Pacific Advanced Imaging
A RadNet Imaging Center

IMAGING REQUEST FORM

San Diego North County Region
Scheduling: (760) 280-0945 | **Fax:** (760) 630-0015

CONNECT PATIENT PORTAL
To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
MyRadiologyConnectPortal.com /ImagingCenter/SDNCPP

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#: _____

MRI

☐ Without Contrast
☐ With & Without Contrast
☐ Brain
__IAC/Trigeminal
__Brain Anti-Amyloid/ARIA
__Pituitary __Spectroscopy
__Quantitative Volumetric Analysis:
__Dementia/MCI __Seizures
__MS __TBI __Peds
☐ Orbits
☐ TMJ
☐ Soft Tissue Neck
☐ Chest
☐ Breast w/wo Contrast
☐ Breast wo Contrast (Implant evaluation only)
☐ Brachial Plexus:
__Left __Right __Bilateral
☐ Abdomen (Liver, Kidney, Adrenals, etc)
__MRCP (Pancreas) __Enterography
__Eovist (liver) __Liver Iron Quant
__Fat Fraction __Elastography
☐ Pelvis
☐ Prostate w/wo Contrast
__w/ Bones and Nodes
☐ Enhanced Prostate Screening wo Contrast
☐ Other: _____

Spine
__Cervical __Thoracic
__Lumbar __Sacrum/Coccyx

Joint __Left __ Right __Arthrogram
__Shoulder
__Elbow
__Wrist
__Hip
__Knee
__Ankle
__Other: _____
☐ Non-Joint Lower Extremity: _____
☐ Non-Joint Upper Extremity: _____

MR Angiography:
__ Brain
__ Neck
__ Thoracic Aorta
__ Thoracic Outlet
__ Chest
__ Abdomen
__ Abdominal w/run-off
__ Renal Arteries

MR Venogram:
__ Head
__ Neck

CT

Screening CT
☐ Low-Dose Lung Cancer Screening

Diagnostic CT
☐ Without Contrast
☐ With Contrast
☐ With & Without Contrast
☐ Contrast at Rad's Discretion
☐ 3D Reconstruction if Indicated

☐ Diabetic / Renal Issues
CT Contrast Studies Only. Creatinine value must be obtained within 60 days of exam for patients with diabetes or known renal issues.
Please fax lab results or provide lab name where performed:
_____

☐ 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
☐ Enterography
☐ Pelvis
☐ Other: _____

CTA (Angiography)
☐ Brain ☐ Chest ☐ Abdomen
☐ Neck ☐ Aorta ☐ Pelvis

CORONARY/CARDIAC CT

☐ Coronary Artery Calcium Score (75571)
☐ Other: _____

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):
_Upp er__Lower __L __R __Bil
☐ Carotid Doppler (Duplex)
☐ Renal Doppler (Duplex)
☐ Venous Doppler (Duplex/DVT):
__Upper__Lower __L __R __Bil
☐ Venous Insufficiency
Lower Extremities
__L __R __Bil
☐ Other: _____

OB Ultrasound
☐ OB Ultrasound less than 14 weeks (TV if Indicated)
Problem: _____

DEXA

☐ Hip & Spine
☐ Radius/Wrist/Heel
☐ Hip & Spine & Radius/Wrist/Heel

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)
☐ 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: _____

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: _____

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
☐ Ultrasound Guided Breast Biopsy

☐ **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.

OTHER EXAMS

_____
_____
_____

NPI# 1962457812
Tax ID# 95-4651287

Locations & Services

Scheduling Phone: (760) 280-0945 / Scheduling Fax: (760) 630-0015

		MRI	Open MRI	MRA	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Mammography	Ultrasound	Vascular Ultrasound	Fluoroscopy	Arthrogram	X-Ray	Ultrasound Guided Breast Biopsy	DEXA
Pacific Advanced Imaging 3909 Waring Road, Suite B & C, Oceanside, CA 92056	Phone: (760) 630-0014	1.5		●	64		●	●	●	●	●		●	●	●	●
Pacific Advanced Imaging - Fallbrook 521 E. Elder St. Suite 101, Fallbrook, CA 92028	Phone: (760) 979-1116								●	●				●		●
Pacific Advanced Imaging-Elm 255 North Elm Street Suite 102 Escondido CA 92025	Phone: (760) 520-8500		●		●	●			●	●				●	●	
Pacific Advanced Imaging- Second 225 East 2nd Ave, Suite 104 Escondido CA 92025	Phone: (760) 253-6338							●	●	●				●		●
Pacific Advanced Imaging-Poway 15725 Pomerado Road, Suite 101, Poway CA 92064	Phone: (858) 815-2250	●			●			●	●	●				●	●	●

1.5 = 1.5T MRI 64 = Siemens 64 Slice CT

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.

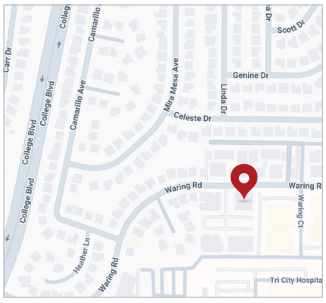
☐ **DEXA** (Bone Density Scan) Prior to your appointment: Please stop taking any calcium supplements and/or any vitamins that include calcium, 2 days before. It is okay to continue to eat/drink dairy products.

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.

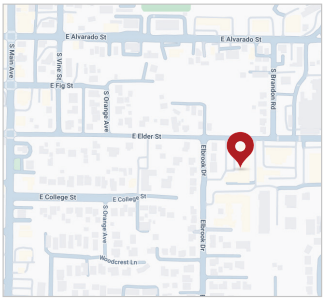
BILLING INFORMATION If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If you are a member of an HMO or managed care plan, please bring your referral form and any required copayment with you at the time of your visit. You are responsible for any outstanding 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:

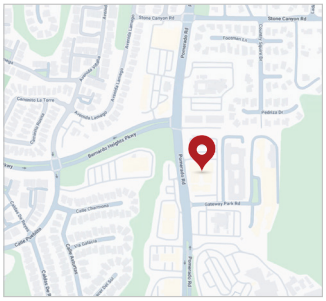
- ☑ This Imaging Request Form
- ☑ All prior related X-Rays / Scans
- ☑ Health Insurance Card & Picture I.D.
- ☑ Pre-Authorizations you may have received



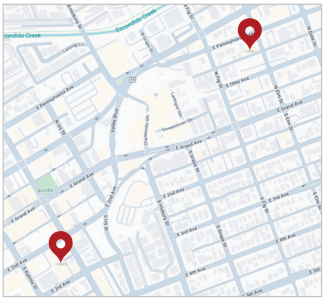
Pacific Advanced Imaging
3909 Waring Road, Suite B & C
Oceanside, CA 92056



Pacific Advanced Imaging - Fallbrook
521 E. Elder St., Suite 101
Fallbrook, CA 92028



Pacific Advanced Imaging - Poway
15725 Pomerado Road, Suite 101
Poway, CA 92064



Pacific Advanced Imaging-Elm
255 North Elm Street Suite 102
Escondido CA 92025

Pacific Advanced Imaging-Second
225 East 2nd Ave, Suite 104
Escondido CA 92025

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.