



TAX ID# 56-2629193

Imaging Requisition

Today's Date

PLEASE BRING THIS FORM, YOUR INSURANCE CARD AND PHOTO ID TO YOUR APPOINTMENT

Patient's Name: _____ Appointment Date: _____
 DOB: _____ Patient's Daytime Phone: _____
 Clinical Reason for Exam: _____

 CC1: _____ CC2: _____
 Insurance: _____ Auth #: _____
 Physician's Signature: _____
 Phone: _____ Fax: _____

Is Patient Pregnant? Routine Fax Prelim STAT/Wet Read Patient Back: Patient Home
 Y N LMP _____ to Office Phone Report Film CD If Negative

For PET/CT, please use PET/CT order form (Oakland • Pleasanton • Walnut Creek)

MRI Contrast as Indicated. 3D Rendering as Indicated.

- BRAIN IAC PITUITARY TMJ ORBITS, FACE, NECK
- BREAST BILAT CHEST
- ABDOMEN ABDOMEN MRCP ADRENALS PELVIS
- SPINE C T L EXTREMITY _____ L _____ R
- BRAIN/HEAD MRA/MRV NECK MRA
- BRAIN w/NEUROQUANT® (3-D RENDERING) AGE RELATED ATROPHY REPORT
- MR ARTHROGRAPHY _____ L _____ R OTHER: _____

CT Contrast as Indicated. 3D Rendering as Indicated.

- BRAIN ORBITS, IAC, POST FOSSA SINUS NECK (SOFT TISSUE)
- CHEST ABDOMEN (PELVIS IF INDICATED) ABDOMEN PELVIS
- CT UROGRAPHY (ABDOMEN & PELVIS) SPINE C T L
- CT ANGIOGRAPHY _____ EXTREMITY _____ L _____ R
- OTHER _____

Creatinine: _____ GFR: _____ Date: _____

ULTRASOUND

- THYROID NECK RENAL w/BLADDER
- ABDOMEN _____ ABD LTD LIVER SP RUQ LIVER GB AORTA/RETROPERITONEAL
- PELVIS (TV IF INDICATED) PELVIS TRANSABD ONLY SCROTUM w/DOPPLER
- BLADDER OB (TV if indicated) # OF WEEKS _____ OB FOLLOW-UP (TV if indicated)
- OB LTD CAROTID DOPPLER (DUPLX) VENOUS DOPPLER
- HYSTEROSONOGRAM w/ PELVIS US THYROID FNA, #OF SITES _____
- NECK FNA, # OF SITES _____ At Fremont, Pleasanton & Walnut Creek Centers only.
- OTHER _____

MAMMOGRAPHY

- SCREENING DIAGNOSTIC OTHER
- BREAST ULTRASOUND (if indicated) BREAST ULTRASOUND (if indicated) _____

BONE DENSITY DEXA Date of Last Exam: _____

NUCLEAR MEDICINE

- THYROID UPTAKE and SCAN THYROID THERAPY BONE SCAN WB LTD 3-PHASE
- PARATHYROID LIVER/SPLEEN TUMOR LOCALIZATION RENAL CAPTOPRIL LASIX
- GALLBLADDER (HIDA) WITH CCK MUGA (CARDIAC BLOOD POOL) OTHER _____

X-RAY

- SINUS SKULL ORBITS CHEST PA PA/LAT BONE SURVEY
- SPINE C T L RIBS UNI BIL w/ PA CHEST ABDOMEN KUB
- PELVIS EXTREMITY _____ L _____ R OTHER _____

FLUOROSCOPY

- ESOPHAGRAM UGI UGI w/ SBFT SMALL BOWEL BARIUM ENEMA
- HSG ARTHROSCOPY _____ OTHER _____

CONCORD
 2300 Clayton Rd., Suite 160
 Concord, CA 94520
High Field MRI, MRA, CT,
 US, Mammo, X-Ray, DEXA,
 Fluoroscopy
 Bus: (925) 825-7777
 Fax: (925) 288-8719

FREMONT
 2201 Walnut Avenue, Suite 150
 Fremont, CA 94538
 US, Mammo, DEXA, X-Ray,
 Fluoroscopy
 Bus: (510) 713-1234
 Fax: (510) 713-1236
High Field MRI, MRA, CT
 Bus: (510) 713-1235

OAKLAND
 3200 Telegraph Avenue
 Oakland, CA 94609
3T High Field MRI, MRA, CT,
 X-Ray, DEXA, Mammo, US,
 Breast MRI, Fluoroscopy
 Bus: (510) 663-1950
 Fax: (510) 663-1951
PET/CT and NUC MED
 Bus: (510) 663-1952
 Fax: (510) 663-1953

PLEASANTON
 5924 Stoneridge Drive, Suites 105, 106
 Pleasanton, CA 94588
High Field MRI, MRA, CT,
 US, Fluoroscopy, X-Ray, DEXA
 Bus: (925) 463-0554
 Fax: (925) 463-0497

WOMEN'S IMAGING CENTER
 Mammo, US, Breast MRI, DEXA
 Bus: (925) 463-0554
 Fax: (925) 463-0497
PET/CT
 Bus: (925) 463-0556
 Fax: (925) 463-0557

SAN LEANDRO
 2450 Washington Avenue, Suite 120
 San Leandro, CA 94577
High Field Open MRI, MRA, CT,
 US, Mammo, DEXA, X-Ray,
 Fluoroscopy
 Bus: (510) 351-7734
 Fax: (510) 351-7742

WALNUT CREEK
 114 La Casa Via, Suites 100, 200
 Walnut Creek, CA 94598
 US, Mammo, Breast MRI, DEXA,
 Nuc Med, X-Ray, Fluoroscopy
 Bus: (925) 937-6100
 Fax: (925) 938-9940
3T High Field MRI, MRA, CT,
 Bus: (925) 937-6140
 Fax: (925) 938-9940
PET/CT
 Bus: (925) 937-2355
 Fax: (925) 938-9940