

See reverse side for scheduling numbers and locations

Bring ID, this form and your insurance card to your appointment

Patient Name _____ Date _____

DOB: _____ Phone # _____ Appt. Date/Time: _____

Insurance/Work Comp Carrier: _____ Auth _____

Clinical reason for exam _____

CC: _____ CC: _____ CC: _____

- Wet Read Pt back w/CD
 Routine Pt back w/films

For IV contrast studies (Age > 60, renal disease, HTN, DM)
Most Recent Cr/Bun/Date: _____

MRI Field Strength (circle one): First Avail 1.5T Open(1.2T) 3T(SAM only)

Neuro MRI	w/o	w	w&w/o
Brain			
3D Neuroquant			
IAC (Includes Brain)			
Pituitary / Sella (Includes Brain)			
Orbits / Brainstem (Includes Brain)			
MRA Head			
MRA Neck			
Soft Tissue Neck			
Cervical Spine			
Thoracic Spine			
Lumbar Spine			
Other: _____			

Musculoskeletal MRI	w/o	w	w&w/o
Knee - R L			
Shoulder - R L			
Elbow - R L			
Wrist - R L			
Hip (routine, metal) - R L			
Ankle/Hindfoot - R L			
Foot (Midft/Foreft) - R L			
Finger			
MR Arthrogram			
Joint: _____			
Other: _____			

Body MRI	w/o	w	w&w/o
Abdomen - general			
Liver			
Adrenal			
Pancreas			
Renal			
MRCP			
MRA			
Pelvis - general			
Female pelvis			
Enterography			
Chest - Brachial Plexus			
Other: _____			

Neuro CT	w/o	w	w&w/o
Head			
CTA Head			
CTA Neck			
Soft Tissue Neck			
Sinus - low dose			
Sinus - localization			
Orbits / Maxillofacial			
Mastoids / IACs			
Cervical Spine			
Thoracic Spine			
Lumbar Spine			
Other: _____			

Ultrasound (check / circle)			
Abdomen			
RUQ/Liver/Gallbladder			
Aorta / IVC			
Appendix			
Pelvis (EV if indicated)		OB	Non-OB
Renal (includes bladder)			
Bladder Only			
Thyroid			
Scrotum			
Carotids			
DVT: Upper		R	L
DVT: Lower		R	L
Sonohysterogram			
Other: _____			

Fluoroscopy		
Esophagram		
UGI		
SBFT		
UGI + SBFT		
HSG		
VCUG		
Barium Enema		
Arthrogram:		
Other: _____		

Body CT	w/o	w	w&w/o
Routine chest			
Low dose chest screening			
HRCT interstitial lung eval			
CTA pulmonary - PE			
CTA chest - thoracic aorta			
CTA chest/abd aorta			
CT Chest/Abd/Pelvis - general			
Abd & Pelvis - general			
Abd & Pelvis - renal stone			
CT IVP - hematuria			
Abd - liver mass			
Abd - renal mass			
Abd - adrenal mass			
Abd - pancreatic mass			
Abd & Pelvis - Enterography			
Pelvis only			
Other: _____			

Breast	R	L
Screening Mammo +/- 3D Tomo		
Diag Mammo +/- U/S / 3D Tomo		
Breast MRI (w/w/o)		
Breast MRI - Implants (w/o)		
Diag Ultrasound +/- Mammo		
Screening Ultrasound		
Breast MRI Biopsy		
Stereotactic Biopsy		
Ultrasound Biopsy		
Ultrasound Cyst Aspiration		

Bone Density DEXA _____

PET/CT
Call (408) 358-6898

X-Ray done on a walk in basis no appointment necessary				
X-Ray (circle all)				
Chest	1V	2V		
Rib Series	R	L		
Abdomen	1V	2V	3V	
KUB	1V			
Hip	R	L		
Pelvis	1V			
Sacrum / Coccyx	3V			
Cervical Spine	1V	AP/L	4V	Flex/Ex
Thoracic Spine		1V	2V	3V
Lumbar Spine	1V	AP/L	4V	Flex/Ex
Shoulder			3V	R L
Elbow			3V	R L
Wrist			3V	R L
Hand			3V	R L
Knee			4V	R L
Ankle			3V	R L
Foot			3V	R L
Soft Tissue Neck	1V			
Bone Age	1V			
Sinus	1V	3V		
Other: _____				

