



X-Ray: For availability and to schedule, please visit xrayhours.com

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

Authorization Number: _____

Patient's Name: _____ Date of Birth: _____

Diagnosis/Reason for Exam: _____ ICD-10 Code: _____

Insurance Information: _____

Referring Physician: _____

Provider Signature: _____ Fax: _____

Patient to bring images to Doctor **Call in STAT results** Additional Report to: _____

MR

- MRI
- Without Contrast
- With & Without Contrast
- 3D Recon
- Brain
 - IAC/Trigeminal
 - Brain Anti-Amyloid/ARIA
 - Pituitary
 - Quantitative Volumetric Imaging
 - (NeuroQuant, LesionQuant, icobrain), Protocol: __Dementia__Seizures__MS__TBI__Peds

- Orbits
- TMJ
- Neck - Soft Tissue
- Spine: __Cervical__Thoracic__Lumbar
- Extremity: Joint __Left__Right
Specify body part: _____
- Extremity: Non-Joint __Left__Right
Specify body part: _____
- Breast __CAD__Mass__Implant
- MR Guided Breast Biopsy
- Cardiac
- Chest
- Abdomen
 - __Adrenals__MRCP
- Pelvis __Bony Pelvis__Soft Tissue
- Prostate
- Spectroscopy __Brain
- Dynamic Pelvic Floor
- Enterography
- Elastography
- Defecography
- Other: _____

MR Angiography

- Contrast No Contrast
- 3D Rendering
- Brain
- Neck - Carotids
- Chest
- Abdomen
 - __Aorta__Renal
- Aorta and runoff vessels
- Pelvis
- Extremity: __Left__Right
- Other: _____

MR Arthrography __Left__Right

- Shoulder
- Elbow
- Wrist
- Hip
- Knee
- Ankle
- Other: _____

CT

- Screening CT
- Lung Cancer Screening
- Diagnostic CT
- Contrast No Contrast
- IV Contrast (Iodine)
- Oral Contrast
- Contrast at Rad's Discretion
- 3D Rendering
- Brain
- Orbits
- IAC Middle Ear
- Maxillofacial - Facial Bones
 - __Bones__Implants
- Sinus (Maxillofacial)
- Neck (soft tissue)
- Spine: __Cervical__Thoracic__Lumbar
- Extremity: __Left__Right
Specify body part: _____
- Scanogram
- Chest __High Resolution
- Abdomen Pelvis
- Urogram
- Pelvis
- Virtual Colonography
- Treatment Plan: _____
- Dental Planning
- Spectroscopy __Brain
- Biopsy: _____
- Other: _____

CTA (angiography)

- Head
- Neck
- Extremity: __Upper__Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis
- Calcium Score
- Cardiac __Coronary FFR_{CT} (if needed) __EP Plan

Creatinine: _____

Lab Date: _____

Breast Imaging

- 3D Screening Mammogram
 - __EBCD Recommended
- 3D Diagnostic Mammogram
- Screening Whole Breast Ultrasound
- Diagnostic Breast Ultrasound
 - __L__R__Bilateral
- Breast Ultrasound __L__R__Bilateral
- Stereotactic Breast Biopsy
- Ultrasound Guided Biopsy/Aspiration
- Guided Needle Placement (J-Wire)
 - Date last mammogram: _____
 - Breast Implants: __Yes__No

Ultrasound

- Abdomen: _____
- Abdomen Limited
 - __Liver__Gallbladder
 - __Right Upper Quadrant
- Abdomen w/ Doppler if indicated
- Renal: _____
 - w/bladder
- Bladder: _____
- Aorta/Retroperitoneal
- Pelvis Transabdominal Only
 - F M
- Scrotum: __w/Doppler
- Thyroid: _____
- Biopsy / Aspiration / Injection
 - Area: _____
 - __Mass__Implant
- Pelvis transvaginal
- Pelvis TA and TV
- Soft Tissue Abdomen Wall
- Groin

