

# Imaging Request

**3536 Mendocino Avenue, Suite 280 • Santa Rosa, CA 95403**

**P: (707) 579-8226 • F: (707) 579-1457**

*Please bring a photo I.D., this form and your insurance card 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:** \_\_\_\_\_

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

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

### MR (High-Field)

**MRI**

- With & Without Contrast**
- Without Contrast**

- Brain
  - w/special attention to IAC
  - w/special attention to Pituitary
  - w/ NeuroQuant®  
(3D rendering) age related brain atrophy report
- Orbits
- Neck - Soft Tissue
- Spine:
  - \_\_\_Cervical \_\_\_Thoracic \_\_\_Lumbar
- Extremity:joint \_\_\_Left \_\_\_Right  
Specify body part \_\_\_\_\_
- Extremity:Non-joint \_\_\_Left \_\_\_Right  
Specify body part \_\_\_\_\_

**MR Arthrography \_\_\_Left \_\_\_Right**

- Shoulder  Hip
- Elbow  Knee
- Wrist  Ankle

- Brachial Plexus
- Abdomen \_\_\_Liver \_\_\_Pancreas  
\_\_\_Kidneys \_\_\_Adrenals \_\_\_MRCP
- Pelvis  
\_\_\_Bony \_\_\_Soft Tissue
- Other: \_\_\_\_\_

**MR Angiography (includes veins)**

- Brain without Contrast
- Neck - Carotids with & without contrast
- Thoracic Aorta with & w/out contrast
- Abdominal Aorta with & w/out contrast

### 64-Slice CT

**Diagnostic CT**

- With & Without Contrast**
- With Contrast**
- Without Contrast**

- Brain
- Orbits
- Temporal bone
- Maxillofacial - Facial Bones
- Sinus (Maxillofacial)
- Neck (soft tissue) w/ contrast
- Spine:
  - \_\_\_Cervical \_\_\_Thoracic \_\_\_Lumbar
- Extremity \_\_\_Left \_\_\_Right  
Specify body part \_\_\_\_\_
- Chest
- Abdomen (pelvis if indicated)
- Abdomen and Pelvis
- Urogram (abdomen/pelvis)
- Stone Study
- Pelvis
- Cardiac Calcium Score
- Other: \_\_\_\_\_

**CTA Angiography**

- Head
- Neck
- Extremity: \_\_\_Upper \_\_\_Lower
- Chest - Pulmonary Arteries
- Thoracic Aorta
- Abdominal Aorta
- Abdominal Aorta + runoff
- Pelvis

Creatinine: \_\_\_\_\_  
Lab Date: \_\_\_\_\_

### Ultrasound

- Abdomen \_\_\_\_\_
- Renal \_\_\_with Bladder
- Bladder \_\_\_\_\_
- Aorta/Retroperitoneal \_\_\_\_\_
- Pelvis Complete (TV if indicated) w/ Doppler
- Pelvis Transabdominal with Doppler
- Pelvis-Transvaginal with Doppler
- Scrotum with Doppler
- Thyroid \_\_\_\_\_
- Venous Doppler (Duplex) \_\_\_\_\_
- Carotid Doppler (Duplex) \_\_\_\_\_
- Inguinal / Abd Wall
- Other \_\_\_\_\_

**OB Ultrasound**

- OB Ultrasound >14 weeks  
(Anatomic survey)
- OB Ultrasound <14 weeks
- Limited (Viability, Heartbeat, Position, Fluid, Placental Location)
- Follow-Up: Specify documented problem \_\_\_\_\_
- Biophysical Profile

### Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### X-Ray

- Head:
  - \_\_\_Skull \_\_\_Orbits \_\_\_Sinuses
- Spine: \_\_\_Ltd \_\_\_Complete  
\_\_\_Cervical \_\_\_Thoracic \_\_\_Lumbar
- Chest: \_\_\_PA \_\_\_PA/LAT
- Ribs:
  - \_\_\_Unilateral \_\_\_Bilateral \_\_\_w/PA Chest
- Abdomen: \_\_\_KUB \_\_\_Two Views  
\_\_\_Abdominal Series with Chest
- Pelvis
- Hips: \_\_\_Left \_\_\_Right  
\_\_\_Bilateral \_\_\_w/Pelvis
- Knee: \_\_\_Left \_\_\_Right  
\_\_\_Bilateral  
\_\_\_Standing AP Bilateral Only
- Extremity: \_\_\_Ltd \_\_\_Complete  
\_\_\_Left \_\_\_Right \_\_\_Bilateral  
Specify Body Part \_\_\_\_\_
- Other: \_\_\_\_\_

### Fluoroscopy

- Esophagram
- UGI
- UGI w/SBFT
- Small Bowel
- Other: \_\_\_\_\_

### Procedures

**Injections**

- Sacroiliac Joint Injection -  
Therapeutic under CT guided  
\_\_\_Left \_\_\_Right \_\_\_Bilateral
- Therapeutic hip Injection under  
Fluoro guidance \_\_\_Left \_\_\_Right
- Other \_\_\_\_\_

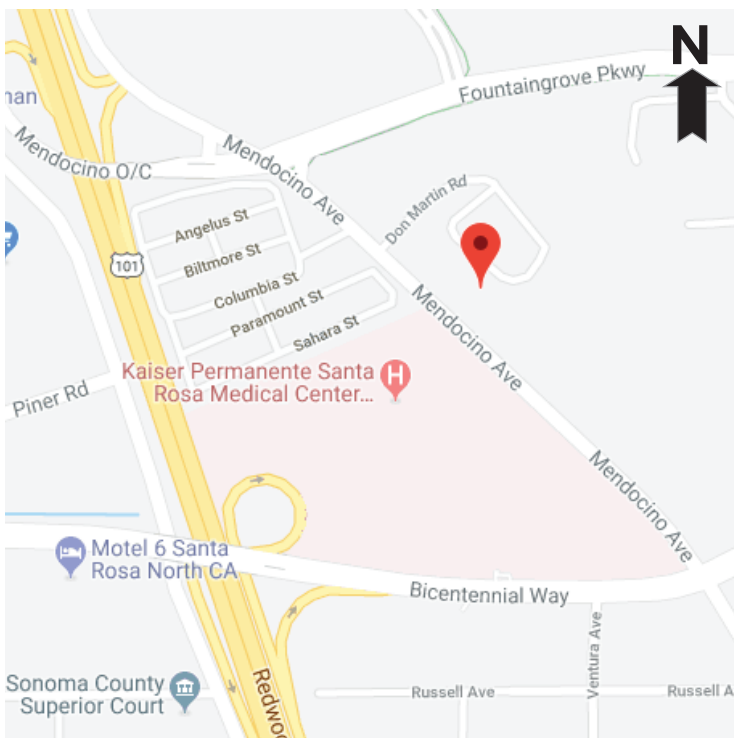
**Please call us if you have any questions regarding your procedure or preparation instructions. Study times vary in length. Please bring the following items with you to your appointment.**

This Referral Slip

•  
All Prior Related  
X-Rays/Scans

•  
Health Insurance  
Card & Picture I.D.

•  
Pre-Authorizations  
You May Have  
Received



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[www.RadNet.com](http://www.RadNet.com)

## Exams and 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 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, x-ray dye or iodine.
- 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 prior to 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 prior to 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 10pm the evening before your exam. No chewing gum.

**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.

- For your safety, children may not accompany patients into procedures. If it is necessary to bring children to your appointment, please bring appropriate adult supervision to watch your children during the exam.
- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.