RadNet
RIVERSIDE | CORONA

IMAGING REQUEST FORM

Scheduling Phone: (951) 682-1099 | **Fax:** (951) 351-1025

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

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
- ❑ With Contrast
- ❑ With & Without Contrast
- ❑ 3D Recon
- ❑ Brain
  - ☐ IAC/ Trigeminal
  - ☐ Brain Anti-Amyloid/ARIA
  - ☐ Pituitary
  - ☐ Quantitative Volumetric Imaging
  - ☐ *(NeuroQuant, LesionQuant, icobrain),*
  - *Protocol: __Dementia __Seizures __MS __TBI __Peds*
- ❑ Orbits
- ❑ TMJ
- ❑ Neck - Soft Tissue
- ❑ Spine:
  ___Cervical __Thoracic__Lumbar
- ❑ Extremity: Joint __Left __Right
  Specify body part_____
- ❑ Extremity: Non-Joint __Left __Right
  Specify body part_____
- ❑ Breast___CAD
  ___Mass__Implant
- ❑ MR Guided Breast Biopsy
- ❑ Chest
- ❑ Abdomen
  ___Adrenals ___MRCP
- ❑ Pelvis __Bony Pelvis __Soft Tissue
- ❑ CSF Flow Study
- ❑ Enterography
- ❑ Prostate
- ❑ Enhanced Prostate Screening wo Contrast
- ❑ Other:_____

MR Angiography
- ❑ Without Contrast
- ❑ With & Without Contrast
- ❑ Contrast, as Indicated
- ❑ Brain
- ❑ Neck - Carotids
- ❑ Chest
- ❑ Abdomen
  ___Aorta __Renal
- ❑ Aorta and runoff vessels
- ❑ Pelvis
- ❑ Extremity: __Left __Right
- ❑ Other:_____

MR Arthrography __Left __Right
- ❑ Shoulder
- ❑ Elbow
- ❑ Wrist
- ❑ Hip
- ❑ Knee
- ❑ Ankle
- ❑ Other:_____

CT

Diagnostic CT
- ❑ **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 ❑ Pelvis
- ❑ Abdomen and Pelvis
- ❑ Urogram (abdomen/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:_____

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: _____

Nuclear Medicine

- ❑ Bone Scan _____
  __Whole Body __Limited __3-phase
- ❑ Bone SPECT
- ❑ Thyroid Uptake and Scan
  __Scan ONLY
- ❑ Parathyroid
- ❑ Liver/Spleen: __Static Flow __Vascular Flow
- ❑ Gallbladder (HIDA) with EF
- ❑ Gallbladder without EF
- ❑ GI Emptying
- ❑ Renal __Captopril __Lasix
- ❑ Other_____

Ultrasound

- ❑ Abdomen:_____
- ❑ Abdomen Limited
  __Liver __Gallbladder
  __Right Upper Quadrant
- ❑ Abdomen w/Doppler if indicated
- ❑ Renal:_____
  - ❑ w/bladder
- ❑ Bladder:_____
- ❑ Aorta/Retroperitoneal
- ❑ Pelvic Ultrasound (Transabdominal and 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 Insufficiency/Varicose 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) _____

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 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.

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: __Left __Right __Bilateral
  Specify Body Part _____
- ❑ Weight Bearing
- ❑ Other:_____

FLUOROSCOPY

- ☐ Aspiration – Body Part:
  _____
- ☐ 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
- ☐ Epidural Injection – Cervical
- ☐ Epidural Injection – Lumbar
- ☐ Hysterosalpingogram (HSG)
- ☐ IVP
- ☐ Lumbar Puncture
- ☐ Lumbar Blood Patch
- ☐ Mediport/Porta Cath Study
- ☐ Small Bowel Follow Through (SBFT)
- ☐ Sniff Test
- ☐ Therapeutic Injection – Body Part:
  _____
- ☐ Upper GI:
  __ Single Contrast (WO Air)
  __ With Esophagram
  __ Without Esophagram
  __ W Small Bowel Follow Through
  __ Double Contrast (W Air)
  __ With Esophagram
  __ Without Esophagram
  __ W Small Bowel Follow Through
- ☐ Urethrocystography:
  __ Voiding (VCUG)
  __ Retrograde

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

Please bring this form and your insurance card with you on the day of your exam.

