Rolling Oaks Radiology
RadNet Imaging Centers

IMAGING REQUEST FORM

Scheduling: (805) 357-0067 | **Fax:** (805) 778-1116

CONNECT PATIENT PORTAL
Take advantage of our patient portal to schedule your exam, then view your report after your appointment.
CONNECT.RadNet.com/RORPP

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: ___WO ___W ___W/WO
☐ Brain:
___IAC ___Pituitary
___Brain Anti-Amyloid/ARIA
☐ Quantitative Volumetric Analysis
___Dementia/MCI ___TBI
___Seizures ___Pediatrics
___MS ___LesionQuant
☐ Spectroscopy Brain
☐ Orbits
☐ TMJ
☐ Neck (Soft Tissue)
☐ Brachial Plexus _L _R
☐ Spine:
___Cervical ___Thoracic ___Lumbar
☐ Sacrum and Coccyx
☐ Extremity: _Left _Right
Specify Body Part: _____
☐ Chest
☐ Abdomen (Liver, Kidney, Adrenals, etc):
__MRCP (Pancreas) __Enterography __Eovist (liver)
__Liver Iron Quant __Fat Fraction __Elastography
☐ Elastography (Liver Study)
☐ Enterography
☐ Pelvis_Bony Pelvis_Soft Tissue
☐ Prostate w/wo Contrast
___Bones and Nodes
☐ Enhanced Prostate Screening w/o Contrast
☐ Breast ___CAD ___Mass ___Implant
☐ MRV
___Head ___Neck

MR Angiography
☐ Contrast: ___WO ___W ___W/WO
☐ Brain
☐ Neck (Carotids)
☐ Chest
☐ Brachial Plexus ___L_R
☐ Abdomen
___Aorta ___Renal
☐ Pelvis
☐ Other: _____

MR Arthrography __Left __Right
☐ Shoulder ☐ Hip(s) ☐ Wrist
☐ Knee ☐ Elbow ☐ Ankle

CORONARY/CARDIAC CT

☐ Coronary CTA *(75574)*
___ w/FFR* *(75580)*
___ w/Plaque Analysis* *(75577)*
___ w/Ejection Fraction
☐ Coronary CTA, CTA Chest, Abdomen, Pelvis for Pre TAVR/TAVI Planning *(75574, 71275, 74174)*
☐ CT Heart w/ Contrast Pre-EP/Left Atrium *(75572)*
☐ Coronary Artery Calcium Score *(75571)*
☐ Other: _____

**Only performed when indicated in accordance with current guidelines*

CT

Screening CT
☐ Low-Dose Lung Cancer Screening

Diagnostic CT
☐ 3D Reconstruction if indicated
☐ Contrast: ___WO ___W ___W/WO
☐ Oral Contrast
☐ Renal Disease, Diabetic or on Diabetic Medication
Creatinine: _____
Lab Date: _____
- Lab date needs to be within 60 Days of exam
- Fax lab report

☐ 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

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: _____

NUCLEAR MEDICINE

☐ Bone Scan:
__3 Phase __SPECT __Limited __Whole Body
☐ Gastric Emptying
☐ GI Bleed Scan
☐ HIDA: ___w/o EF ___w/EF
☐ Liver Spleen Vascular Flow
☐ Liver/Hemangioma w/SPECT
☐ Liver/Spleen: ___Static ___W/SPECT
☐ MUGA (cardiac blood pool)
☐ Myocardial Perfusion (Sestambi)
☐ Parathyroid
☐ Renal Scan: __w/Captopril __w/Lasix
☐ Thyroid:
___Scan ___Whole Body
___Uptake and Scan
___Whole Body w/Thyrogen

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: _____

Vascular Studies
☐ Arterial Doppler (Duplex)
___Upper ___Lower ___L ___R ___Bil
☐ Carotid Doppler (Duplex)
☐ Renal Doppler (Duplex)
☐ Insufficiency/Naricose 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):
_____

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 Screening Breast Ultrasound
☐ Diagnostic Breast Ultrasound
___Left ___Right ___Bilateral
☐ Stereotactic 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, Breast Ultrasound, Breast MRI w/wo contrast and/or applicable Biopsy.

