RadNet Inland Empire
RadNet Imaging Centers

IMAGING REQUEST FORM

San Bernardino | Redlands | Grove
Scheduling: (909) 450-0649 | **Fax:** (909) 982-2069

CONNECT PATIENT PORTAL
To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
Connect.RadNet.com/IE

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

Reason for Exam/ ICD10 Code: _____

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
☐ Brain
  ☐ IAC/Trigeminal
  ☐ Brain Anti-Amyloid/ARIA ☐ Pituitary
  ☐ Quantitative Volumetric Imaging
    ___Dementia/MCI ___Seizures
    ___MS___TBI ___Peds
☐ Orbits
☐ TMJ
☐ Soft Tissue Neck
☐ Chest
☐ Breast w/wo Contrast
☐ Breast wo Contrast (Implant evaluation only)
☐ Abdomen (Liver, Kidney, Adrenals, etc):
  ___MRCP (Pancreas) ___Enterography ___Eovist (liver)
  ___Liver Iron Quant ___Fat Fraction ___Elastography
☐ Pelvis
☐ Prostate w/wo Contrast
  ___w/ bones and nodes
☐ Enhanced Prostate Screening wo Contrast
☐ Other: _____
☐ Spine:
  ____ Cervical ____Thoracic
  ____Lumbar ____ Sacrum/Coccyx
☐ Joint ☐ Left ☐ Right ☐ Arthrogram
  ____ Shoulder ____Elbow ____Wrist
  ____Hip ____Knee ____Ankle
  ____Other:_____
☐ Non-Joint Lower Extremity: _____
☐ Non-Joint Upper Extremity: _____

MR Angiography
☐ Brain
☐ Neck
☐ Thoracic Aorta
☐ Thoracic Outlet
☐ Chest
☐ Abdomen
☐ Abdominal w/run-off
☐ Renal Arteries
☐ Other: _____

MR Venogram
☐ Head
☐ Neck

DEXA | Bone Density

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

Include (with any option above):
__Vertebral Fracture Assessment (VFA)
__Trabecular Bone Scan (TBS)

☐ Body Fat Composition Analysis

CT

Diagnostic CT
☐ **Contrast as indicated**
☐ **3D Rendering as indicated**
☐ Without Contrast
☐ With Contrast
☐ With & Without Contrast
☐ Low Dose CT (LDCT)
☐ 3D Recon
☐ Brain
☐ Orbits
☐ IAC Middle Ear
☐ Maxillofacial - Facial Bones
  ___Bones ___Implants
☐ Sinus (Maxillofacial)
☐ Neck (soft tissue)
☐ Spine:
  ___Cervical ___Thoracic ___Lumbar
☐ Extremity: ___Left ___Right
  Specify body part: _____
☐ Chest
☐ Abdomen
☐ Abdomen and Pelvis
☐ Urogram (abdomen/pelvis)
☐ Pelvis
☐ Treatment Plan: _____
☐ Dental Planning
☐ Enterography
☐ Myelgram
☐ Other:

CTA (Angiography)
☐ Head
☐ Neck
☐ Extremity: ___Upper ___Lower
☐ Chest
☐ Aorta and runoff vessels
☐ Abdomen
☐ Pelvis
☐ Coronary ___Calcium Score ___EP Plan
Creatinine: _____
Bun: _____
Lab Date: _____

CT Contrast Studies Only. Creatinine value must be obtained within 60 days of exam for patients with diabetes or known renal issues. **Please fax lab results or provide lab name where performed:**
_____

Ultrasound

☐ Abdomen: _____
☐ Abdomen Limited
  ___Liver ___Gallbladder
  ___Right Upper Quadrant
☐ Abdomen w/Doppler if indicated
☐ Renal:
  ☐ w/bladder
☐ Bladder: _____
☐ Aorta/Retroperitoneal
☐ Pelvic Ultrasound
  (Transabdominal & Transvaginal)
☐ Pelvic Ultrasound Complete
  (Transabdominal only)
☐ Pelvic Ultrasound (Transvaginal only)
☐ Scrotum ___w/Doppler
☐ Thyroid
☐ Biopsy/Aspiration/Injection
  Area _____
☐ Hysterosonogram
☐ Other: _____

Vascular Studies
☐ Arterial Doppler (Duplex) _____
☐ Carotid Doppler (Duplex) _____
☐ Venous Doppler (Duplex) _____
☐ Venous Mapping
  Venous InsufficiencyNaricose Veins
☐ 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) _____

X-Ray

☐ 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:
  ___Left ___Right ___Bilateral
Specify Body Part_____
☐ Other: _____

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, Q9983)
☐ FDG – Brain
  (Metabolic; CPT: 78608, A9552)
☐ Other: _____

Nuclear Medicine

☐ Bone Scan:
  ___3 Phase ___SPECT
  ___Limited ___Whole Body
☐ Gastric Emptying
☐ HIDA:
  __ w/o EF __w/EF
☐ Liver Spleen Vascular Flow
☐ Liver/Spleen: ___Static
☐ Parathyroid:
  ___Scan ___w/SPECT
☐ Renal Scan: __w/Captopril
☐ Thyroid: ___Whole Body
  ___Whole Body w/Thyrogen

