

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

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____

Referring Physician: _____ Physician Signature: _____

Phone: _____ Fax: _____ Call in STAT results: _____ Release Films with Patient

3T AND HIGH FIELD OPEN MRI AVAILABLE

MR

- MRI**
- With & Without Contrast
 - With Contrast
 - Without Contrast
 - Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
 - Orbits
 - TMJ
 - Neck - Soft Tissue
 - Spine:
 - ___Cervical___Thoracic___Lumbar
 - Sacrum and Coccyx
 - Extremity: Joint ___Left ___Right
 - Specify body part _____
 - Extremity: Non-joint ___Left ___Right
 - Specify body part _____
 - Breast ___CAD
 - ___Mass ___Implant
 - Chest
 - Abdomen
 - ___MRCP
 - Pelvis ___Bony Pelvis ___Soft Tissue
 - Prostate (3T MRI)
 - ___ w/spectroscopy
 - MR Enterography
 - Other: _____

MR Angiography

- With & Without Contrast
- With Contrast
- Without Contrast
- Brain
- Neck - Carotids
- Chest
- Abdomen
- Aorta ___Renal
- Aorta and runoff vessels
- Pelvis
- Extremity: ___Left ___Right
 - Specify body part _____
- Other: _____

MR Arthrography ___Left ___Right

- Shoulder
- Elbow
- Wrist
 - ___Standard ___3 Compartment
- Hip
- Knee

Pain Management

- Facet Joint Injection Lumbar
- Lumbar Blood Patch
- Lumbar Puncture
- Translaminar Epidural Injection Lumbar
- Transforaminal Epidural Injection (Nerve Block)

CT

- Diagnostic CT**
- With & Without Contrast
 - With Contrast
 - Without Contrast
 - Contrast as Indicated
 - 3D Rendering as Indicated
 - Brain
 - IAC Middle Ear
 - Temporal Bones / Mastoids
 - Maxillofacial
 - Sinus
 - Neck (soft tissue)
 - Spine:
 - ___Cervical ___Thoracic ___Lumbar
 - Sacrum and Coccyx
 - Myelogram ___C ___T ___L
 - Extremity ___Left ___Right
 - Specify body part _____
 - Chest
 - Abdomen
 - Abdomen and Pelvis
 - Urogram (abdomen/pelvis)
 - Pelvis
 - Biopsy: _____
 - Dental Planning
 - ___Maxillary ___Mandible
 - Calcium Score
 - Chest Screening
 - Abdomen Screening
 - Pelvis Screening
 - Full Body Screening
 - Enterography
 - Other: _____

CTA (angiography)

- Head
- Neck
- Extremity: ___Upper ___Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis

PET/CT

- PET/CT Skull to Mid Thigh
- PET/CT Brain
- PET/CT Total Body
- NAF Bone PET/CT

Ultrasound

- Abdomen
- Abdomen Limited
 - ___Liver ___Gallbladder
 - ___Right Upper Quadrant
- Abdomen w/Doppler if indicated
- Renal _____
 - ___w/Bladder
- Bladder
- Aorta/Retroperitoneal _____
- Pelvis (Complete)
- Pelvis Transabdominal Only
- Scrotum ___w/Doppler
- Thyroid _____
- Scrotum w/Doppler for Thyroid
- Vascular Studies**
- Arterial Doppler (Duplex)
- Carotid Doppler (Duplex)
- Venous Doppler (Duplex)
- Extremity
 - ___Upper ___Lower ___L ___R ___Bi
 - ___Other _____
- Biopsy/Aspiration/Injection
- Renal Doppler
- Hysterosonogram
- Infant ___Hip(s) ___Head
- Extremity (Non-vascular)
 - Specify body part: _____
- Other _____
- Other _____
- OB Ultrasound**
- OB Ultrasound (TV if indicated)___
- Limited (Viability, Heart Beat, Position, Fluid, Placental Location) _____
- Follow-up -- specify documented problem _____

