

San Bernardino - Highland



San Bernardino | Redlands | Grove IMAGING REQUEST FORM

Grove Advanced Imaging

Redlands Advanced Imaging

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

Grove Diagnostic Imaging

Appointment Date: _____ Appointment Time: _____ Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____ Alternate Phone: _____

Referring Physician: _____ Physician Signature: _____ Phone: _____

[CT Contrast Studies Only] Labs needed if: Diabetes Renal Disease

If Labs have been completed within the past 30 days please provide values and fax lab results: Creatinine / GFR _____ / _____

Call in STAT results STAT/Wet Read Previous Films (Y) (N) location: _____

Additional Report to: _____ Send CD with Patient Other: _____

MR

- MRI**
- Contrast as indicated
 - 3D Rendering as indicated
 - With & Without Contrast
 - Without Contrast
 - Contrast, as Indicated
 - 3D Recon
 - Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
 - NeuroQuant
 - 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
 - Other: _____

- MR Angiography**
- With & Without Contrast
 - 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**
- Contrast as indicated
 - 3D Rendering as indicated
 - With & Without Contrast
 - Without Contrast
 - 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 if indicated)
 - Abdomen and Pelvis
 - Urogram (abdomen/pelvis)
 - Pelvis
 - Treatment Plan: _____
 - Dental Planning
 - Enterography
 - Myelogram
 - Other: _____

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

Creatinine: _____

Bun: _____

Lab Date: _____

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) _____

Fluoroscopy

- Arthrography
Specify body part: _____
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Other: _____

PET/CT

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

Nuclear Medicine

- 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 _____

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: _____

DEXA

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

Breast Imaging

*Mammography referral sheet available

SAN BERNARDINO | REDLANDS | GROVE

MODALITIES & LOCATION LIST

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

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

Locations	MRI	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Tomo	DEXA	General Ultrasound	Nuclear Medicine	Fluoroscopy	Arthogram	X-Ray
San Bernardino Advanced Imaging-Highland	1.5		•		•	•		•	• • ▲		•	•	•
Redlands Advanced Imaging-Redlands	3T											•	
Grove Diagnostic Imaging-Rancho Cucamonga #101											•	•	•
Grove Diagnostic Imaging-Rancho Cucamonga #102	1.5		•						•	•			
Grove Advanced Imaging-Rancho Cucamonga	1.5/3T		•	•									
The Breast Care & Imaging Center of Grove-Rancho Cucamonga					•	• ■	•	•	• • ▲				

• Ultrasound Guided Breast Biopsies ■ Stereotactic Breast Biopsy ▲ Breast Ultrasound



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

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 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

