

Please bring this form, all prior related  
x-rays and scans, as well as your insurance  
card and any pre-authorizations with  
you on the day of your exam.

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

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

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Patient to bring images to Doctor  Fax Report  Call in STAT results

CC: Physician: \_\_\_\_\_

### MR

- MRI**  
 Contrast, as Indicated  
 3D Rendering, as Indicated
- Brain  
     w/special attention to IAC  
     w/special attention to Pituitary
- Orbits
- TMJ
- Neck - Soft Tissue
- Spine:  
    \_\_\_Cervical\_\_\_Thoracic\_\_\_Lumbar
- Extremity:joint \_\_\_Left \_\_\_Right  
    Specify body part \_\_\_\_\_
- Extremity:non-joint \_\_\_Left \_\_\_Right  
    Specify body part \_\_\_\_\_
- Chest
- Abdomen  
    \_\_\_Adrenals \_\_\_MRCP
- Pelvis  
    \_\_\_Bony \_\_\_Soft Tissue
- Other: \_\_\_\_\_

### MR Angiography

- Contrast, as Indicated  
 3D Rendering, as Indicated
- Brain
- Neck - Carotids
- Aorta and runoff vessels
- Chest
- Abdomen  
    \_\_\_Aorta \_\_\_Renal
- Aorta and runoff vessels
- Pelvis
- Extremities: \_\_\_Left \_\_\_Right
- Other: \_\_\_\_\_

### MR Arthrography \_\_\_Left \_\_\_Right

- Shoulder
- Elbow
- Wrist
- Hip
- Knee
- Ankle
- Other: \_\_\_\_\_

### CT

- Diagnostic CT**  
 Contrast, as Indicated  
 3D Rendering, as Indicated
- Brain
- Orbits
- IAC Middle Ear
- 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
- Other: \_\_\_\_\_

### CTA (Angiography) With Contrast

- Head
- Neck
- Extremity: \_\_\_Upper \_\_\_Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis
- Creatinine:** \_\_\_\_\_
- Lab Date:** \_\_\_\_\_

### Breast Imaging

- Screening Mammogram
- Diagnostic Mammogram  
    Breast Ultrasound (if indicated)  
        \_\_\_Unilateral \_\_\_Bilateral
- Breast Ultrasound  
    \_\_\_Left \_\_\_Right \_\_\_Bilateral
- Date last mammogram: \_\_\_\_\_
- Breast implants: \_\_\_Yes \_\_\_No

### Ultrasound

- Abdomen \_\_\_\_\_
- Abdomen Limited  
    \_\_\_Liver \_\_\_Gallbladder  
    \_\_\_Right Upper Quadrant
- Renal  
    \_\_\_with Bladder
- Bladder \_\_\_\_\_
- Aorta/Retroperitoneal \_\_\_\_\_
- Pelvis (TV if indicated)
- Pelvis Transabdominal Only
- Scrotum \_\_\_with Doppler
- Thyroid \_\_\_\_\_
- Venous Doppler (Duplex) \_\_\_\_\_
- Carotid Doppler (Duplex) \_\_\_\_\_
- Guided Needle Placement for Biopsy/Aspiration/Injection
- Other \_\_\_\_\_

### OB Ultrasound

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

### Fluoroscopy

- Arthrography  
    Specify body part \_\_\_\_\_
- IVP
- VCUG
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small bowel
- Barium enema
- Myelogram \_\_\_C \_\_\_T \_\_\_L  
    \_\_\_with CT \_\_\_without CT
- Discogram, Lumbar Spine  
    \_\_\_with CT \_\_\_without CT
- Levels: \_\_\_\_\_
- Other: \_\_\_\_\_

### Available at DRI - Sacramento location

#### Nuclear Medicine

- Bone:  
    \_\_\_Whole Body\_\_\_ Limited \_\_\_3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)  
    \_\_\_Exercise \_\_\_Pharmacologic
- MUGA (cardiac blood pool)
- Lung VQ
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Bleed
- Meckels
- Renal \_\_\_Captopril \_\_\_Lasix
- Tumor Localization
- Gallium
- Other \_\_\_\_\_

