Beverly Tower Wilshire
ADVANCED IMAGING CENTER™

To Schedule an Appointment:
P: (310) 854-7722
F: (310) 854-0011

BEVERLY TOWER
WOMEN'S CENTER™

BEVERLY TOWER
LOS ANGELES
IMAGING CENTER™

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

MRI

❑ With & Without Contrast
❑ Without Contrast
❑ 3D Recon if Indicated
❑ Brain
❑ IAC
❑ Pituitary
❑ Brain Neuroquant w/3D
❑ Orbits
❑ TMJ
❑ Neck - Soft Tissue
❑ Brachial Plexus
❑ Spine:
_Cervical _Thoracic _Lumbar
❑ Sacrum & Coccyx
❑ Extremity: _Joint _Non-Joint
_Left _Right
Specify body part_____
❑ Breast: _Mass _Implant
❑ Chest: _Soft Tissue _Cardiac
❑ Abdomen: _Liver _Pancreas
_MRCP w/3D _Renal _Adrenal
❑ Abdomen & Pelvis:
_Enterography _Urogram
❑ Pelvis Soft Tissue:
_Cystogram _Female
❑ Prostate (3T MRI)
_w Spect.
❑ Pelvis Bony
❑ Other:_____
Creatinine:_____
GFR:_____
Lab Date:_____

MR Angiography

❑ Brain
❑ Neck - Carotids
❑ Chest
❑ Abdomen
❑ Aorta
❑ Renal
❑ Abdomen/Pelvis/LLExt/RLExt
❑ Pelvis
❑ Extremity:
_Left _Right
Specify body part_____
❑ Other:_____

MR Arthrography

_Left _Right
❑ Shoulder
❑ Elbow
❑ Wrist:
_Standard _3 Compartment
❑ Hip
❑ Knee
❑ Ankle
❑ Foot

CT

❑ With & Without Contrast
❑ With Contrast
❑ Without Contrast
❑ Contrast if Indicated
❑ 3D Recon if Indicated
❑ Brain
❑ Orbits
❑ IAC Middle Ear
❑ Temporal Bones / Mastoids
❑ Maxillofacial
❑ Sinus
❑ Neck (soft tissue)
❑ Spine:
_Cervical _Thoracic _Lumbar
❑ Sacrum & Coccyx
❑ Myelogram:
_Cervical _Thoracic _Lumbar
❑ Extremity:_Left _Right
Specify body part_____
❑ Chest
❑ Abdomen: _Liver
_Pancreas _Renal/Adrenal
❑ Abdomen & Pelvis (Abd Pain)
_Enterography
❑ Urogram (abdomen/pelvis)
❑ Pelvis: _Cystogram
❑ Biopsy:_____
❑ Dental Planning:
_Maxillary _Mandible
❑ Other:_____
Creatinine:_____
GFR:_____
Lab Date:_____

CT Angiography

❑ Head
❑ Neck
❑ Chest
❑ Cardiac
❑ Calcium Score
❑ Abdomen _Mesenteric
_Renal
❑ Abdomen/Pelvis w runoff
❑ Pelvis
❑ Extremity: _Left _Right
Specify body part_____

ULTRASOUND

❑ Abdomen:
❑ Complete ❑ Limited
_Liver _Gallbladder
_Right Upper Quadrant
_w/Duplex if indicated
❑ Renal:
_w/Bladder
_w/Duplex if indicated
❑ Bladder
❑ Aorta/Retroperitoneal
_w Duplex if indicated
❑ Pelvis Transabdominal Only
_w Duplex if indicated
❑ Pelvis (TV if indicated)
_w Duplex if indicated
❑ Scrotum
_w Duplex if indicated
❑ Thyroid
❑ Soft tissue Head/Neck
❑ Extremity (Non-Vascular)
_Left _Right
Specify body part:
_____
❑ Biopsy/Aspiration/Injection
❑ Hysterosonogram
❑ Infant:
_Hip(s) _Head
❑ Other_____

Vascular Studies

❑ Carotid
❑ Abdominal / Pelvic
❑ Aorta
❑ Renal
❑ Venous Extremity:
_Upper _Lower _L _R _Bil
_ Acute(DVT) _Chronic(Reflux)
❑ Arterial Extremity:
_Upper _Lower _L _R _Bil
_Physiologic Study if indicated
❑ Other _____

OB Ultrasound

❑ OB Ultrasound (TV if indicated)
❑ Limited (Viability, Heart Beat, Position, Fluid, Placental Location)
❑ Follow-up -- specify documented problem_____
❑ Biophysical Profile (non stress)

