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

Appointment Date: ____________________________________________

Patient’s Name: ______________________________________________

Clinical History/Reason for Exam: ______________________________________

Insurance Information: ____________________________________________

Referring Physician: _____________________________________________

Physician Signature: _____________________________________________

Phone: __________________________ Fax: __________________________

Call in STAT results: _______ Release Films with Patient _______

3T AND HIGH FIELD OPEN MRI AVAILABLE

MR
☐ With & Without Contrast
☐ Without Contrast
☐ Brain
☐ w/special attention to IAC
☐ w/special attention to Pituitary
☐ Orbits
☐ TMJ
☐ Neck - Soft Tissue
☐ 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
☐ 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
☐ Flip
☐ Knee

CT
☐ Abdomen
☐ Abdomen Limited
☐ Liver _ Gallbladder
☐ Right Upper Quadrant
☐ Abdomen w/Doppler if indicated
☐ Renal
☐ w/Bladder
☐ Bladder
☐ Aorta/Retropitoneal
☐ 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
☐ Hysterosalpingogram
☐ Infant ___ Hip(s) ___ Head
☐ Extremity (Non-vascular)
☐ Specify body part: ____________________________
☐ 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/SBF
☐ Small bowel
☐ Barium Enema
☐ Other:

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

Ultrasound
☐ 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:

Nuclear Medicine

X-Ray
Specify Views ____________________________

☐ Head:
☐ Skull _ Orbits _ Sinuses
☐ Spine:
☐ Cervical _ Thoracic _ Lumbar
☐ Sacrum and Coccyx
☐ Chest: _ PA _ PA/LAT
☐ Rib:
☐ 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

www.RadNet.com
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 deodorants 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 your 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.

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 Women’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.