#### X-Ray

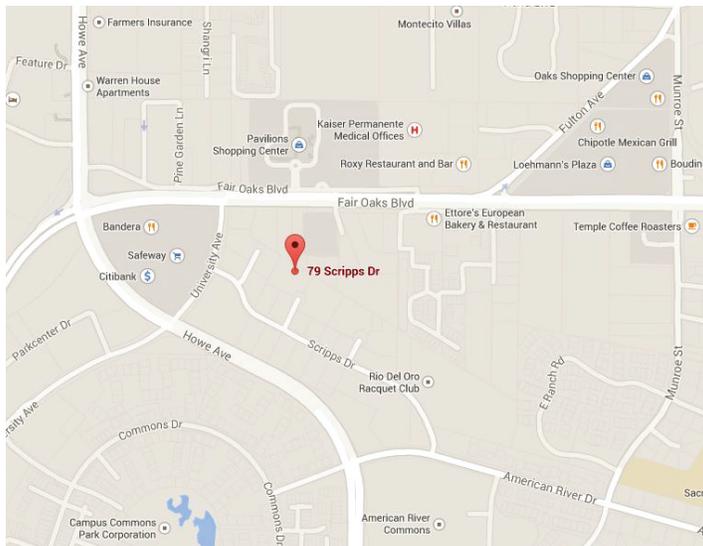
- Head:  
    \_\_\_Skull \_\_\_Orbits \_\_\_Sinuses
- Spine:  
    \_\_\_Cervical \_\_\_Thoracic \_\_\_Lumbar
- Chest: \_\_\_PA \_\_\_PA/LAT
- Ribs:  
    \_\_\_Unilateral \_\_\_Bilateral \_\_\_w/PA Chest
- Abdomen: \_\_\_KUB \_\_\_Two Views
- Pelvis
- Hips w/AP pelvis, bilateral  
    \_\_\_Unilateral
- Extremity:  
    \_\_\_Left \_\_\_Right \_\_\_Bilateral  
    Specify Body Part \_\_\_\_\_
- Other: \_\_\_\_\_

#### DEXA

Reason for bone density: \_\_\_\_\_

Date of last exam: \_\_\_\_\_

# Diagnostic Radiological Imaging Sacramento A RadNet Imaging Center



**DRI - Sacramento**  
**79 Scripps Drive, Suite 100**  
**Sacramento, CA 95825**  
**P: (916) 921-1300 | F: (916) 921-1090**

MRI, MRA, CT, CTA, Nuclear Medicine, Ultrasound, Fluoroscopy,  
 Digital Mammography, Bone Densitometry (DEXA), Hysterosalpingograms (HSG's),  
 Myelography, Ultrasound Guided Biopsies, Digital Diagnostic X-Ray

# Diagnostic Radiological Imaging Elk Grove A RadNet Imaging Center



**DRI - Elk Grove**  
**7911 Laguna Blvd,**  
**Elk Grove, CA 95758**  
**P: (916) 585-8990 | F: (916) 478-3710**

MRI, MRA, CT, CTA, Ultrasound, Fluoroscopy, Digital Mammography,  
 Bone Densitometry (DEXA), Hysterosalpingograms (HSG's),  
 Myelography, Ultrasound Guided Biopsies, Digital Diagnostic X-Ray

## Locations and 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.

**□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 arterial stent, please bring your safety card or obtain documentation that specifies the safety parameters of the stent.

**□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.

**□Ultrasound (Abdominal):** Nothing to eat or drink after 10pm the evening prior to your exam. No chewing gum.

**□Ultrasound (Pelvic/Renal):** Drink 24 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):** Drink 16 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.

**□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 24-hour preparation. Children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation.

**□IVP:** Light supper the day before your exam. Adults take two Dulcolax tablets at 6 pm 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. For an appointment after 1 pm, 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 tests scheduled for the same day as your DEXA scan, the DEXA must be performed first.

**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 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 (800) 272-3638.

- 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.

