

Patient's Name: _____ Appointment Date: _____

DOB: _____ Patient's Daytime Phone: _____

Clinical History/Reason for Exam: _____

Insurance: _____ Auth: # _____

Referring Physician: _____ Physician Signature: _____

Phone: _____ Fax: _____

CC: Physician _____ CC: Physician _____

Is Patient Pregnant?
Y ___ N ___ LMP _____

STAT Results Requested:
to Fax#: _____ Phone#: _____

Patient to Hand Carry Images
 Film CD

MRI

- With & Without Contrast
- Without Contrast
- 3D Recon if Indicated
- Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
- Brain Neuroquant w/3D
- Orbits
- TMJ
- Neck - Soft Tissue
- Brachial Plexus
- Spine: Cervical Thoracic Lumbar
- Sacrum & Coccyx
- Breast: Mass Implant Integrity
- Chest
- Abdomen: Liver Pancreas MRCP w/3D Renal Adrenal
- Urogram
- Pelvis

WALNUT CREEK ONLY

- Prostate Screening - 3T only
- Prostate Diagnostic With & Without Contrast - 3T only.
- Prostate Staging to include Bones & Nodes - 3T only
- Other: _____

MR Extremity Left Right

- Shoulder Knee
- Elbow Foot
- Wrist Ankle
- Hip
- Other: _____

MR Angiography

- Brain Chest
- Neck - Carotids Renal
- Aorta: Thoracic Abdominal Run off vessels
- Extremity: Left Right Specify body part _____
- Other: _____

MR Arthrography Left Right

- Shoulder Hip
- Elbow Knee
- Ankle Foot
- Wrist

CT

- With & Without IV Contrast
- With IV Contrast
- Without IV Contrast
- 3D Recon if Indicated
- Head
- Orbits
- IAC Middle Ear (Temporal Bones)
- Sinus (Maxillofacial)
- Neck (soft tissue)
- Spine: Cervical Thoracic Lumbar
- Extremity: Left Right Specify body part _____
- Chest
- HRCT Chest
- Lung Cancer Screening (Low Dose)
- Abdomen
 - Adrenal w/wo IV
 - Liver w/ IV (if prior surgery, add w/o)
 - Pancreas w/wo IV
 - Renal w/wo IV
- Pelvis
- Abdomen/Pelvis:
 - Routine (pain, infection, etc.)
 - Renal Stone (w/o contrast)
 - CT Urography
 - Enterography
- Other: _____

CT Angiography

- Cerebral Angiography
 - Head Neck (Head + Neck)
- Extremity
 - Upper Lower
 - Left Right
- Chest
 - Aortic Aneurysm/Dissection +3D
 - Pulmonary Emboli +3D
 - Abdomen/Pelvis +3D
 - Pelvic w/&w/o IV Contrast - ED Protocol (Walnut Creek only)
 - Runoff +3D (ABD/Pelvis + B/L Lower Extremities.)
- Other: _____

PET/CT

*PET/CT - Please use PET/CT order form

ULTRASOUND

- Abdomen Complete (Pancreas, Liver, Gallbladder, Kidneys, Spleen)
- Abdomen Limited
 - Liver (HCC Screening)
 - RUQ
 - RLQ (Appendicitis)
 - Hernia
- Aorta
- Bladder
- Breast:
 - Right Left Bilateral
- Pelvis Transabdominal Only
- Pelvis (TA + TV)
- Renal + Bladder
- Scrotum w/Doppler
- Soft tissue Head/Neck
- Sonohystero w/Pelvis
- Thyroid
 - Include Parathyroid
- Extremity (Non-Vascular)
 - Upper Lower
 - Left Right
- Other: _____

Ultrasound Guided Biopsies

- Thyroid FNA # of sites: _____
- Lymph Node FNA # of sites: _____

OB Ultrasound

- Weeks Gestation <14wks >14wks
- OB Complete-Transvaginal (if indicated)
- OB Limited (Viability, Heart Beat, Position, Fluid, Placental Location)

Vascular Studies

- Carotid
- Abdominal
- Renal
- Venous Extremity - DVT
 - Upper Lower
 - Left Right

DEXA

- Hip/Spine
- Forearm
- Date of Last Exam: _____

NUCLEAR MEDICINE

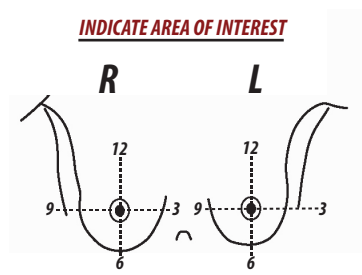
- Bone Scan
 - Whole Body Limited
 - 3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- MUGA (cardiac blood pool)
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Emptying
- Renal w/Lasix
- Gallium
- Other: _____

FLUOROSCOPY

- Arthrography Left Right Specify joint: _____
- Esophagram SBFT
- HSG Barium Enema
- UGI w/SBFT Cystography
- UGI w/Esophagram
- IVP
- Other: _____

