



- Healthcare Advanced Imaging
- Healthcare Imaging Center at Day Street
- Moreno Valley Imaging
- Riverside Advanced Imaging

**RIVERSIDE | CORONA - IMAGING REQUEST FORM**  
 Scheduling - **P: (951) 682-1099 | F: (951) 351-1025**  
 To schedule your mammogram, ultrasound, or DEXA exam you may also visit us at:  
[www.radnetriverside.com](http://www.radnetriverside.com)

- Corona Advanced Imaging - 9th Street
- Corona Advanced Imaging - Magnolia
- Corona Advanced Imaging - Main Street
- Corona Comprehensive Imaging Center

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clinical History/Reason for Exam: \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

[CT Contrast Studies Only] Labs needed if:  Diabetes  Renal Disease

If Labs have been completed within the past 30 days please provide values and fax lab results: Creatinine / GFR \_\_\_\_\_ / \_\_\_\_\_

Call in STAT results     STAT/Wet Read     Previous Films (Y) (N) location: \_\_\_\_\_

Additional Report to: \_\_\_\_\_     Send CD with Patient     Other: \_\_\_\_\_

**MR**

- MRI**
- Contrast as indicated
  - 3D Rendering as indicated
  - With & Without Contrast
  - Without Contrast
  - Contrast, as Indicated
  - 3D Recon
  - Brain
    - w/special attention to IAC
    - w/special attention to Pituitary
    - 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
  - Chest
  - Abdomen  
 Adrenals  MRCP
  - Pelvis  Bony Pelvis  Soft Tissue
  - CSF Flow Study
  - Enterography
  - Prostate
  - Other: \_\_\_\_\_
- MR Angiography**
- With & Without Contrast
  - 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: \_\_\_\_\_

**CT**

- Diagnostic CT**
- Contrast as indicated
  - 3D Rendering as indicated
  - With & Without Contrast
  - Without Contrast
  - 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
  - Enterography
  - Myelogram
  - Other: \_\_\_\_\_
- CTA (angiography)**
- Head
  - Neck
  - Extremity:  Upper  Lower
  - Chest
  - Aorta and runoff vessels
  - Abdomen
  - Pelvis
- Coronary  Calcium Score  EP Plan
- Creatinine:** \_\_\_\_\_
- Bun:** \_\_\_\_\_
- Lab Date:** \_\_\_\_\_
- DEXA**
- Bone Density  
Reason for bone density: \_\_\_\_\_
- Date of last exam: \_\_\_\_\_

**Ultrasound**

- Abdomen: \_\_\_\_\_
  - Abdomen Limited  
 Liver  Gallbladder  
 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 \_\_\_\_\_
  - Hysterosonogram
  - 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: \_\_\_\_\_

**PET/CT**

- PET/CT, Skull Base to Mid-thigh
  - PET/CT, Whole Body (Melanoma)
  - PET/CT, Brain
  - NAF bone
- Nuclear Medicine**
- Bone Scan \_\_\_\_\_  
 Whole Body  Limited  3-phase
  - Bone SPECT
  - Thyroid Uptake and Scan  
 Scan ONLY
  - Parathyroid
  - Liver/Spleen  
 Static Flow  Vascular Flow
  - Gallbladder (HIDA) with EF
  - Gallbladder without EF
  - GI Emptying
  - Renal  Captopril  Lasix
  - VQ Scan  
 Pulmonary Perfusion  
 Pulmonary Ventilation & Perfusion
  - 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  Left  Right
  - Extremity:  
 Left  Right  Bilateral
- Specify Body Part \_\_\_\_\_
- Other: \_\_\_\_\_
- Breast Imaging**
- Screening Mammogram
  - Diagnostic Mammogram  
Breast Ultrasound (if indicated)  
 Left  Right  Bilateral
  - Breast Ultrasound  
 Left  Right  Bilateral
  - Other: \_\_\_\_\_
- Date of last mammogram: \_\_\_\_\_
- Breast Implants:  Yes  No

