RadNet Los Angeles
RadNet Imaging Centers

IMAGING REQUEST FORM

Scheduling: (310) 854-7722 | **Fax:** (310) 854-0011

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
☐ Contrast at Rad's Discretion
☐ Without Contrast
☐ With & Without Contrast
☐ Brain:
☐ IAC/Trigeminal ☐ Brain Anti-Amyloid/ARIA
☐ Pituitary ☐ Spectroscopy
☐ Quantitative Volumetric Analysis:
☐ Dementia/MCI ☐ Seizures
☐ MS ☐ TBI ☐ Peds
☐ Orbits
☐ TMJ
☐ Soft Tissue Neck
☐ Chest
☐ Breast w/wo Contrast
☐ Breast wo Contrast (Implant evaluation only)
☐ Brachial Plexus:
☐ Left ☐ Right ☐ Bilateral
☐ Spine
☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Sacrum/Coccyx
☐ Extremity: ☐ Left ☐ Right
Specify Body Part: _____
☐ Abdomen *(Liver, Kidney, Adrenals, etc)*
☐ MRCP (Pancreas) ☐ Enterography
☐ Liver Iron Quant ☐ Elastography
☐ Pelvis
☐ Prostate w/wo Contrast
☐ Bones and Nodes
☐ Enhanced Prostate Screening w/o Contrast
JOINT ☐ Left ☐ Right ☐ Arthrogram
☐ Shoulder ☐ Elbow ☐ Wrist
☐ Hip ☐ Knee ☐ Ankle
☐ Other: _____
☐ Non-Joint Lower Extremity: _____
☐ Non-Joint Upper Extremity: _____

MR Angiography
☐ Brain
☐ Neck
☐ Thoracic Aorta
☐ Thoracic Outlet
☐ Chest
☐ Abdomen
☐ Abdominal w/run-off
☐ Renal Arteries
☐ Other: _____

FLUOROSCOPY
☐ Hysterosalpingogram (HSG)
☐ Other: _____

CT

Screening CT
☐ Low-Dose Lung Cancer Screening

Diagnostic CT
☐ 3D Reconstruction if indicated
☐ Without Contrast
☐ With Contrast
☐ With & Without Contrast
☐ Oral Contrast

CT Contrast Studies Only.
Creatinine value must be obtained within 60 days of exam for patients with diabetes or known renal issues. **Please fax lab results or provide lab name where performed:** _____

☐ Brain ☐ Orbits ☐ IAC Middle Ear
☐ Maxillofacial (Facial Bones)
☐ Sinus (Maxillofacial)
☐ Neck (Soft Tissue)
☐ Spine:
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Extremity: ☐ Left ☐ Right
Specify Body Part: _____
☐ Chest
☐ Abdomen
☐ Abdomen and Pelvis
☐ Urogram (Abdomen/Pelvis):
☐ Contrast if needed
☐ Pelvis
☐ Other: _____

CTA (Angiography)
☐ Brain ☐ Chest ☐ Abdomen
☐ Neck ☐ Aorta ☐ Pelvis

CT Coronary/Cardiac
☐ Coronary CTA *(75574)*
☐ w/FFR* *(75580)*
☐ w/Plaque Analysis* *(75577)*
☐ w/Ejection Fraction
☐ CT Heart w/ Contrast Pre-EP/Left Atrium *(75572)*
☐ Coronary Artery Calcium Score *(75571)*
☐ Other: _____

*Only performed when indicated in accordance with current guidelines.

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)

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: _____

ULTRASOUND
☐ Abdomen
☐ Abdomen Limited:
☐ Liver ☐ Gallbladder
☐ Right Upper Quadrant
☐ Aorta/Retroperitoneal
☐ Renal:
☐ w/Bladder
☐ Bladder
☐ Hysterosonogram
☐ Pelvic (Transabdominal and Transvaginal)
☐ Pelvic Complete (Transabdominal Only)
☐ Pelvic (Transvaginal Only)
☐ Scrotum ☐ w/Doppler
☐ Thyroid
☐ Other: _____

Ultrasound Guided Biopsy
☐ Thyroid FNA
☐ Left ☐ Right ☐ Bilateral
Specify Values: _____

Vascular Studies
☐ Arterial Doppler (Duplex)
☐ Upper ☐ Lower ☐ L ☐ R ☐ Bil
☐ Carotid Doppler (Duplex)
☐ Renal Doppler (Duplex)
☐ Insufficiency/Varicose Vein Study (Duplex)
Lower Extremity: ☐ L ☐ R ☐ Bil
☐ Venous Doppler (Duplex/DVT)
☐ Upper ☐ Lower ☐ L ☐ R ☐ Bil
☐ Venous Mapping Extremities
☐ Upper ☐ Lower ☐ L ☐ R ☐ Bil
☐ Other: _____

OB Ultrasound
☐ OB Ultrasound (TV if indicated)
☐ OB Ultrasound - less than 14 weeks
☐ OB Ultrasound - more than 14 weeks
☐ Follow-up -- specify documented Problem: _____

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: _____
☐ Other: _____
Specify Values: _____

EOS
Exams will utilize Flex Dose protocol unless noted as Micro Dose
☐ Full Body ☐ Lower Limbs
☐ Pelvis + Lumbar Spine Sitting
☐ Full Spine ☐ Full Spine Sitting
☐ Spine Bending
☐ Spine Flexion / Extension
☐ Micro Dose* (For Follow-Up / Monitoring)
☐ Other: _____
*Further dose reduction that impacts image quality for follow-up monitoring, measuring cobb angles, etc.