DEXA

Reason for bone density: _____

Fluoroscopy

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

Nuclear Medicine

- Bone Scan _____
 - ___Whole Body ___Limited ___3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)
 - ___Exercise ___Pharmacologic
- MUGA (cardiac blood pool)
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Emptying
- GI Bleed
- Meckels
- Renal ___Captopril ___Lasix
- Gallium
- White Blood Cell (WBC)
- Other _____

X-Ray

- Specify Views _____
- Head:
 - ___Skull ___Orbits ___Sinuses
 - Spine:
 - ___Cervical ___Thoracic ___Lumbar
 - Sacrum and Coccyx
 - Chest: ___PA ___PA/LAT
 - Ribs:
 - ___Unilateral ___Bilateral ___w/PA Chest
 - Abdomen: ___KUB ___Two Views
 - Pelvis
 - Hips w/AP pelvis, bil
 - ___Unilateral ___L ___R
 - Extremity:
 - ___Left ___Right ___Bilateral
 - Specify Body Part _____
 - Other: _____

Breast Imaging

- Screening Mammogram
- Diagnostic Mammogram
 - Breast Ultrasound (if indicated)
 - ___Left ___Right ___Bilateral
- Breast Ultrasound
 - ___Left ___Right ___Bilateral
- Stereotactic Breast Biopsy
- Ultrasound Guided Biopsy/Aspiration

- 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. If you have a pacemaker you may not have an MRI. Please inform us if you have diabetes or kidney disease.
- CT SCAN (Abdomen or Pelvis):** Please inform us of any allergies to contrast material or diabetes or kidney disease. For a contrast exam please do not eat or drink anything for 4 hours prior to the exam with the exception of water.
- Nuclear Medicine:** Specific preparation information will be given when your appointment is scheduled.
- PET/CT Scan:** Specific preparation information will be given when your appointment is scheduled.
- Ultrasound (Abdominal Area):** No food or drink 8 hours prior to exam.
- Ultrasound (Pelvic/Bladder):** Drink approximately 32 ounces of water to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- Mammography:** Do not wear any perfumes, powders, lotions or deoderants under the arm or around the breast area. Please bring any previous exams with you to your appointment.
- G.I. and/or Small Bowel Series:** No food after 6 pm and no liquids after 9 pm the night before the exam.
- Barium Enema or Air Contrast Enema:** Obtain preparation from the imaging center and follow directions.
- DEXA (Bone Density Exam):** Do not take any calcium supplements for 24 hours prior to your exam.

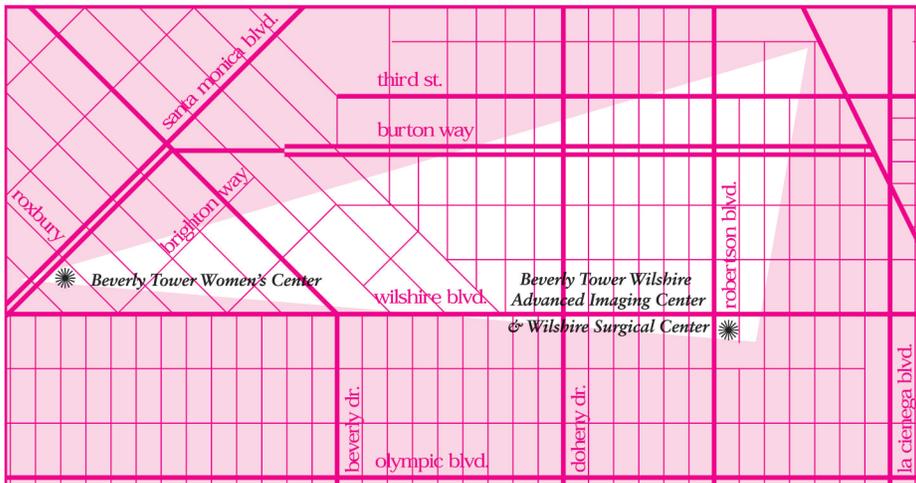
*** For any exam not listed, make sure to ask your scheduler for the proper preparation and limitation requirements.**

After the Exam: Your exam will be read by a board-certified, licensed physician 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 feel free to contact us.

- 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.
- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.

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.



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One hour free parking on Camden,
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Pay parking in building.