



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 & w/out Contrast
- ☐ Without Contrast
- ☐ 3D Recon
- ☐ Brain
- ☐ IAC/ Trigeminal
- ☐ Brain Anti-Amyloid/ARIA
- ☐ Pituitary
- ☐ Neuroquant
- ☐ Soft Tissue Neck
- ☐ Orbits
- ☐ Face
- ☐ Spine: __Cervical __Thoracic __Lumbar
- ☐ Brachial Plexus: __Left __Right
- ☐ Abdomen
- ☐ MRCP
- ☐ Breast Bilateral
- ☐ Pelvis
- ☐ Hips: __Left __Right
- ☐ Arthrogram (Direct)
- ☐ Joint: _____ __Left __Right
- ☐ Long Bone: _____ __Left __Right
- ☐ Standard Prostate MRI (with contrast)
- ☐ Enhanced Prostate Screening w/o Contrast
- ☐ Colorectal
- ☐ Other: _____

MR Angiography

- ☐ Head-Circle of Willis (w/o Contrast)
- ☐ Neck (Carotids)
- ☐ Abdomen (Renals)
- ☐ Abdominal Aorta
- ☐ Thoracic Aorta
- ☐ Lower Extremities w/Runoffs
- ☐ Other: _____

NUCLEAR MEDICINE

- ☐ Thyroid Uptake/Scan
- ☐ MUGA
- ☐ HIDA Scan
- ☐ Without injection fraction
- ☐ With injection fraction (Ensure)
- ☐ CCK
- ☐ Renogram: __Lasix
- ☐ Bone Scan: __Total __Limited __3 Phase __Spect
- ☐ Liver/Spleen Scan : __Spect __Static
- ☐ DAT Scan (Parkinson's)
- ☐ Myocardial Pref (Sestambi)
- ☐ Treadmill __Lexiscan
- ☐ Gastric Emptying Study: __Solid __Liquid
- ☐ Hemangioma (RBC)

DEXA

- ☐ Bone Density Screening

CT

Diagnostic CT

- ☐ With Contrast
- ☐ With & Without Contrast
- ☐ Without Contrast
- ☐ Low Dose CT (LDCT)
- ☐ Brain/Head
- ☐ Sinuses
- ☐ Facial Bones/Maxillo Facial
- ☐ Temporal Bones/Ear/Orbit
- ☐ Soft Tissue (Neck)
- ☐ Spine: __Cervical __Thoracic __Lumbar
- ☐ Post Myelogram: __Cervical __Thoracic __Lumbar
- ☐ Low Dose Lung (Chest)
- ☐ Screening __Follow-up
- ☐ Calcium Scoring (w/o Contrast)
- ☐ Chest
- ☐ HRCT Chest
- ☐ CT Heart/Morphology
- ☐ Abdomen
- ☐ Pelvis
- ☐ Enterography
- ☐ CT Urogram
- ☐ Joint: _____ __Left __Right
- ☐ Extremity: _____ __Left __Right
- ☐ CT Mako _____ Protocol
- ☐ CT Virtual Colonoscopy (Diagnostic)
- ☐ Other: _____

CTA (Angiography)

- ☐ Head (Circle of Willis)
- ☐ Neck (Carotids)
- ☐ Abdominal Aorta
- ☐ Thoracic Aorta
- ☐ TAVR
- ☐ Abdomen/Pelvis
- ☐ Lower Extremities Runoffs
- ☐ Abdomen (Renals)
- ☐ Coronary CTA
- ☐ Coronary CTA w/FFR
- ☐ Coronary CTA w/ Plaque Analysis
- ☐ Cardiac CTA

PET/CT

- ☐ Amyloid Brain
- ☐ Mid Skull/Mid Thigh
- ☐ Brain/Alzheimers
- ☐ Melanoma/Thyroid Cancer (Head-Toe)
- ☐ PSMA
- ☐ Other: _____

ULTRASOUND

- ☐ Abdomen Complete
- ☐ Renal
- ☐ Renal/Bladder
- ☐ ABD Limited
- ☐ Prostate
- ☐ Renal Transplant
- ☐ Thyroid
- ☐ Soft Neck Tissue
- ☐ Scrotum/Testicles
- ☐ Pelvic (Transabdominal & Transvaginal)
- ☐ Pelvic Complete (Transabdominal Only)
- ☐ Pelvic (Transvaginal Only)
- ☐ OBTVS < 13 Weeks
- ☐ Obstetrical Complete
- ☐ Obstetrical Limited
- ☐ OB Multiple Gestations
- ☐ Male Pelvis
- ☐ Other: _____

