



# IMAGING REQUEST FORM

San Fernando and Santa Clarita Valleys  
Scheduling: (800) 378-5597 | Fax: (818) 342-0303

CONNECT PATIENT PORTAL  
To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:  
[Connect.RadNet.com/SFVPP](http://Connect.RadNet.com/SFVPP)



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**
- Without Contrast
  - With & Without Contrast
  - 3D Recon
  - Brain
    - IAC/Trigeminal
    - Brain Anti-Amyloid/ARIA
    - Pituitary
    - Quantitative Volumetric Imaging (NeuroQuant, icobrain), Protocol:  Dementia  Seizures  MS  TBI  Peds  LesionQuant

- 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
- Chest
- Abdomen
  - Adrenals  MRCP
- Pelvis  Bony Pelvis  Soft Tissue
- Enhanced Prostate Screening w/o Contrast
- Spectroscopy Brain
- CSF Flow Study
- Enterography
- Other: \_\_\_\_\_

### MR Angiography

- With Contrast
- With & Without Contrast
- Contrast, as Indicated
- 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: \_\_\_\_\_

## DEXA

- Hip & Spine
  - Radius/Wrist/Heal
  - Hip & Spine & Radius/Wrist/Heal
- Include (with any option above):**  
 Vertebral Fracture Assessment (VFA)  
 Trabecular Bone Scan (TBS)

## CT

- Screening CT**
- Lung Cancer Screening
- Diagnostic CT**
- Contrast:  WO  W  W&WO
  - 3D Recon  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 \_\_\_\_\_
  - Chest
  - Abdomen (pelvis if indicated)
  - Abdomen and Pelvis
  - Urogram (abdomen/pelvis)
  - Pelvis
  - Treatment Plan: \_\_\_\_\_
  - Dental Planning
  - Biopsy \_\_\_\_\_
  - Other: \_\_\_\_\_

### CTA (angiography)

- Head
- Neck
- Extremity:  Upper  Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis

### CT Coronary/Cardiac

- Coronary CTA w/FFR\* (75574, 75580)
- Coronary CTA w/ Plaque Analysis\* (75574, 06237)
- Coronary CTA w/FFR\* and Plaque Analysis\* (75574, 75580, 06237)
- Coronary CTA only (75574)
- Coronary CTA, CTA Chest, Abdomen, Pelvis for Pre TAVR/TAVI Planning (75574, 71275, 74174)
- Coronary Artery Calcium Score (75571)
- Cardiac CTA Pre-EP/Left Atrium (75572)
- Cardiac CTA for Congenital Heart (75573)

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

## 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  Left  Right
- Extremity:  Left  Right  Bilateral  
Specify Body Part \_\_\_\_\_
- Other: \_\_\_\_\_

## Ultrasound

- Abdomen \_\_\_\_\_
- Abdomen Limited  Gallbladder  
 Liver  Right Upper Quadrant
- Abdomen w/Doppler if indicated
- Renal \_\_\_\_\_  w/bladder
- Bladder \_\_\_\_\_
- Aorta/Retroperitoneal
- Pelvic Ultrasound (Transabdominal and Transvaginal)
- Pelvic Ultrasound Complete (Transabdominal only)
- Pelvic Ultrasound (Transvaginal only)
- Scrotum  w/Doppler
- Thyroid
- Biopsy / Aspiration / Injection Area \_\_\_\_\_
- Other \_\_\_\_\_

### Vascular Studies

- Arterial Doppler (Duplex) \_\_\_\_\_
- Carotid Doppler (Duplex) \_\_\_\_\_
- Venous Doppler (Duplex) \_\_\_\_\_
- Venous Mapping
- Venous Insufficiency/Varicose Veins
- Extremity  
 Upper  Lower  L  R  Bil
- Other \_\_\_\_\_

### OB Ultrasound

- OB Ultrasound (TV if indicated)
- Limited (Viability, Heart Beat, Position, Fluid, Placental Location)
- Follow-up (specify documented problem) \_\_\_\_\_

## Fluoroscopy

- Arthrography  
Specify body part: \_\_\_\_\_
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Other: \_\_\_\_\_

## Nuclear Medicine

- Bone Scan  
 Whole Body  Limited  3-phase
- Bone SPECT
- Thyroid:  Scan  Uptake and Scan
- Parathyroid
- MUGA(cardiac blood pool)
- Liver/Spleen
- Gallbladder (HIDA) with EF
- Gallbladder without EF
- GI Emptying
- Renal  Captopril  Lasix
- Other \_\_\_\_\_

