



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#: _____

BREAST IMAGING

- ☐ 3D Screening Mammogram
 EBCD Recommended
- ☐ 3D Diagnostic Mammogram
 (Breast Ultrasound if Indicated)
- ☐ Breast Ultrasound
 __ Left __ Right __ Bilateral
- ☐ Ultrasound Guided Breast Biopsy

If recommended proceed with:

- ☐ 3D Diagnostic Mammogram
 and/or Breast Ultrasound
- ☐ Breast MRI w/wo Contrast
- ☐ Breast Biopsy (Ultrasound,
 Stereotactic or MRI as indicated)

ULTRASOUND

- ☐ Abdomen
- ☐ Abdomen Limited:
 __ Liver __ Gallbladder
 __ Right Upper Quadrant
- ☐ Aorta/Retroperitoneal
- ☐ Renal:
 __ w/Bladder
- ☐ Bladder
- ☐ 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)
- ☐ Venous Doppler (Duplex/DVT):
 __ Upper __ Lower __ L __ R __ Bil
- ☐ Other: _____

OB Ultrasound

- ☐ OB Ultrasound (TV if Indicated)
- ☐ OB Ultrasound - Less than 14 Weeks
- ☐ Follow-up -- Specify Documented
Problem: _____

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 __ Left __ Right
 - ☐ Extremity:
 __ Left __ Right __ Bilateral
 Specify Body
 Part: _____
 - ☐ Other: _____
- Specify Values: _____

OTHER EXAMS

Locations & Services

Scheduling Phone: (760) 280-0945 / Scheduling Fax: (760) 630-0015
Direct to Office Phone: (619) 984-1838

Pacific Advanced Imaging Chula Vista
248 Landis Avenue Chula Vista, CA 91910

Phone: (619) 984-1838

MRI	Open MRI	MRA	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Mammography	Ultrasound	Vascular Ultrasound	Fluoroscopy	Arthrogram	X-Ray	Ultrasound Guided Breast Biopsy
					✕	●	✕	●				●	

Map & Preparation Instructions

❑ MRI SCAN Please inform us at the time of scheduling if you have any metal in your body or have had any surgeries to your eyes, ears, brain or heart. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled. If you have any type of implant, please bring your safety card or obtain documentation that specifies the safety parameters of the implant.

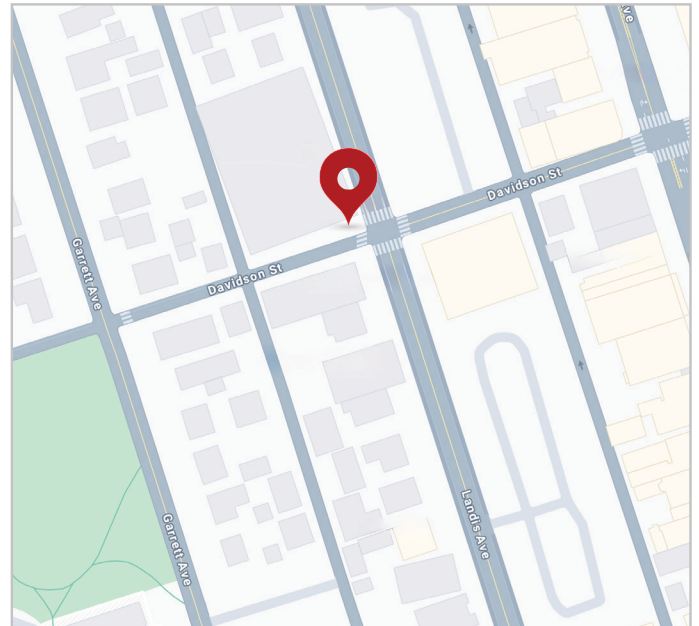
❑ CT SCAN (Abdomen or Pelvis) Begin drinking 32oz of water 1 hour before your appointment time. Please inform us of any allergies to contrast, x-ray dye or iodine.

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, option 1.

PLEASE BRING THE FOLLOWING ITEMS WITH YOU TO YOUR APPOINTMENT:

- ✓ This Imaging Request Form
- ✓ All prior related X-Rays / Scans
- ✓ Health Insurance Card & Picture I.D.
- ✓ Pre-Authorizations you may have received



Pacific Advanced Imaging Chula Vista

248 Landis Avenue
Chula Vista, CA 91910

Scheduling Phone: (619) 790-8950
Scheduling Fax: (619) 215-9891

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.

If you have asthma, please bring your inhaler to the appointment.

Please inform us if you may be pregnant.

Animals are not permitted in exam rooms. Services dogs only.