Breast Ultrasound

- ☐ Bilateral Complete
- ☐ Complete: __Left __Right
- ☐ Limited: __Left __Right

Arterial Ultrasound

- ☐ Carotid
- ☐ Aorta
- ☐ Upper Extremity: __Left __Right __Bilateral
- ☐ Lower Extremity: __Left __Right __Bilateral
- ☐ ABI's __Level 2 __Level 3
- ☐ Duplex ABD Retroperitoneum

Venous Ultrasound

- ☐ Venous Doppler Lower Ext: __Left __Right __Bilateral
- ☐ Venous Doppler Upper Ext: __Left __Right __Bilateral
- ☐ Reflux Examination __Left __Right __Bilateral
- ☐ Vein Mapping (Upper) __Left __Right __Bilateral
- ☐ Groin

Biopsy Ultrasound

- ☐ Paracentesis
- ☐ Soft Tissue: _____
- ☐ Lymph Node: _____
- ☐ Parotid: _____
- ☐ Thoracentesis
- ☐ Thyroid
- ☐ Other: _____

X-RAY

For availability and to schedule, visit XRayHours.com

- ☐ Chest
- ☐ Abdomen (KUB)
- ☐ Skull
- ☐ Pelvis
- ☐ Scoliosis Series
- ☐ Spine: __Cervical __Thoracic __Lumbar
- ☐ Hands: __Left __Right
- ☐ Wrist: __Left __Right
- ☐ Hip: __Left __Right
- ☐ Knee: __Left __Right
- ☐ Ankle: __Left __Right
- ☐ Foot: __Left __Right
- ☐ Shoulder: __Left __Right
- ☐ Long Bone: _____ __Left __Right

FLUOROSCOPY

- ☐ Esophagram
- ☐ Small Bowel Series/SBFT
- ☐ Upper GI
- ☐ Barium Enema
- ☐ Hysterosalpingogram
- ☐ Voiding Cystourethrogram
- ☐ Myelogram: __Cervical __Thoracic __Lumbar
- ☐ Lumbar Puncture
- ☐ PICC Placement: __Removal: _____
- ☐ FL Joint Injection Hip: __Left __Right
- ☐ FL Joint Injection Knee: __Left __Right
- ☐ FL Joint Injection Shoulder: __Left __Right
- ☐ Other: _____

BREAST IMAGING

- ☐ 3D Screening Mammogram
- ☐ EBCD Recommended
- ☐ 3D Diagnostic Mammogram (Breast Ultrasound if Indicated): __Left __Right __Bilateral
- ☐ 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
- ☐ Breast Ultrasound
- ☐ Breast Biopsy
- ☐ Breast MRI w/wo Contrast

General Patient Information

- Please be advised; failure to present this imaging request at the time of your appointment may result in cancellation and rescheduling of your exam.
- Arrive at the specified time to allow for registration and exam preparation.
- Notify us upon arrival of any special needs or allergies
- You may take and prescribed medication as usual unless specified at the time of scheduling.
- Bring your ID, insurance card and authorization of workers comp information.
- Co-pay, co-insurance and/or deductables will be collected at time of service.
- Wear comfortable clothing.
- Leave valuables at home (Kern Radiology) is not responsible for lost or stolen articles.

Exam Specific Information

MRI

- Please allow 1-2 hours for MRI examinations
- Alert the technologist **if you have ever** had metal objects or shavings in your eye.
- Remove any jewelry, piercings or valuable items before arriving to your appointment (wedding ring is ok).

PET

- Please allow 2-3 hours for pet examinations
- All diabetic patients should contact Kern Radiology to obtain guidelines on diet and medication restrictions prior to their pet scan
- **Neurologic studies:** no food or liquid for a minimum of six (6) hours prior to arrival. Please check with referring physician regarding all medications you are taking.
- **Cardiac studies to access cardiac viability:** patients should have a high carbohydrate breakfast prior to arrival for their pet scan (e.g. pancakes, cereal, etc).
- **Body/oncology:** no food or liquid for a minimum of six (6) hour prior to arrival for your pet scan, You may have water and normal medications.