BREAST IMAGING

- * **Biopsies** - Please use Breast Imaging request form
- 3D Screening Mammogram (Pleasanton & Walnut Creek Only) (Diagnostic Mammo and/or Ultrasound if indicated)
- 3D Diagnostic Mammogram (Pleasanton & Walnut Creek Only) (Ultrasound if indicated) Left Right Bilateral
- Screening Bilateral Breast Ultrasound
- Diagnostic Breast Ultrasound Limited Left Right Bilateral
- Other: _____
- Breast MRI
 - With & without contrast (Screening/Staging)
 - Without contrast (Breast Implant Integrity)



Symptoms: _____

Office Locations

CONCORD

2300 Clayton Rd., Suite 160,
Concord, CA 94520
P: (925) 825-7777 | F: (925) 288-8719
High Field MRI, MRA, CT, US, Mammo,
X-Ray, DEXA, Fluoroscopy
* Validated Parking at
Park St. entrance.

SAN LEANDRO

2450 Washington Ave., Suite 120
San Leandro, CA 94577
P: (510) 351-7734 | F: (510) 351-7742
High Field Open MRI, MRA, CT, US,
Mammo, X-Ray, DEXA, Fluoroscopy

PLEASANTON

5924 Stoneridge Dr., Suite 105 & 106
Pleasanton, CA 94588
P: (925) 463-0554 | F: (925) 463-0497
High Field MRI, MRA, CT, US, X-Ray,
DEXA, Fluoroscopy
Women's Imaging Center
3D Tomo Mammography,
Digital Mammography, US, Breast MRI, DEXA
P: (925) 463-0554 | F: (925) 463-0497

FREMONT

2201 Walnut Ave., Suite 150,
Fremont, CA 94538
P: (510) 713-1234 | F: (510) 713-1236
High Field MRI, MRA, CT, US,
Mammo, X-Ray, DEXA, Fluoroscopy
* Office location faces BART Station

OAKLAND

3200 Telegraph Ave.,
Oakland, CA 94609
P: (510) 663-1950 | F: (510) 663-1951
3T High Field MRI, MRA, CT, Mammo,
X-Ray, Breast MRI, DEXA, US, Fluoroscopy
PET/CT and Nuclear Medicine
P: (510) 663-1952 | F: (510) 663-1953

WALNUT CREEK

114 La Casa Via, Suites 100 & 200
Walnut Creek, CA 94598
3T High Field MRI, MRA, CT,
Breast MRI, US, X-Ray, DEXA,
3D Tomo Mammography,
Digital Mammography,
Nuclear Medicine, Fluoroscopy
P: (925) 937-6100 | F: (925) 938-9940
PET/CT
P: (925) 937-2355 | F: (925) 938-9940

Patient Preparation Instructions

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

MRI (Magnetic Resonance Imaging) / MRA (Magnetic Resonance Angiography): MRI/MRA exams cannot be done on patients with pacemakers, certain cerebral aneurysm clips, certain heart valves, certain neurostimulators, cochlear or ossicular implants. Patients whose occupational history includes working with metal (welders, metal workers, etc.) and patients with large metallic implants or shrapnel wounds will be carefully screened. Patients who experience claustrophobia may require sedation as ordered by their doctor.

CT Studies (Computed Tomography): Some studies require oral, or I.V. contrast material. If you are a diabetic taking Glucophage or a combination drug containing Metformin such as Glucovance, Glucophage or a derivative, please call our office for special instructions.

Ultrasound:

- Pelvis:** Drink 24-32 oz. (as long as bladder is full) of fluid 1 hour before study, to be completed 45 minutes before the appointment. Do not empty bladder
- Obstetrical:** Drink fluid 1 hour before study, 32oz. for 1st trimester, 24 oz. for 2nd and 3rd trimesters to be completed 1/2 hour before your appointment. Do not empty bladder
- Abdomen (including liver, gallbladder, pancreas and spleen) or Retroperitoneal Aortal:** No food or drink 8 hours before the study except prescribed medication.
- Retroperitoneal:** Drink 20 oz. of fluid 30 min prior to your exam.

Mammography: No underarm deodorants, powders, or perfumes should be used on the day of the exam. All previous deodorants should be washed off. Please notify staff if you have breast implants. **"If you are new to our facility and/or have prior mammography exams elsewhere please obtain prior images and bring to your exam."**

Upper G.I. Series, Esophagram and Small Bowel Study: No food or drink after midnight the night before the study. Prescribed medication can be taken with small amount of water. Do not chew gum or smoke prior to exam.

DEXA: No calcium supplement 24 hours before exam.

Nuclear Medicine: Detailed instructions will be given at time of scheduling.

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 result from your physician.**

- Please bring this form, your insurance card & photo ID to your appointment.
- 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 your exam.
- Please bring prior films.
- Please leave valuables at home.
- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.
- Minors must be accompanied by a parent or guardian.