Vascular Studies

- Arterial Doppler (Duplex)
- Carotid Doppler (Duplex)
- Venous Doppler (Duplex)
 - __Acute (DVT)__Chronic (Reflux)
- Extremity
 - __Upper__Lower__L__R
- Ankle-Brachial Index (ABT)
- Other: _____

OB Ultrasound

- OB Ultrasound (TV if indicated)_____
- Limted (Viability, Heart Beat, Position, Fluid, Placental Location): _____
- Follow-up -- specify documented problem
- Biophysical Profile: _____
- Echocardiogram

Fluoroscopy

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

DEXA

- Bone Density
 - Reason for bone density: _____
- Date of last exam: _____

PET/CT

- Amyloid Brain
- FDG Skull Base to Mid Thigh
- FDG Whole Body (Melanoma)
- FDG Brain (Metabolic)
- Ga 68 NetSpot (Neuroendocrine Tumor)
- 18F-FES Cerianna (ER+Breast Cancer)
- F-18 Axumin (Prostate Cancer-Recurrence)
- F-18 PSMA/PyL (Prostate Cancer-Initial Staging/Recurrence)

Nuclear Medicine

- Bone Scan: _____
 - __Whole Body__Limited__3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)
 - __Exercise__Pharmacologic
 - __Lexi__Adenosine
- 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

- 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__L__R
- Extremity:
 - __Left__Right__Bilateral
- Specify Body Part: _____
- EKG

Other

Please bring this form, your insurance card & a form of ID with you on the day of your exam.

Locations, Maps & General Information

SCHEDULING
P: (805) 357-0067
F: (805) 777-3846

3T = 3T MRI 1.5 = 1.5T MRI 1.2 = Open System 64 = 64 Slice S = Stereotactic Biopsy

	MR	Open MRI	Enhanced Prostate Screening	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Breast Tomo	DEXA	General Ultrasound	Vascular Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrograms	X-Ray
<input type="checkbox"/> ① Rolling Oaks Radiology Thousand Oaks 415 Rolling Oaks Dr., Suite 125 & Suite 160, Thousand Oaks, CA 91361 Phone: (805) 778-1513 Fax: (805) 777-3846	3T		64												
<input type="checkbox"/> ② Breastlink Women's Imaging Center 225 W. Hillcrest Suite 100, Thousand Oaks, CA 91360 Phone: (805) 409-9585 Fax: (805) 777-3846						S									
<input type="checkbox"/> ③ Rolling Oaks Radiology - Hillcrest 225 W. Hillcrest Suite 110, Thousand Oaks, CA 91360 Phone: (805) 409-9615 Fax: (805) 777-3846	3T														
<input type="checkbox"/> ④ Rolling Oaks Radiology Camarillo 3801 Las Posas Rd., Suite 111, Camarillo, CA 93010 Phone: (805) 389-9657 Fax: (805) 777-3846															
<input type="checkbox"/> ⑤ Rolling Oaks Radiology Oxnard 1901 N. Rice Ave., Suite 145, Oxnard, CA 93030 Phone: (805) 604-3370 Fax: (805) 777-3846	1.5 3T			64											
<input type="checkbox"/> ⑥ Rolling Oaks Radiology Oxnard Women's Center 1901 N. Rice Ave., Suite 155, Oxnard, CA 93030 Phone: (805) 604-3370 Fax: (805) 777-3846						S									
<input type="checkbox"/> ⑦ Rolling Oaks Radiology Ventura 4516 Market Street, Ventura, CA 93003 Phone: (805) 644-7300 Fax: (805) 777-3846	3T		64												
<input type="checkbox"/> ⑧ Rolling Oaks Radiology - St. John's 1700 N Rose Ave., Suite 110, Oxnard, CA 93030 Phone: (805) 983-0883 Fax: (805) 777-3846	1.5			64											
<input type="checkbox"/> ⑨ MDI Thousand Oaks 300 Lombard Street, Thousand Oaks, CA 91361 Phone: (805) 495-1220 Fax: (805) 777-3846	1.5	1.2													
<input type="checkbox"/> ⑩ Simi Valley Medical Imaging 1687 Erringer Rd., Suite 210, Simi Valley, CA 93605 Phone: (805) 527-4674 Fax: (805) 777-3846	1.5			40											
<input type="checkbox"/> ⑪ Rolling Oaks Simi Valley 2950 Sycamore Dr., Suite 101, Simi Valley, CA 93065 Phone: (805) 577-6649 Fax: (805) 777-3846															
<input type="checkbox"/> ⑫ Rolling Oaks Radiology - North Solar 2001 North Solar Drive, Suite 135, Oxnard, CA 93036 Phone: (805) 988-0616 Fax: (805) 604-1722	1.5	3T		64											
<input type="checkbox"/> ⑬ Rolling Oaks Radiology - Loma Vista 2705 Loma Vista Road, Suite 100, Ventura, CA 93003 Phone: (805) 861-2260 Fax: (805) 861-2202	3T			64											
<input type="checkbox"/> ⑭ Rolling Oaks Radiology - Cancer Center 2900 Loma Vista Road, Suite 101, Ventura, CA 93003 Phone: (805) 919-4153 Fax: (805) 648-2341															
<input type="checkbox"/> ⑮ Rolling Oaks Radiology Palms 1901 Outlet Center Dr. Ste. 120 & 250, Oxnard, CA 93036 Phone: (805) 604-9500 Fax: (805) 604-9559	1.5														