Musculoskeletal CT	w/o	w	Arthro
Specify: _____			

Physician Signature _____

Physician Name (Print) _____

Phone _____

Fax _____

ULTRASOUND - Allow 1 hour

ABDOMINAL

1. Nothing by mouth after midnight.

PELVIC

1. Drink 32 oz. of water to be finished 1 hour before appointment.
2. Do NOT empty your bladder after drinking the 32 oz. of water. (If you cannot tolerate water, other beverages can be used. AVOID carbonated beverages).

RENAL OR KIDNEY

1. Drink 32 ounces (1 quart) of clear fluid to be finished 1 hour before appointment. This is to hydrate your system.
2. Do NOT empty your bladder.

PRE & POST VOID BLADDER

1. Drink 32 ounces (1 quart) of water to be finished one hour before appointment.
2. Do NOT empty your bladder after drinking the 32 oz. of water. (If you cannot tolerate water, other beverages can be used. AVOID carbonated beverages).

VASCULAR STUDIES

(CAROTID, DVT, VENOUS, ETC.)
No preparation necessary.

THYROID -No preparation necessary.

DEXA -No preparation necessary.

CT SCAN - Allow 1/2 – 2 hours
PREPARATION FOR ALL CT SCANS (EXCEPT SPINE AND SINUS):

1. Nothing by mouth except water 3 hours before scan. (However, medications may be taken with small amounts of water.)

MAMMOGRAPHY

1. For patient's comfort, easily removed top should be worn.
2. No deodorants or body powders on breasts or underarm areas.

MRI SCAN - Allow 40 Minutes – 2 hours

No metal in eyes or pacemaker.
No other preparation necessary.

GENERAL FLUOROSCOPY

CHILDREN PREP FOR I.V.P. OR BARIUM ENEMA DAY BEFORE EXAM:

Children

0-3 yrs.: No cathartics, may have 4 oz. clear liquid in a.m.

4-7 yrs.: 1 chocolate Ex-Lax square.

8-15 yrs.: 2 chocolate Ex-Lax squares.

Nothing by mouth after midnight.

UPPER G.I. SERIES OR ESOPHAGUS Allow 1 hr.

1. Nothing by mouth after midnight.

SMALL BOWEL SERIES - Allow up to 3 hours

1. Nothing by mouth after midnight.

BARIUM ENEMA, CONTRAST ENEMA,

IVP KIDNEY STUDY -Allow 1 hour
DAY BEFORE EXAM:

Breakfast: Eat before 7 a.m.

Noon: Have a liquid lunch.

(Example: Clear bouillon, apple juice, cranberry juice, plain gelatin. NO MILK.)

1 p.m.: Drink at least 1 full glass or more of water.

3 p.m.: Drink at least 1 full glass or more of water.

4 p.m.: Drink one 10 oz. bottle of Magnesium Citrate (cold).

5 p.m.: Supper: Have only clear liquids.

(Example: Clear bouillon, apple juice, cranberry juice, plain gelatin. NO MILK.)

6 p.m.: Take 3 Bisacodyl (Dulcolax) tablets with at least one full glass water. DO NOT CRUSH OR CHEW TABLETS. SWALLOW THEM WHOLE.

DO NOT TAKE TABLETS WITHIN ONE HOUR OF ANTACIDS. Please do not take anything by mouth after midnight or in the morning before the examination.

VCUG -No preparation necessary.

HSG - Allow 1 hour

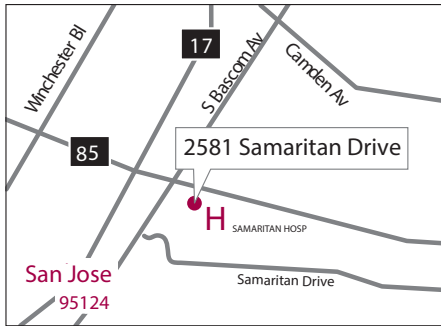
1. Schedule on day 7-10 from start of menstrual period.