RadNet

LOCATIONS & SERVICES

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Scheduling Hours: Monday - Friday | 8am - 5:30pm

				MRI	Open MRI	CT	PET/CT	Screening Mammogram	Tomo	DEXA	Ultrasound	Nuclear Medicine	Fluoroscopy	Arthogram	X-Ray	US Guideded Breast Biopsy	Steriotactic Breast Biopsy	Breast Ultrasound
1	Beaumont Advanced Imaging - X-Ray	835 North Highland Springs Ave., #100, Beaumont CA 92223	(951) 523-8255								●				●			
2	Beaumont Advanced Imaging	825 North Highland Springs Ave., Beaumont CA 92223	(951) 554-1151	●		●		●		●	●							
3	Riverside Advanced Imaging	3900 Sherman Drive, #100, Riverside, CA 92503	(951) 238-6046		●	●					●		●	●	●			
4	Healthcare Advanced Imaging	4500 Olivewood Ave., #100 & 200, Riverside, CA 92507	(951) 682-7580	●		●	●				●	●			●			
5	Breastlink Women's Imaging Riverside	3900 Sherman Drive, #110, Riverside, CA 92503	(951) 238-6050					●	●	●	●					●	●	●
6	Healthcare Imaging Center at Day Street	6485 Day Street, #101, Riverside, CA 92507	(951) 200-5410					●	●	●	●				●			
7	Moreno Valley Imaging Center	12818 Heacock Street, #C-2, Moreno Valley, CA 92553	(951) 242-2508	●		●												
8	Corona Comprehensive Img (101)	801 S. Main Street, #101, Corona, CA 92882	(951) 238-6071	●		●		●	●		●		●	●		●	●	●
9	Corona Comprehensive Img (205)	801 S. Main Street, #205, Corona, CA 92882	(951) 238-6071								●				●			
10	Corona Advanced Img - Magnolia	886 Magnolia Ave., #101, Corona, CA 92879	(951) 340-0129		●													
11	Corona Advanced Img - Main Street	2250 S. Main Street, #103, Corona, CA 92882	(951) 340-0340												●			

Preparation Instructions

Please call us if you have any questions regarding your procedure or preparation for your procedure. Study times vary in length. Bring I.D., this form and your insurance card with you on the day of your exam.

Llámenos si tiene alguna pregunta sobre su examen médico o la preparación para su examen. Los exámenes tienen una duración que varía según el examen. Traiga esta forma, su identificación y su tarjeta de seguro con usted el día de su examen.

❑ **MRI Scan:** Please inform us of any metal in your body at time of scheduling. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled.

❑ **CT SCAN (Abdomen or Pelvis):** No food or drink 4hrs prior to your exam, except water. Please inform us of any allergies to contrast or x-ray dye (Stones, no oral contrast).

❑ **G.I. and/or Small Bowel Series:** No food or drink after 10 pm the evening before your exam. No chewing gum.

❑ **Barium Enema or Air Contrast Enema:** Obtain prep from your imaging center. Follow instructions for the 48-hour preparation. : Regarding children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation. Diabetic patients: Please follow the 24 hour prep.
Obtenga de su centro de imágenes la preparación para su examen. Siga las instrucciones de preparación de 48 horas.: En cuanto a niños menores de 12 años, llame a su centro de imágenes para obtener instrucciones. Para los estudios de contraste y de colostomía, llámenos para una preparación específica. Pacientes diabéticos: sigan la preparación de 24 horas.

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.
Para su seguridad, los niños no pueden acompañar a los pacientes durante los procedimientos médicos. Si es necesario traer a niños a su cita, traiga a un adulto apropiado que supervise a los niños durante su examen.

Please inform us if you may be pregnant.
Por favor, infórmenos si usted podría estar embarazada.

If you have asthma, please bring your inhaler to the appointment.
Si usted tiene asma, por favor traiga su inhalador a su cita.

❑ **IVP:** Obtain Prep kit and instructions directly from center.

❑ **DEXA (Bone Density Exam):** Do not take any calcium supplements for 48 hours prior to your exam.

❑ **Ultrasound (Abdomen Gallbladder Aorta):** No food or drink 8 hours prior to exam prior to your exam.

❑ **Ultrasound (Pelvic):** Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.

❑ **Ultrasound (Renal/Bladder):** Adults: Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.

❑ **Ultrasound (OB):** Less than 24 weeks, drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

Greater than 24 weeks, drink 24 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

After the Exam: Your exam will be read by a board-certified, licensed radiologist 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.

Billing information: If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If you are a member of an HMO or managed care plan, please bring your referral form and any required co-payment with you at the time of your visit. You are responsible for any outstanding or unpaid balance. If you have any questions, please call our billing department at (844) 866-2718.
Billing-Customer Service Help Desk:
Billing-CustomerServiceHelpDesk@RADNET.COM

CONNECT PATIENT PORTAL

To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
RadNetConnectCA.com