CT

- If you are scheduled for a myelogram or a biopsy, do not eat or drink six (6) hours prior to your arrival time. Low Dose Lung (Chest) ☐ Screening ☐ Follow-up
- If you are scheduled for any type of CT Abdomen, CT Pelvic or CT Abdomen/Pelvic with or without contrast, do not eat four (4) hours prior to your arrival time.

MAMMOGRAPHY

- Do not use powder, perfume or deodorant on the day of your exam.
- Wear a 2 piece outfit.

DEXASCAN

- If you are taking calcium and/or other supplements, do not take any 24 hour prior to your exam.

ULTRASOUND PELVIC/OB/BLADDER

- You must fill your bladder by drinking 32oz. of water, 60 minutes prior to your exam.
- **DO NOT** empty your bladder.

ABDOMINAL

- Do not eat or drink six (6) hours prior to your exam.

>>if there is any possibility of pregnancy, please inform our staff prior to your appointment<<

Children cannot go into the exam room with you. If you have small children who are unable to stay alone in the waiting room, please bring someone to watch them. We cannot be responsible for children left unattended.

☐ **BAHAMAS FACILITY**
2301 Bahamas Dr.
Bakersfield, CA 93309

☐ **OLD RIVER FACILITY**
9900 Stockdale Hwy., #100, #109
Bakersfield, CA 93311

☐ **DOWNTOWN ADVANCED FACILITY**
1818 16th Street,
Bakersfield, CA 93301
(No X-Ray's)

☐ **TEHACHAPI FACILITY**
20960 Sage Lane
Tehachapi, CA 93561
(X-Rays ONLY)

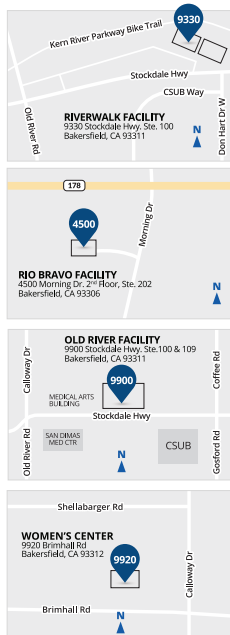
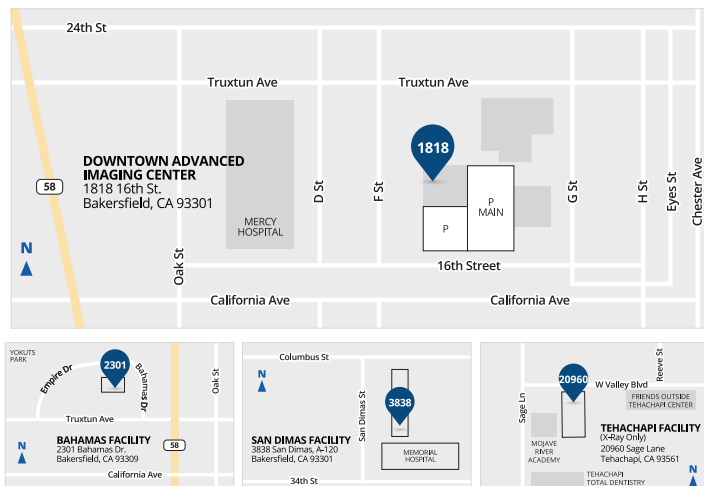
☐ **RIO BRAVO FACILITY**
4500 Morning Dr., #202
Bakersfield, CA 93306
(No X-Ray's or Mammograms)

☐ **SAN DIMAS FACILITY**
3838 San Dimas, #A-120
Bakersfield, CA 93301

☐ **RIVERWALK FACILITY**
9330 Stockdale Hwy., #100
Bakersfield, CA 93311

☐ **WOMEN'S CENTER**
9920 Brimhall Rd
Bakersfield, CA 93312
(No X-Ray's)

General Location & Maps



CONNECT PATIENT PORTAL

Kern Radiology provides its own online scheduling and PACS system named CONNECT. Access to imaging studies ordered at these locations can only be accessed via the CONNECT portal.



[CONNECT.RADNET.COM/KERNPP](https://connect.radnet.com/kernpp)