2. Must abstain from intercourse until after appt.

3. If spotting, please call to reschedule.

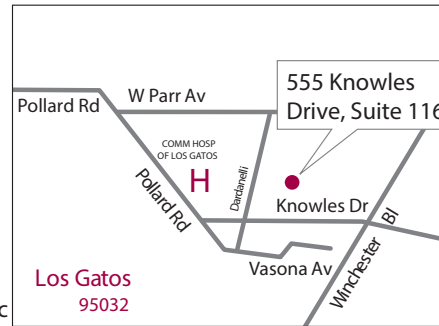
4. Bringing a driver is recommended.

NOTE: MAPS ARE ONLY GENERAL DIRECTIONS

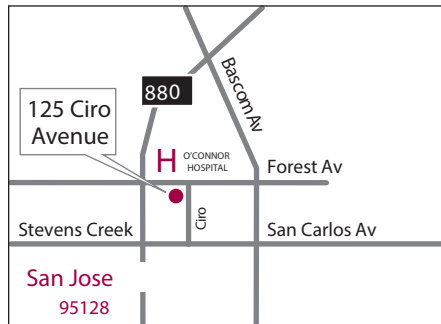


Samaritan Imaging Center
2581 Samaritan Drive,
408-358-6881 : Fax: 408-356-8785
Suite 100- 3T High Field MRI,
High-Field MRI, PET/CT, X-Ray, DEXA,
Fluoroscopy, Ultrasound,
Multi-Slice-CT, Breast MRI
Scheduling 408-358-6881

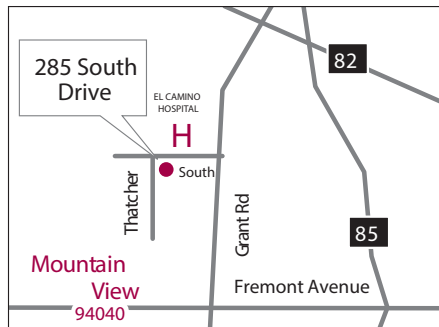
Suite 206 - Women's Center
Digital Mammography, Ductograms,
Ultrasound Guided Biopsies, Stereotactic
Biopsies J-Wires, Ultrasound Guided
Cyst Aspirations



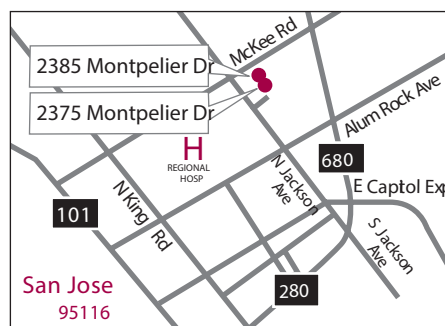
Los Gatos Imaging Center
555 Knowles Drive, Suite 116
408-866-7131 : Fax: 408-866-7494
X-Ray, Fluoroscopy, Multi-Slice CT,
High-Field Open MRI 1.2T,
Ultrasound
Scheduling 408-866-7131



Ciro Imaging Center
125 Ciro Avenue,
Suite 220 - Women's Center
408-283-9179 : Fax: 408-283-9198
Digital Mammography, Ultrasound,
DEXA
Suite 230- Imaging Center
408-297-4591 : FAX: 408-297-7184
X-Ray, Fluoroscopy, Ultrasound, PET/CT
Scheduling 408-272-2873
FAX: 408-272-7784



Mountain View Imaging Center
285 South Drive, Suite 5
650-967-1331 : Fax: 650-691-6794
X-Ray, Fluoroscopy, Multi-Slice CT,
Digital Mammography, DEXA,
Ultrasound, High-Field MRI
Scheduling 650-967-1331
FAX: 650-962-7549



Montpelier Imaging Center
2375 Montpelier Dr., Suite 10
408-272-2873 : Fax: 408-272-7784
DEXA, Ultrasound, X-Ray
Scheduling 408-272-2873
FAX: 408-272-7784

2385 Montpelier Dr
408-964-1000 : Fax: 408-964-1035
X-Ray, Fluoroscopy, Ultrasound,
Multi-Slice CT, High-Field MRI,
Digital Mammography
Scheduling 408-272-2873
FAX: 408-272-7784