



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#: _____

MRI

- Contrast: ☐wo ☐w ☐w/wo
- ☐ 3D Recon
- ☐ Brain:
- ☐ IAC/Trigeminal
 - ☐ MR Brain WO Anti-Amyloid/ARIA (**pre** DM1)
 - ☐ MR Brain W WO Anti-Amyloid/ARIA (**on** DMT)
 - ☐ Pituitary
 - ☐ Quantitative Volumetric Imaging (*NeuroQuant, LesionQuant, icobrain*), Protocol: ☐Dementia ☐Seizures ☐MS ☐TBI ☐Peds
- ☐ Breast
- ☐ Orbits
- ☐ TMJ
- ☐ Neck - Soft Tissue
- ☐ Spine:
- ☐Cervical ☐Thoracic ☐Lumbar
- ☐ Extremity:
- ☐ Joint ☐Left ☐Right
 - Specify body part: _____
 - ☐ Non-Joint ☐Left ☐Right
 - Specify body part: _____
- ☐ Chest
- ☐ Abdomen ☐MRCP
- ☐ Pelvis: ☐Bony Pelvis ☐Soft Tissue
- ☐ Prostate MRI
- ☐ **Enhanced Prostate Screening wo Contrast**
- ☐ Other: _____

MRI ANGIOGRAPHY

- Contrast: ☐wo ☐w ☐w/wo
- ☐ Brain
- ☐ Neck - Carotids
- ☐ Other: _____

MR ARTHROGRAPHY

- ☐ Left
- ☐ Right
- ☐ Shoulder
 - ☐ Elbow
 - ☐ Wrist
 - ☐ Hip
 - ☐ Knee
 - ☐ Ankle

CT

- Contrast: ☐wo ☐w ☐w/wo
- ☐ Brain
- ☐ Orbits
- ☐ IAC Middle Ear
- ☐ Maxillofacial - Facila Bones
- ☐ Sinus (*Maxillofacial*)
- ☐ Neck (*Soft Tissue*)
- ☐ Spine:
- ☐Cervical ☐Thoracic ☐Lumbar
- ☐ Extremity:
- ☐Left ☐Right ☐Bilateral
 - Specify body part: _____
- ☐ Chest
- ☐ Abdomen (*pelvis if indicated*)
- ☐ Abdomen and Pelvis
- ☐ Urogram (*abdomen/pelvis*)
- ☐Contrast if needed
- ☐ Pelvis
- ☐ Multi-Phase Liver
- ☐ Renal Mass
- ☐ Pancreatic Protocol
- ☐ Enterography
- ☐ Low Dose CT (*LDCT*)
- ☐ Other: _____

CTA

- ☐ Head
- ☐ Neck
- ☐ Extremity: ☐Upper ☐Lower
- ☐ Chest
- ☐ Aorta & Runoff Vessel
- ☐ Abdomen
- ☐ Pelvic
- ☐ CT Coronary Calcium Score
- ☐ Other: _____

X-RAY

For availability and to schedule,
visit XRayHours.com

- ☐ 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: ☐L ☐R ☐Bilateral
- Specify body part: _____
- ☐ Other: _____

BREAST IMAGING

- ☐ 3D Screening Mammogram
- ☐ **EBCD Recommended**
- ☐ 3D Diagnostic Mammogram (*Breast Ultrasound if Indicated*)
- ☐ Breast Ultrasound
- ☐Left ☐Right ☐Bilateral
- ☐ Stereotactic Guided Breast Biopsy
- ☐ Ultrasound Guided Breast Biopsy
- ☐ MRI Breast w/wo Contrast
- ☐ MRI Breast wo Contrast (*Implant evaluation only*)

If recommended proceed with:

- ☐ 3D Diagnostic Mammogram and/or Breast Ultrasound
- ☐ Breast MRI w/wo Contrast
- ☐ Breast Biopsy (*Ultrasound or Stereotactic as indicated*)

DEXA | BONE DENSITY

- ☐ Hip & Spine
- ☐ Radius/Wrist/Heel
- ☐ Hip & Spine & Radius/Wrist/Heel

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*)
- ☐ Amyloid - Brain (*Alzheimer's Disease, Memory Loss, Mild Cognitive Impairment; CPT: 78814, Neuroceq: Q9983*)
- ☐Pre DMI ☐On DMT
- ☐ FDG - Brain (*Metabolic; CPT: 78608, A9552*)
- ☐ Other: _____

ULTRASOUND

- ☐ Abdomen: _____
- ☐ Hernia
- ☐Inguinal Abdomen/Pelvic Wall
- ☐ Abdomen Limited
- ☐Liver ☐Gallbladder
 - ☐Right Upper Quadrant
- ☐ Renal: ☐_____ ☐w/bladder
- ☐ Bladder: _____
- ☐ Aorta/Retroperitoneal: _____
- ☐ Pelvic Transabdominal
- ☐ Pelvic Transvaginal
- ☐ Scrotum
- ☐ Thyroid
- ☐ Other: _____
- ☐ Ultrasound Guided Biopsy
- ☐Thyroid FNA ☐L ☐R ☐Bil