Breast Imaging

☐ 3D Screening Mammogram
  ☐ Proceed w/ Diagnostic Mammo and/or Ultrasound if Indicated
  ☐ EBCD® Recommended
☐ 3D Diagnostic Mammogram
  (Breast Ultrasound if Indicated)
  ___Left ___Right ___Bilateral
☐ 3D Diagnostic Mammogram
☐ Screening Breast Ultrasound
☐ Diagnostic 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)

☐ **Additional breast imaging as clinically indicated:** Checking box authorizes radiologist to proceed with, Diagnostic Mammogram, Breast Ultrasound, Breast MRI w/wo contrast and/or applicable Biopsy.

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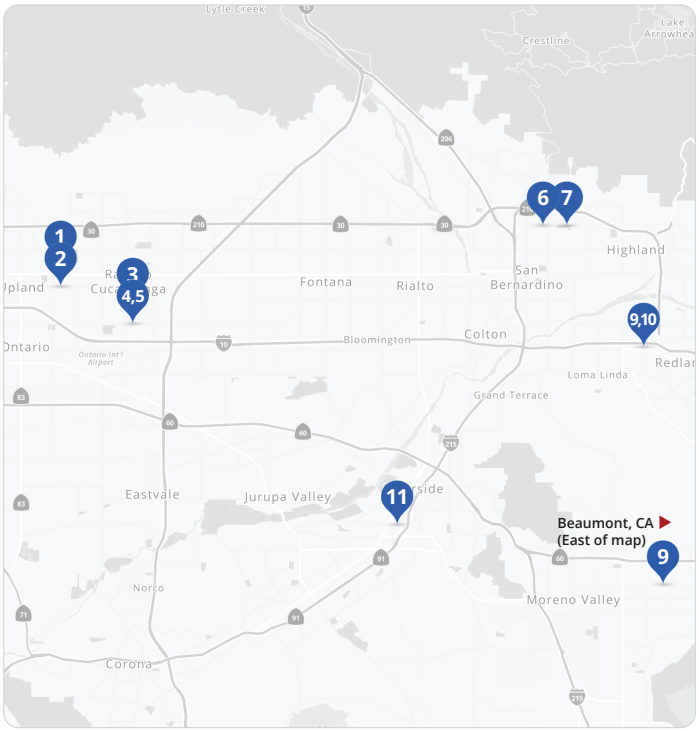
Locations & Services

			1.5 MRI	3T MRI	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Stereotactic Breast Biopsy	Tomosynthesis	DEXA	General Ultrasound	Ultrasound Guided Breast Biopsy	Breast Ultrasound	Nuclear Medicine	Fluoroscopy	Arthogram	X-Ray
☐	(1) Grove Diagnostic Imaging - Rancho Cucamonga #102	8263 Grove Ave. #102, Rancho Cucamonga, CA 91730 Phone: (909) 483-1296	●			●							●			●			
☐	(2) Grove Diagnostic Imaging - Rancho Cucamonga #101	8283 Grove Ave. #101, Rancho Cucamonga, CA 91730 Phone: (909) 483-1296															●	●	●
☐	(3) Grove Advanced Imaging - Open MRI	8710 Monroe Ct. #100, Rancho Cucamonga, CA 91730 Phone: (909) 581-6480			●														
☐	(4) Grove Advanced Imaging - Rancho Cucamonga	8805 Haven Ave. #120, Rancho Cucamonga, CA 91730 Phone: (909) 450-0642	●	●		●													
☐	(5) The Breast Care & Imaging Center of Grove - Rancho Cucamonga	8805 Haven Ave. #220, Rancho Cucamonga, CA 91730 Phone: (909) 450-0688						●	●	●	●	●	●	●	●				
☐	(6) San Bernardino Advanced Imaging	399 E 21st St., San Bernardino, CA 92404 Phone: (909) 882-2266	●			●	●	●					●						●
☐	(7) San Bernardino Advanced Imaging - Highland	800 E. Highland Ave., San Bernardino, CA 92404 Phone: (909) 450-0640	●			●		●	●		●	●	●	●	●		●	●	●
☐	(8) Redlands Advanced Imaging - Redlands	1901 W. Lugonia Ave. #110 Redlands, CA 92374 Phone: (909) 557-1690		●															
☐	(9) Beaumont Advanced Imaging - X-Ray	835 North Highland Springs Ave. #100, Beaumont CA 92223 Phone: (951) 523-8255																	●
☐	(10) Beaumont Advanced Imaging	825 North Highland Springs Ave., Beaumont CA 92223 Phone: (951) 554-1151	●			●		●				●	●						
☐	(11) Healthcare Advanced Imaging	4500 Olivewood Ave., #100 & 200, Riverside, CA 92507 Phone: (951) 682-7580		●		●	●						●			●			●

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.



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