## 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)
- FDG - Brain (Metabolic; CPT: 78608, A9552)

## PET/MRI

- Amyloid Brain PET/MRI  
 Include Quantitative Analysis  
 Without Contrast  
 With & Without Contrast
- FDG Metabolic Brain PET/MRI  
 Include Quantitative Analysis  
 Without Contrast  
 With & Without Contrast

## Breast Imaging

- 3D Screening Mammogram  
 EBCD Recommended
- 3D Diagnostic Mammogram (Breast Ultrasound if Indicated):  
 Left  Right  Bilateral
- Breast Ultrasound  
 Left  Right  Bilateral
- Stereotactic Guided Breast Biopsy
- Ultrasound Guided Breast Biopsy
- Contrast Enhanced Mammogram
- MRI Breast w/wo Contrast
- MRI Breast wo Contrast (Implant evaluation only)

If recommended proceed with:

- 3D Diagnostic Mammogram
- Breast Ultrasound
- Breast Biopsy
- Breast MRI w/wo Contrast

## X-RAY:

For availability and to schedule, please visit [xrayhours.com](http://xrayhours.com)

Please bring this form and your insurance card with you on the day of your exam.



Scheduling Phone: (800) 378-5597 or (818) 616-6538 | F: (818) 342-0303

	MR	Open MRI	CT	PET/CT	PET/MR	Mammo	Diagnostic Mammo	Tomo	DEXA	Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrograms	X-Ray	Breast Biopsy	US Guided Thyroid Biopsy
<b>Breastlink Women's Imaging Center - Tarzana</b> 18133 Ventura Blvd. • Suite 200 • Tarzana, CA 91356 • (818) 784-8799						•	•	•	•	•					•	
<b>Burbank Advanced Imaging Center</b> 10101 Riverside Dr. • Toluca Lake, CA 91602 • (818) 762-2626	1.5T	•	•							•						
<b>The Burbank Breast Care Center</b> 2601 W. Alameda Ave. • Suite 101 • Burbank, CA 91505 • (818) 843-7462						•	•	•	•	•					•	
<b>Imaging Specialists of Burbank</b> 1821 W. Olive Ave. • Burbank, CA 91506 • (818) 841-8880	3.0T									•				•		
<b>Imaging Specialists of Burbank - Pacific Ave</b> 3413 West Pacific Ave. • Suite 101 • Burbank, CA 91505 • (818) 659-6044	1.5T		•													
<b>Liberty Pacific Advanced Imaging Atrium</b> 5411 Etiwanda Ave. • Suite 101 • Tarzana, CA 91356 • (818) 659-6298	3.0T		•	•	•					•	•			•		
<b>Liberty Pacific Advanced Imaging - Encino</b> 16130 Ventura Blvd. • Suite 100 • Encino, CA 91436 • (818) 933-2020	3.0T									•						•
<b>Liberty Pacific Advanced Imaging - Mission Hills</b> 11570 Indian Hills Rd. • Mission Hills 91345 • (818) 496-4681						•				•				•		
<b>Liberty Pacific Advanced Imaging - Northridge</b> 18301 Roscoe Blvd. • Northridge, CA 91325 • (818) 407-2643	3.0T		•			•	•	•	•	•		•	•	•		
<b>Liberty Pacific Advanced Imaging - Porter Ranch</b> 19950 Rinaldi Street • Suite 101B-C • Porter Ranch, CA 91326 • (818) 496-7535			•													
<b>Liberty Pacific Advanced Imaging - Santa Clarita</b> 26357 McBean Parkway • Suite 155 • Santa Clarita, CA 91355 • (661) 288-5940	1.5T		•	•						•						
<b>Liberty Pacific Advanced Imaging - Tarzana</b> 18133 Ventura Blvd. • Suite 100 • Tarzana, CA 91356 • (818) 933-2020	1.5/3.0T		•	•						•	•	•	•	•		
<b>Liberty Pacific Advanced Imaging - West Hills</b> 23115 Sherman Place • West Hills, CA 91307 • (818) 251-9811	3.0T		•			•	•	•		•				•	•	
<b>Northridge Diagnostic Center</b> 8227 Reseda Blvd. • Reseda, CA 91335 • (818) 773-6500	1.5T													•		
<b>Santa Clarita Imaging Center</b> 25775 W. McBean Pkwy. • Suite 100 & 216 • Valencia, CA 91355 • (661) 255-7627	1.5T		•			•	•	•		•				•		
<b>San Fernando Valley Advanced Imaging</b> 14860 Roscoe Blvd. • Suite 101 • Panorama City, CA 91402 • (818) 901-0115	3.0T	•								•						

**X-RAY:** For availability and to schedule please visit [xrayhours.com](http://xrayhours.com)