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
❑ Scoliosis
❑ Chest:
_PA _PA/LAT
❑ Ribs:
_Unilateral _Bilateral
_w/PA Chest
❑ Abdomen:
_KUB _Two Views
❑ Pelvis
❑ Hips w/AP pelvis
_Unilateral _Left _Right
❑ Extremity:
_Left _Right _Bilateral
Specify Body Part
_____
❑ Bone Age
❑ Fluoroscopy
❑ Other:_____
_____

PET/CT

❑ PET/CT Brain _FDG _Amyloid
❑ PET/CT Skull to Mid Thigh
❑ PET/CT Total Body
❑ NAF Bone PET/CT

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
❑ Other:_____

FLUOROSCOPY

❑ Esophagram
_w/ Video
❑ UGI
❑ UGI w/SBFT
❑ Small bowel
❑ Barium Enema
❑ IVP
❑ VCUG
❑ Hysterosalpingogram (HSG)
❑ Arthrography
Specify body part_____
❑ Other:_____

PAIN MANAGEMENT

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

DEXA

Reason for Bone Density: _____
_____
_____
_____
_____

Preparation Instructions

☐**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.

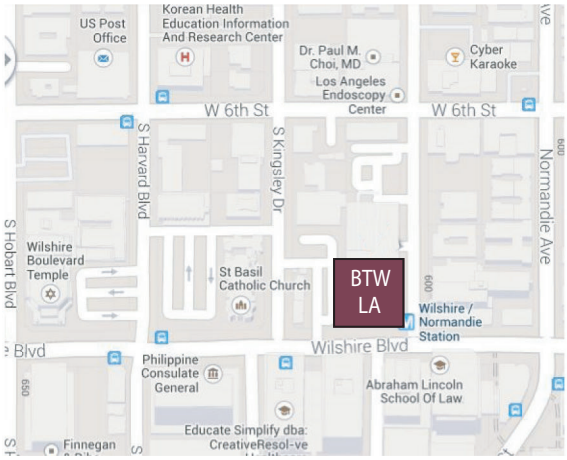
*** For any exam not listed, make sure to ask your scheduler for the proper preparation and limitation requirements.**

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 out-standing 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.*

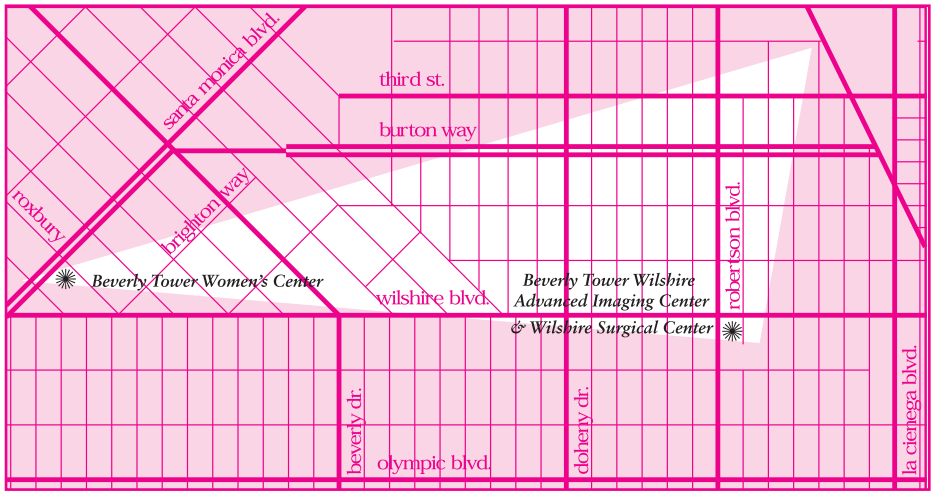
Please call us if you have any questions regarding your procedure or preparation for your procedure. Study times vary in length. Bring I.D., this form and your insurance card with you on the day of your exam.



3545 Wilshire Blvd.,
Suite 102 Los Angeles, CA 90010
Tel: (213) 252-0922 • Fax: (213) 252-0932

***Pay Parking behind building**

FOR SCHEDULING:
PHONE: (310) 854-7722 • FAX: (310) 854-0011



Beverly Tower Wilshire Advanced
8750 Wilshire Boulevard, Suite 100
Beverly Hills, CA 90211
P: (310) 689-3100 • F: (310) 689-3130
Validated Valet Parking on P3.

Beverly Tower Womens's Center
465 N. Roxbury Drive, Suite 101
Beverly Hills, CA 90210
P: (310) 385-7747 • F: (310) 385-9144
One hour free parking on Camden,
one hour on Bedford.
Pay parking in building.

RADNET MANAGEMENT, INC.