# MODALITIES & LOCATION LIST

Scheduling Phone (951)-682-1099 | (951)-351-1025 Scheduling Fax

Scheduling Hours : Monday - Friday / 8am - 6pm

Locations	MRI	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Tomo	DEXA	General Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrogram	X-Ray
Riverside Advanced Imaging		1.2	16 Slice						•		•	•	•
Healthcare Advanced Imaging	3T		32 Slice	•					•	•			•
Breastlink Women's Imaging Riverside					•	•■		•	•●▲				
Healthcare Imaging Center at Day Street					•			•	•				•
Moreno Valley Imaging Center	1		•										
Corona Comprehensive Imaging Center	1.5		•		•	•■			•●▲		•	•	
Corona Advanced Imaging Center-9th Street									•				•
Corona Advanced Imaging Center- Magnolia		0.7											
Corona Advanced Imaging Center- Main Street													•

● Ultrasound Guided Breast Biopsies ■ Stereotactic Breast Biopsy ▲ Breast Ultrasound



**Riverside Advanced Imaging**  
**Healthcare Advanced Imaging**  
**Breastlink Women's Imaging Riverside**  
**Healthcare Imaging Center at Day Street**  
**Moreno Valley Imaging**  
**Corona Comprehensive Imaging Center**  
**Corona Advanced Imaging Center- 9th Street**  
**Corona Advanced Imaging Center -Magnolia**  
**Corona Advanced Imaging Center -Main Street**

3900 Sherman Drive, #100 Riverside, CA 92503 P: (951) 238-6046  
 4500 Olivewood Ave., #100 & 200, Riverside, CA 92507 P: (951) 682-7580  
 3900 Sherman Drive, #110 Riverside, CA 92503 P: (951) 238-6050  
 6485 Day Street, #101 Riverside, CA 92507 P: (951) 200-5410  
 12818 Heacock Steet, #C-2 Moreno Valley, CA 92553 P: (951) 242-2508  
 801 S. Main Street, #101 Corona, CA 92882 P: (951) 238-6071  
 175 E 9th Street Corona, CA 92879 P: (951) 340-0312  
 886 Magnolia Ave., #101 Corona, CA 92879 P: (951) 340-0129  
 2250 S. Main Steet, #103 Corona, CA 92882 P: (951) 340-0340

## Preparation Instructions

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

**Llámenos si tiene alguna pregunta sobre su examen médico o la preparación para su examen. Los exámenes tienen una duración que varía según el examen. Traiga esta forma, su identificación y su tarjeta de seguro con usted el día de su examen.**

- 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):** No food or drink 4hrs prior to your exam, except water. Please inform us of any allergies to contrast or x-ray dye (Stones, no oral contrast).
- G.I. and/or Small Bowel Series:** No food or drink after 10 pm the evening before your exam. No chewing gum.
- Barium Enema or Air Contrast Enema:** Obtain prep from your imaging center. Follow instructions for the 48-hour preparation. : Regarding children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation. Diabetic patients: Please follow the 24 hour prep.

Obtenga de su centro de imágenes la preparación para su examen. Siga las instrucciones de preparación de 48 horas. : En cuanto a niños menores de 12 años, llame a su centro de imágenes para obtener instrucciones. Para los estudios de contraste y de colostomía, llámenos para una preparación específica. Pacientes diabéticos: sigan la preparación de 24 horas.

**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.**  
 Para su seguridad, los niños no pueden acompañar a los pacientes durante los procedimientos médicos. Si es necesario traer a niños a su cita, traiga a un adulto apropiado que supervise a los niños durante su examen.

**Please inform us if you may be pregnant.**  
 Por favor, infórmenos si usted podría estar embarazada.

**If you have asthma, please bring your inhaler to the appointment.**  
 Si usted tiene asma, por favor traiga su inhalador a su cita.



- IVP:** Obtain Prep kit and instructions directly from center.
- DEXA (Bone Density Exam):** Do not take any calcium supplements for 24 hours prior to your exam.
- Ultrasound (Abdomen Gallbladder Aorta):** No food or drink 8 hours prior to exam.
- Ultrasound (Pelvic):** Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- Ultrasound (Renal/Bladder):** Adults: Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- Ultrasound (OB):** Less than 24 weeks, drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

**Greater than 24 weeks,** drink 24 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

**After the Exam:** Your exam will be read by a board-certified, licensed radiologist 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 co-payment 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.

Billing-Customer Service Help Desk:  
[Billing-CustomerServiceHelpDesk@RADNET.COM](mailto:Billing-CustomerServiceHelpDesk@RADNET.COM)