Vascular Studies

- ☐ Arterial Doppler (*Duplex*)
- ☐w/ABI (*Ankle Brachial Index*)
 - ☐Upper ☐Lower ☐L ☐R ☐Bil
- ☐ Carotid Doppler (*Duplex*)
- ☐ Renal Doppler (*Duplex*)
- ☐ Venous Doppler (*Duplex*)
- Extremity: ☐L ☐R ☐Bil
- ☐ Other: _____

OB Ultrasound

- ☐ OB Ultrasound < 13 Weeks
- ☐ Limited (*Viability, Heart Beat, Position, Fluid, Placental Location*)
- ☐ OB Greater > 19-22L

NUCLEAR MEDICINE

- ☐ Bone Scan: ☐3 Phase ☐SPECT
- ☐Limited ☐Whole Body
- ☐ DAT Scan
- ☐ Gastric Emptying
- ☐ HIDA: ☐w/o EF ☐w/EF
- ☐ Liver Spleen Vascular Flow
- ☐ Liver/Hemangioma w/SPECT
- ☐ Liver/Spleen: ☐Static ☐W/SPECT
- ☐ MUGA (cardiac blood pool)
- ☐ Octreotide
- ☐ Parathyroid: ☐Scan ☐w/SPECT
- ☐ Renal Scan: ☐w/Lasix
- ☐ Thyroid: ☐Scan ☐Whole Body
- ☐Uptake and Scan



RadNet Imaging Centers

LOCATIONS, MAPS & GENERAL INFORMATION

RADNET CENTRAL CALIFORNIA | RadNet Locations List

	Biopsy	CT	DEXA Bone Density	Fluoroscopy	Lung Cancer Screening	Mammography	MRI	Nuclear Medication	PET/CT	Ultrasound	X-Ray
1 Fresno Imaging Center 6191 N. Thesta, Fresno, CA 93710 Phone: (559) 447-2600		●			●		●	●	●	●	●
2 Sierra Medical Imaging 231 W. Fir Ave., Clovis, CA 93611 Phone: (559) 322-4271		●		●			●			●	●
3 WISH Fresno Breast Center 6107 N. Fresno St. #101, Fresno, CA 93710 Phone: (559) 435-4433	● ●		●			▲ ■	●			●	
4 Hanford Advanced Imaging 457 Greenfield Ave., Ste. 150, Hanford, CA 93230 Phone: (559) 584-0210		●		●	●		●			●	●
5 MammogramNow Hanford 250 S. 12th Ave., Hanford, CA 93230 Phone: (559) 295-2450						▲					

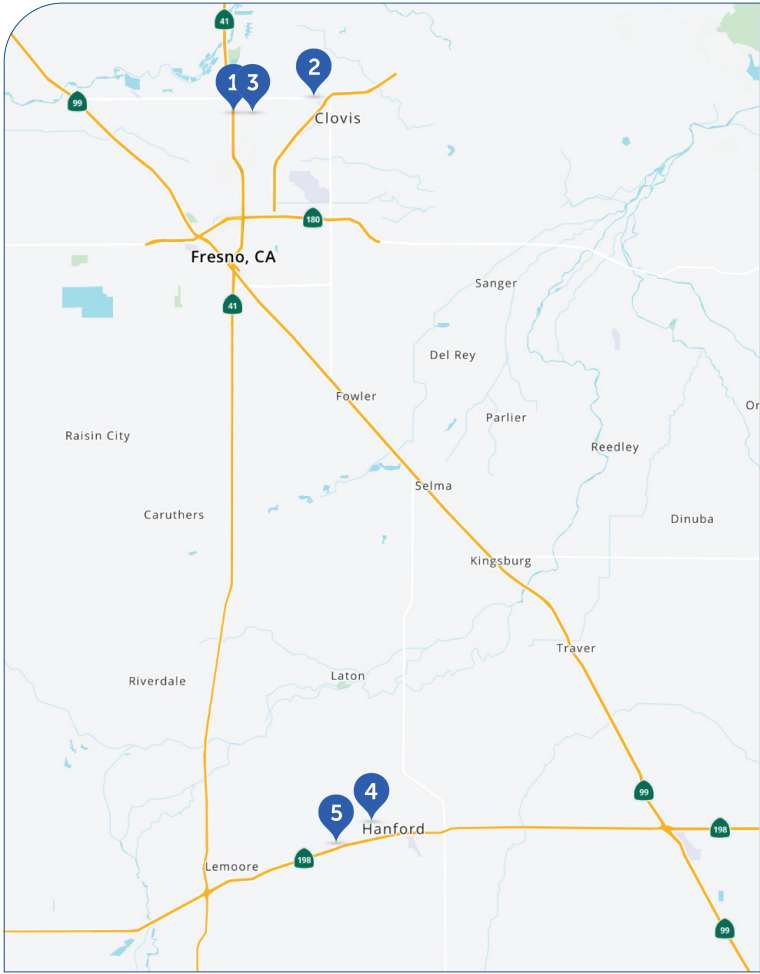
● Breast Biopsy ● Stereotactic Breast Biopsy ▲ 3D Mammogram ■ Digital Mammogram

General Information

- 1. It is required that we have a doctor's order to perform your exam, with the exception of screening mammography.
- 2. Please bring a valid id 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.



xrayhours.com



CONNECT
PATIENT PORTAL

Take advantage of our patient portal to schedule your exam, then view your report after your appointment.
RadNetImaging.com/Patient-Portal

