**San Bernardino | Redlands | Grove IMAGING REQUEST FORM**

Scheduling - P: (909) 450-0649 | F: (909) 982-2069

To schedule your mammogram, ultrasound, or DEXA exam you may also visit us at: www.radnetsanbernardino.com

<table>
<thead>
<tr>
<th>MRI</th>
<th>CT</th>
<th>Ultrasound</th>
<th>PET/CT</th>
<th>Nuclear Medicine</th>
<th>X-Ray</th>
<th>DEXA</th>
<th>Breast Imaging</th>
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</thead>
<tbody>
<tr>
<td>☐ San Bernardino - Highland</td>
<td>☐ Redlands Advanced Imaging</td>
<td>☐ Grove Advanced Imaging</td>
<td>☐ Grove Diagnostic Imaging</td>
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</table>

**Appointment Date:** ____________________________  **Appointment Time:** ____________________________  **Today’s Date:** ____________________________

**Patient’s Name:** ____________________________  **Patient’s Phone:** ____________________________  **Alternate Phone:** ____________________________

**Clinical History/Reason for Exam:** __________________________________________________________________________________________________________

**Referring Physician:** ____________________________  **Physician Signature:** ____________________________  **Phone:** ____________________________

**Additional Report to:** ____________________________  **Send CD with Patient:** ____________________________  **Other:** ____________________________

**Lab Date:** ____________________________

**Date of last exam:** ____________________________

**CTA (angiography)**
- Head
- Neck
- Extremity: Upper | Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis
- Coronary | Calcium Score | EP Plan

**Fluoroscopy**
- Arthrography
- Specify body part:
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI with SBFT
- Small Bowel
- Barium Enema
- Other:

**DEXA**
- Bone Density
- Reason for bone density:
- Date of last exam:

**MR Angiography**
- With & Without Contrast
- Contrast, as indicated
- Brain
- Neck - Carotids
- Chest
- Abdomen
- Aorta | Renal
- Aorta and runoff vessels
- Pelvis
- Extremity: Left | Right
- Other:

**MR Arteriography**
- Shoulder
- Elbow
- Wrist
- Hip
- Knee
- Ankle
- Other:

**MR**
- Contrast as indicated
- 3D Rendering as indicated
- With & Without Contrast
- Without Contrast
- Contrast, as Indicated
- 3D Recon
- Brain
- Neck - Soft Tissue
- Spine:
  - Cervical | Thoracic | Lumbar
- Extremity: Joint | Left | Right
- Specify body part:
- Extremity: Non-Joint | Left | Right
- Specify body part:
- Breast: 
  - Mass: Implant
- MR Guided Breast Biopsy
- Chest
- Abdomen
- Adrenals | MRCP
- Pelvis | Bone Pelvis | Soft Tissue
- CSF Flow Study
- Enterography
- Prostate
- Other:

**CT**
- 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):

**PET/CT**
- PET/CT, Skull Base to Mid-thigh
- PET/CT, Whole Body (Melanoma)
- PET/CT, Brain
- NAF bone

**Bone Scan**
- Whole Body | Limited | 3-phase
- Bone SPECT
- Thyroid Uptake and Scan
- Parathyroid
- Liver/Spleen
- Gallbladder (HIDA) with EF
- Gallbladder (HIDA) without EF
- GI Emptying
- Renal | Captopril | Lasix
- Other:

**Other:**
- Head:
  - skull | orbits | sinuses
  - Spine:
    - cervical | thoracic | lumbar
  - Chest:
    - PA | PA/LAT
  - Ribs:
    - Unilateral | Bilateral | w/PA Chest
  - Pelvis
  - Hips w/AP pelvis, bilateral
  - Unilateral | Left | Right
  - Extremity:
    - Left | Right | Bilateral
  - Other:

**Mammography referral sheet available**

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

Llémenos 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 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.
- **Ultrasound 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.

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.

#### Locations

<table>
<thead>
<tr>
<th>Locations</th>
<th>MRI</th>
<th>Open MRI</th>
<th>CT</th>
<th>PET/CT</th>
<th>Screening</th>
<th>Mammo</th>
<th>Diagnostic Mammo</th>
<th>Tomo</th>
<th>DEXA</th>
<th>General Ultrasound</th>
<th>Nuclear Medicine</th>
<th>Fluoroscopy</th>
<th>Arthogram</th>
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<tbody>
<tr>
<td>San Bernardino Advanced Imaging-Highland</td>
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<td>The Breast Care &amp; Imaging Center of Grove-Rancho Cucamonga</td>
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- Ultrasound Guided Breast Biopsies
- Stereotactic Breast Biopsy
- Breast Ultrasound

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**San Bernardino Advanced Imaging - Highland**

**Redlands Advanced Imaging- Redlands**

**Grove Diagnostic Imaging - Rancho Cucamonga**

**Grove Diagnostic Imaging - Rancho Cucamonga**

**Grove Advanced Imaging - Rancho Cucamonga**

**The Breast Care & Imaging Center of Grove - Rancho Cucamonga**

800 E. Highland Ave. San Bernardino, CA 92404 | P: (909) 450-0640
1901 W. Lugonia Ave. #110 Redlands, CA 92374 | P: (909) 557-1690
8283 Grove Ave., Suite 101, Rancho Cucamonga, CA 91730 | P: (909) 982-8638
8263 Grove Ave., Suite 102, Rancho Cucamonga, CA 91730 | P: (909) 982-8638
8805 Haven Ave., Suite 120, Rancho Cucamonga, CA 91730 | P: (909) 450-0642
8805 Haven Ave., Suite 220, Rancho Cucamonga, CA 91730 | P: (909) 450-0688

- **IVP**: Obtain Prep kit and instructions directly from center.
- **DEXA (Bone Density Exam)**: Do not take any calcium supplements for 24 hours prior to your exam.
- **Ultrasound (Abdomen Gallbladder Aorta)**: No food or drink 8 hours prior to 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

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**SAN BERNARDINO | REDLANDS | GROVE**

**Modalities & Location List**

**Scheduling Phone** (909) 450-0649 | (909) 982-2069 **Fax**

**Scheduling Hours**: Monday - Friday / 8am - 6pm

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**San Bernardino Advanced Imaging - Highland**

**Redlands Advanced Imaging- Redlands**

**Grove Diagnostic Imaging - Rancho Cucamonga**

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**The Breast Care & Imaging Center of Grove - Rancho Cucamonga**

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