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
☐ Contrast Enhanced Mammogram (CEM) (Breast Ultrasound if Indicated)
☐ Contrast Enhanced Mammogram (CEM)
☐ Screening Breast Ultrasound
☐ Diagnostic Breast Ultrasound
☐ Left ☐ Right ☐ Bilateral
☐ Stereotactic Guided Breast Biopsy
☐ CEM 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, CEM, Breast Ultrasound, Breast MRI w/wo contrast and/or applicable Biopsy.

Please Bring ID, this form and your insurance card with you on the day of your exam. RadNet.com/LA

RadNet Los Angeles
RadNet Imaging Centers

LOCATIONS & SERVICES

				MRI	CT	PET/CT	Ultrasound	3D Screening Mammography	3D Diagnostic Mammography	Contrast Enhanced Mammography	Stereotactic/US Breast Biopsy	DEXA	X-Ray	EOSedge	Flouroscopy	Arthrogram
☐	1 Beverly Tower Wilshire Advanced	8750 Wilshire Blvd, Ste 100, Beverly Hills, CA 90211	310-689-3100	■✦	●	●	●						●		●	●
☐	2 Breastlink Women's Imaging Center	8750 Wilshire Blvd, Ste 200, Beverly Hills, CA 90211	310-385-7747				●	●	●	●	●	●				
☐	3 Huntington Park Advanced Imaging	2680 Saturn Ave, Ste 100, Huntington Park, CA 90255	323-584-3333	○	●											
☐	4 Huntington Park Advanced Imaging	2679 Zoe Ave, Huntington Park, CA 90255	323-584-3333				●						●			
☐	5 Inglewood Advanced Imaging	211 N Prairie Ave, Ste E, Inglewood, CA 90301	310-672-9729	■	●	●	●	●	●			●	●			
☐	6 Resolution Advanced Imaging	2428 Santa Monica Blvd, Lower Level, Santa Monica, CA 90404	310-315-1000	✦	●		●	●	●			●	●			●
☐	7 WaveImaging Beach Cities	510 N Prospect Ave, Ste 101, Redondo Beach, CA 90277	310-265-3100	■	●		●						●			●
☐	8 WaveImaging Torrance Advanced	23441 Madison St, Ste 100, Torrance, CA 90505	310-373-0000	✦												
☐	9 Westchester Advanced Imaging	8540 S Sepulveda Blvd, Ste 101 & 112, Los Angeles, CA 90045	310-645-9050	◊	●		●	●	●				●			●
☐	10 Wilshire Downtown Advanced Imaging	3055 Wilshire Blvd, Ste 150, Los Angeles, CA 90010	213-487-4077	■	●								●			

✦3.0T ■1.5T ◊1.2T Open ○ Open MRI

MINK LOCATIONS

☐	11 Mink Advanced Imaging Beverly Hills	8670 Wilshire Blvd, Ste 101, Beverly Hills, CA 90211	310-358-2100	■	●		●						●		●	●
☐	12 Mink Advanced Imaging Los Angeles	8436 W 3rd St, Ste 600, Los Angeles, CA 90048	310-358-2199	■									●			
☐	13 Breastlink Women's Imaging Center Marina del Rey	4640 Admiralty Way, Ste 102, Marina del Rey, CA 90292	310-305-4500				●	●	●		●					
☐	14 Mink Advanced Imaging Admiralty	4640 Admiralty Way, Ste 100, Marina del Rey, CA 90292	310-836-4700	■✦	●		●					●	●		●	●
☐	15 Mink Advanced Imaging Glencoe	4553 Glencoe Ave #120, Marina del Rey, CA 90292	310-473-0201		●								●	●		

✦3.0T ■1.5T ◊1.2T Open ○ Open MRI

RadNet Locations:
Scheduling Phone: (310) 854-7722
Fax: (310) 854-0011
BeverlyTowerScheduling@Radnet.com

Mink Advanced Imaging Locations:
Beverly Hills and Los Angeles Locations
Scheduling Phone: (424) 389-2280
Fax: (310) 358-2131

Marina del Rey Locations:
Scheduling Phone: (424) 394-0203
Fax: (310) 773-3602

For X-Ray locations, hours, wait times, appointments or walk in locations visit: **XRayHours.com**