General Information

- 1 It is required that we have a doctor's order to perform your exam.
- 2 Please bring a valid id card with you along with your insurance card.
- 3 Some exams require authorization.
- 4 Please plan on completing registration forms prior to your exam.
- 5 If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
- 6 To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
- 7 Study times may vary.

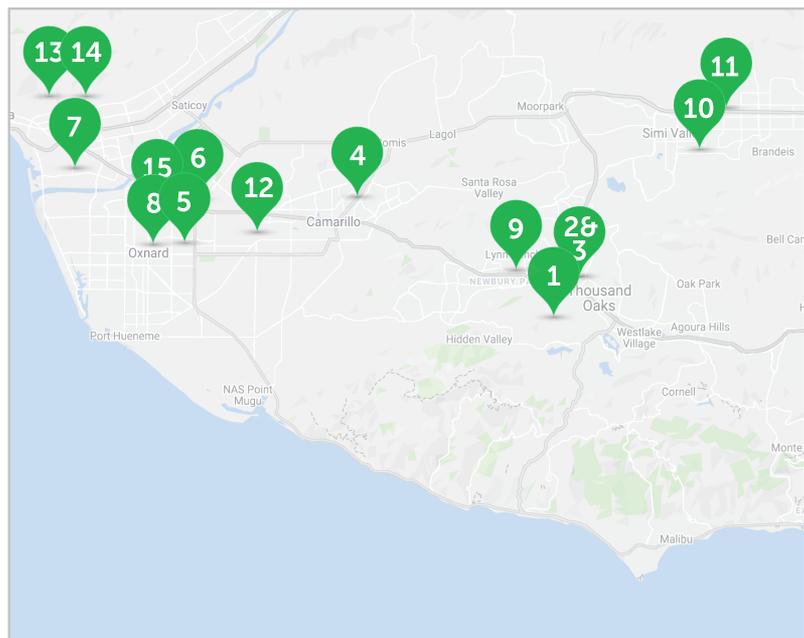
Now Offering Remote Check-in

- Simple step by step instructions for patients and a quick and easy way to communicate with our staff.
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How does it work?

- During your pre-check-in process you will be given a number to text, notifying us of your arrival.
- We will text back and include links to complete check-in from outside the center.

For exam preparation instructions and more visit RollingOaksRadiology.com



X-Ray: For availability and to schedule, please visit xrayhours.com

CONNECT
PATIENT PORTAL

Take advantage of our patient portal to schedule your exam, then view your report after your appointment.
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