DEXA | Bone Density

☐ Hip & Spine
☐ Radius/Wrist/Heel
☐ Hip & Spine & Radius/Wrist/Heel
☐ Body Fat Composition Analysis

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 ___L ___R
☐ Extremity: ___Left ___Right
Specify Body Part: _____
☐ EKG

FLUOROSCOPY

☐ Aspiration – Body Part:
_____
☐ Barium Enema:
__ Single Contrast (WO Air)
__ Double Contrast (W Air)
☐ Cystogram
☐ Esophagram:
__ Barium Swallow
__ Barium Swallow Double Contrast (W Air)
__ Barium Swallow With Speech Therapist
☐ Hysterosalpingogram (HSG)
☐ Small Bowel Follow Through (SBFT)
☐ Sniff Test
☐ Therapeutic Injection – Body Part:
_____
☐ Upper GI:
__ Single Contrast (WO Air)
__ With Esophagram
__ Without Esophagram
__ W Small Bowel Follow Through
__ Double Contrast (W Air)
__ With Esophagram
__ Without Esophagram
__ W Small Bowel Follow Through

BIOPSY

☐ US Guided Thyroid Biopsy
___Core ___FNA
☐ US Guided Lymph Node Biopsy
___Core ___FNA
☐ Other: _____

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

Locations, Maps & General Information

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

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

			Phone / Fax	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
☐	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	●					●	●		●	●	●
☐	2	**Breastlink Women's Imaging Center - Rolling Oaks Radiology** 225 W. Hillcrest Suite 100, Thousand Oaks, CA 91360	Phone: (805) 409-9585 Fax: (805) 777-3846						●	S	●	●	●	●				
☐	3	**Rolling Oaks Radiology - Hillcrest** 225 W. Hillcrest Suite 110, Thousand Oaks, CA 91360	Phone: (805) 409-9615 Fax: (805) 777-3846	3T														●
☐	4	**Rolling Oaks Radiology Camarillo** 3801 Las Posas Rd., Suite 111, Camarillo, CA 93010	Phone: (805) 389-9657 Fax: (805) 777-3846						●		●		●	●				●
☐	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				●						●	●			●
☐	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	●	●	●	●				
☐	7	**Rolling Oaks Radiology Ventura** 4516 Market Street, Ventura, CA 93003	Phone: (805) 644-7300 Fax: (805) 777-3846	3T		●	64		●		●	●	●	●		●	●	●
☐	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		●		●	●	●	●				●
☐	9	**MDI Thousand Oaks** 300 Lombard Street, Thousand Oaks, CA 91361	Phone: (805) 495-1220 Fax: (805) 777-3846	1.5	1.2								●	●		●	●	●
☐	10	**Rolling Oaks Simi Valley** 2950 Sycamore Dr., Suite 100 & 102, Simi Valley, CA 93065	Phone: (805) 577-6649 Fax: (805) 777-3846	● 100			● 100						● 102	● 102				● 102
☐	11	**Rolling Oaks Radiology - North Solar** 2001 North Solar Drive, Suite 135, Oxnard, CA 93036	Phone: (805) 988-0616 Fax: (805) 604-1722	1.5			64						●					
☐	12	**Rolling Oaks Radiology - Loma Vista** 2705 Loma Vista Road, Suite 100, Ventura, CA 93003	Phone: (805) 861-2260 Fax: (805) 861-2202	3T			64		●	●	●		●	●				
☐	13	**Rolling Oaks Radiology - Cancer Center** 2900 Loma Vista Road, Suite 101, Ventura, CA 93003	Phone: (805) 919-4153 Fax: (805) 648-2341					●										
☐	14	**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.

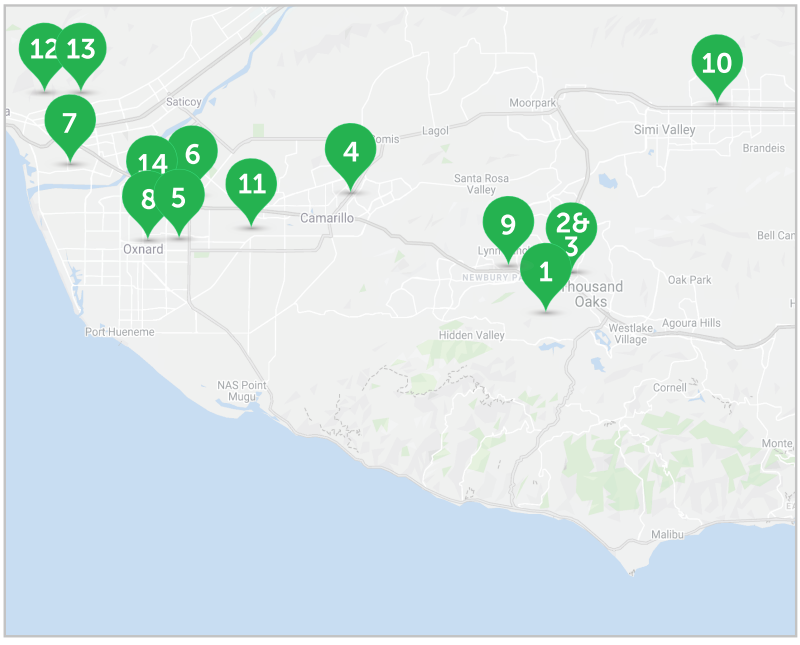
Now Offering Remote Check-in

- Simple step by step instructions for patients and a quick and easy way to communicate with our staff.
- Reduced lobby traffic and greater social distancing by waiting in the comfort of patient's vehicle.

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**

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