

Scheduling Phone: 805.357.0067 | Fax: 805.778.1116 | Fax: 805.777.3846

To print patient forms or to schedule appointments online visit: www.rollingoaksradiology.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**
 with Contrast without Contrast
 with & w/out Contrast
 Contrast at Rad's Discretion
 3D Rendering
 Brain
 w/special attention to IAC
 w/special attention to Pituitary
 w/ 3D volumetric study
 NeuroQuant
 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
 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

- Diagnostic CT**
 Contrast No 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 EP Plan
Creatinine: _____
Lab Date: _____

Breast Imaging

- 2D 3D* Screening Mammogram
 2D 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
 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) _____
 Limited (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
 Other: _____
 Myelogram (Only Oxnard/Ventura)

DEXA

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

PET/CT

- Contrast No Contrast
 PET/CT, Skull Base to Mid-Thigh
 PET/CT, Whole Body (Melanoma)
 PET/CT, Brain
 PET/CT, Cardiac
 Viability - FDG
 PET/CT, Amyvid
 PET/CT, NaF Bone Scan
 Axumin
 Ga 68 NetSpot

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

ROLLING OAKS RADIOLOGY



RADNET LOCATION LIST

Scheduling Phone: (805) 357-0067 / Scheduling Fax: (805) 777-3846

	MR	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Breast Tomo	DEXA	General Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrograms	X-Ray
Rolling Oaks Radiology Thousand Oaks 415 Rolling Oaks Dr., Suites 125 & 160 • Thousand Oaks, CA 91361 • P: (805) 778-1513	3T		•	•				•	•	•	•	•	•
Rolling Oaks Radiology Thousand Oaks Women's Center 415 Rolling Oaks Dr., Suite 230 • Thousand Oaks, CA 91361 • P: (805) 778-1513					•	■	•	•	•				
Rolling Oaks Radiology Camarillo 3801 Las Posas Rd., Suite 111 • Camarillo, CA 93010 • P: (805) 389-9657					•		•		•				•
Rolling Oaks Radiology Oxnard 1901 N. Rice Ave., Suite 145 • Oxnard, CA 93030 • P: (805) 604-3370	3T		•						•	•	•	•	•
Rolling Oaks Radiology Oxnard Women's Center 1901 N. Rice Ave., Suite 155 • Oxnard, CA 93030 • P: (805) 604-3370					•	■		•	•				
Rolling Oaks Radiology Ventura 4516 Market Street • Ventura, CA 93003 • P: (805) 644-7300	1.5			•	•		•	•	•		•	•	•
Rolling Oaks Radiology - St. John's 1700 N Rose Ave., Suite 110 • Oxnard, CA 93030 • P: (805) 983-0883	1.5		•		•	•	•	•	•		•	•	•
MDI Thousand Oaks 300 Lombard Street • Thousand Oaks, CA 91361 • P: (805) 495-1220	1.5	1.2							•		•	•	•
MDI Westlake Village 4165 Thousand Oaks Blvd., Suite 150 • Westlake Village, CA 91362 • P: (805) 449-2562													•
Simi Valley Medical Imaging 1687 Erringer Rd., Suite 210 • Simi Valley, CA 93605 • P: (805) 527-4674	1.5		•									•	
Alamo Advanced Imaging 3655 Alamo St., Suite 101 • Simi Valley, CA 93063 • P: (805) 577-6649					•			•	•				•

■ Stereotactic Biopsy

Preparation Instructions

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

- CT Oral Contrast:**
 - Fast 4 hours prior to appointment time with the exception of water. One hour prior to appointment drink 16oz. of water, you may use the restroom if needed.
 - Fast 4 hours prior to appointment time with the exception of water. Arrive 1.5 hours prior to your appointment time where you will be given 2 cups of gastroview to prepare for your exam.
 - Fast 4 hours prior to appointment time with the exception of water. Arrive 1 hour prior to exam where you will be given 2 bottles of volumen to drink every 30 minutes finishing just before scheduled time.
 - Fast 4 hours prior to appointment time with the exception of water. Pick up 2 bottles of contrast prior to your appointment at any of our Rolling Oaks offices. Drink 1 bottle 2 ½ hours prior to the exam. Drink ½ of the second bottle 30 minutes prior to the exam. Bring the remaining ½ bottle of barium with you to the imaging center. You will drink remaining ½ of the bottle on the table.
- 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. Specific preparation information will be given when your appointment is scheduled.
- CT Scan (Abdomen or Pelvis):** Please pick up the oral contrast and further instructions from our imaging center. Please inform us of any allergies to contrast or x-ray dye.
- Nuclear Medicine:** Specific preparation information will be given when your appointment is scheduled. Study times vary in length.
- PET/CT:** Water only 6 hours before exam. This includes NO food, chewing gum, soda, juice, cough drops, or anything that has sugar in it for 6 hours prior to exam. Increase fluids 48 hours before the exam. Low carb/high protein/high fat diet 24 hours prior to exam. NO caffeine, nicotine, alcohol 24 hours prior to exam. No physical activity 48 hrs. prior to exam
- Ultrasound (Abdomen or Gallbladder Aorta):** Fast 6-8 hours. MRI check-in is 30 min prior to exam.
- Ultrasound (Pelvic - Transabdominal):** Drink 24oz. water 1hr prior to exam. Do NOT empty your bladder before your exam.
- Ultrasound (Bladder):** Drink 24oz. of clear fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- Ultrasound Renal:** No prep.
- Ultrasound Renal w/Doppler:** No food 6 hours prior to exam. OK to drink water.
- Ultrasound (OB):** If you are 14 weeks or less, drink 24 ounces of clear fluid to be completed one hour before your exam. If you are 14 weeks and greater, drink 16 ounces of clear fluids to be completed before exam time. Do NOT empty your bladder before your exam.
- Mammography:** Do not use any powders, talcs, sprays or deodorants on your breast or underarm area before your exam. Prior to your exam, please obtain your precious mammogram films and reports. Either bring them with you to your appointment or have them sent to our office.
- G.I and/or Small Bowel Series:** No food or drink after 10pm the evening before your exam. No chewing gum.
- Barium Enema or Contrast Enema:** Obtain prep from your imaging center. Follow instructions for the 24-hour preparation. Children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation.
- VP:** Light supper the day before your exam. Adults take two Dulcolax tablets at 6pm the night before the exam. No solids after supper. There are no restrictions on liquid intake. Juice, coffee, tea or milk for breakfast the day of the exam. Children under 12, call the office for laxative instructions. Infants may eat as usual. For an appointment after 1pm, you may eat an early, light breakfast. Take medications as normal.
- DEXA:** Do not take calcium supplements 24 hours prior to your scan. If you have any X-rays using contrast such as barium, IV contrast or any nuclear medicine studies, please wait one week before having a DEXA scan. If you have any of these test scheduled for the same day as your DEXA scan, the DEXA must be performed first.

* 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.

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 copayment with you at the time of your visit. You are responsible for any outstanding or unpaid balance. If you have any questions, please call our billing department at (844) 866-2718.

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