CSF Flow Study
- ☐ Enterography
- ☐ Other: _____

MR Angiography (incl. veins)

- ☐ Without Contrast
- ☐ With Contrast
- ☐ With & Without Contrast
- ☐ Brain/Head
- ☐ Neck - Carotids
- ☐ Chest
- ☐ Abdomen
- ☐ Aorta Renal
- ☐ Aorta and runoff vessels
- ☐ Pelvis
- ☐ Upper Extremity: __Left__Right
- ☐ Lower Extremity: __Left__Right
- ☐ Other: _____

MR Arthrography __Left__Right

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hip
- ☐ Knee
- ☐ Ankle
- ☐ Other

CT

Diagnostic CT

- ☐ Without Contrast
- ☐ With Contrast
- ☐ With & Without Contrast
- ☐ 3D Rendering as indicated
- ☐ Brain
- ☐ Orbits
- ☐ IAC Middle Ear
- ☐ Maxillofacial - Facial Bones
- ☐ Sinus (Maxillofacial)
- ☐ Dental
- ☐ Neck (Soft Tissue)
- ☐ Spine:
 - ☐ Cervical Thoracic Lumbar
- ☐ Extremity __Left__Right Specify body part _____
- ☐ Chest: __Routine__Hi-Resolution__Lung Screening
- ☐ Coronary
- ☐ Calcium Score
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen and Pelvis
- ☐ Urogram (abdomen/pelvis)
- ☐ Cystogram
- ☐ Enterography
- ☐ Triple Phase Specify body part _____
- ☐ Myelogram
- ☐ Spinal Tap
- ☐ Other: _____

CTA (angiography)

- ☐ Head
- ☐ Neck
- ☐ Extremity: __Upper__Lower
- ☐ Chest
- ☐ Cardiac: __EP Plan
- ☐ Aorta and runoff vessels
- ☐ Abdomen
- ☐ Pelvis
- ☐ Endovascular Stent Planning

BUN:

Creatinine: _____

Lab Date: _____

NUCLEAR MEDICINE

- ☐ Bone Scan: __3 Phase__SPECT__Limited__Whole Body
- ☐ Gastric Emptying
- ☐ HIDA: __w/o EF__w/EF
- ☐ Liver Spleen Vascular Flow
- ☐ Liver/Hemangioma w/SPECT
- ☐ Liver/Spleen: __Static__W/SPECT
- ☐ Parathyroid: __Scan__w/SPECT
- ☐ Renal Scan:
 - ☐ w/Captopril w/Lasix
- ☐ Thyroid: __Scan__Whole Body__Uptake and Scan__Whole Body w/Thyrogen

ULTRASOUND

- ☐ Abdomen Complete (All Abdominal Organs)
- ☐ Abdomen Limited:
 - ☐ Right upper quadrant
 - ☐ Left upper quadrant
 - ☐ Abdominal wall
- ☐ Renal
- ☐ Bladder
- ☐ Pelvic: __Transabdominal__Transvaginal
- ☐ Scrotum
- ☐ Thyroid
- ☐ Soft Tissue: _____
- ☐ Renal Bladder
- ☐ Renal Duplex Artery Stenosis
- ☐ Other: _____
- Vascular Studies**
 - ☐ Aorta: __Screening__Aorta Iliac Duplex
 - ☐ Carotid Doppler
 - ☐ ABI (Ankle Brachial Index)
 - ☐ Extremity: __Upper__R__L__BILAT__Lower__R__L__BILAT
 - ☐ Arterial Doppler
 - ☐ Venous: __Doppler__Insufficiency
- OB Ultrasound**
 - ☐ Less than 14 weeks
 - ☐ Greater than 14 weeks (Anatomy Survey)

PET/CT

- ☐ FDG - Skull Base to Mid-Thigh (CPT: 78815, A9552)
- ☐ FDG - Whole Body (Melanoma; CPT: 78816, A9552)
- ☐ F-18 PSMA/PYL (Prostate Cancer - Initial Staging or Biochemical Recurrence; CPT: 78815, A9595)
- ☐ Ga 68 NetSpot (Neuroendocrine Tumor (NET) / Carcinoid Tumor; CPT: 78815, A9587)
- ☐ 18F-FES Cerianna (ER+ Breast Cancer; CPT: 78815, A9591)
- ☐ Amyloid - Brain (Alzheimer's Disease, Memory Loss, Mild Cognitive Impairment; CPT: 78814, Q9983)
- ☐ FDG - Brain (Metabolic; CPT: 78608, A9552)
- ☐ Other: _____

FLUOROSCOPY

- ☐ Barium Enema:
 - ☐ Single Contrast (WO Air)
 - ☐ Double Contrast (W Air)
- ☐ Cystogram
- ☐ Esophagram: __Barium Swallow__Barium Swallow Double Contrast (W Air) __Barium Swallow With Speech Therapist
- ☐ Small Bowel Follow Through (SBFT)
- ☐ Sniff Test
- ☐ Therapeutic Injection - Body Part: _____
- ☐ Upper GI:
 - ☐ Single Contrast (WO Air)
 - ☐ Without Esophagram
 - ☐ With Esophagram
 - ☐ W Small Bowel Follow Through
 - ☐ Double Contrast (W Air)
 - ☐ Without Esophagram
 - ☐ With Esophagram
 - ☐ W Small Bowel Follow Through
- ☐ Urethrocystography: __Retrograde__Voiding (VCUG)

X-RAY

- ☐ Specify Views: _____
- ☐ 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__L__R
- ☐ Foot: __Left__Right__Both
- ☐ Extremity: __Left__Right__Bilateral Specify Body Part _____
- ☐ Other: _____

INTERVENTIONAL RADIOLOGY

For Services Please Call
760-257-5030 or 760-257-5033



To schedule your X-Ray & find the nearest locations with walk-in hours, please visit XrayHours.com/CV or scan this QR code.

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 Highway 111 Rancho Mirage, CA 92270 P: (760) 837-1420	● 3T	●							●		● 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	57725 29 Palms Hwy., Suite 202 Yucca Valley, CA 92284 P: (760) 228-1047	●		●		●		●	●	●					●
☐ ⑦	Desert Advanced Imaging Center El Cielo	275 N. El Cielo, Suite D413 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 HDXT		● 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		● 64 Slice 128SI	●					●					

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

General information

1. It is required that we have a doctor's order to perform your exam.
2. Please bring a valid I.D. card with you along with your insurance card.
3. Some exams require authorization.
4. Please plan on completing registration forms prior to your exam.
5. If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
6. To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
7. Study times may vary.

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