

Appointment Date: _____

Appointment Time: _____



San Fernando and Santa Clarita Valleys - Imaging Request Form

Scheduling P: (800) 378-5597 | F: (818) 342-0303

To schedule your mammogram, ultrasound, or DEXA exam you can also visit us at

www.sfvimaging.com

Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____

Referring Physician: _____ Physician Signature: _____

*Please send appropriate chart notes with your order.

Phone: _____ Preferred Center: _____ Patient to bring images to Doctor Call in STAT results

MR

MRI

- With & Without Contrast
- Without Contrast
- Contrast, as Indicated
- 3D Recon
- Brain
 - IAC/Trigeminal
 - Pituitary
 - Quantitative Volumetric Imaging
(NeuroQuant, LesionQuant, icobrain)
Protocol: __Dementia __Seizures __MS
__TBI __Peds

- 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
- Spectroscopy Brain
- CSF Flow Study
- Enterography
- 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

Screening CT

- Lung Cancer Screening
(for Medicare patients please use Medicare referral form)

Diagnostic CT

- With & Without Contrast
- Without Contrast
- Contrast, as Indicated
- 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
- Biopsy _____
- Other: _____

CTA (angiography)

- Head
- Neck
- Extremity: __Upper __Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis
- Cardiac
__Coronary __Calcium Score __EP Plan

Creatinine: _____

Lab Date: _____

Interventional Radiology

For services please call
(818) 817-7707

Breast Imaging

- Screening Mammogram
- Diagnostic Mammogram
- Screening Tomosynthesis
- Diagnostic Tomosynthesis
- Breast Ultrasound (if indicated)
__Unilateral __Bilateral
- Breast Ultrasound
__Left __Right __Bilateral
- Stereotactic Breast Biopsy
- Other: _____

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 _____
- 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
- PET/CT, Cardiac
__Viability - FDG
__Myocardial Perfusion
- Axumin
- Ga 68 NetSpot

Nuclear Medicine

- Bone Scan
__Whole Body __Limited __3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)
__Exercise __Pharmacologic
__Lexi __Adenosine
- MUGA(cardiac blood pool)
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Emptying
- GI Bleed
- Meckels
- Renal __Captopril __Lasix
- Gallium
- White Blood Cell (WBC)
- 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: _____

DEXA

- Bone Density
Reason for bone density: _____
- Date of last exam: _____

Please bring this form and your insurance card with you on the day of your exam.



RadNet San Fernando Valley Locations

Scheduling Phone: (800) 378-5597 / Scheduling Fax: (818) 342-0303

	MR	Open MRI	CT	PET/CT	Mammo	Diagnostic Mammo	Tomo	DEXA	Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrograms	X-Ray
Breastlink Women's Imaging Center - Tarzana 18133 Ventura Blvd. • Suite 200 • Tarzana, CA 91356 • (818) 784-8799					•	•	•	•	•				
Burbank Advanced Imaging Center 10101 Riverside Dr. • Toluca Lake, CA 91062 • (818) 762-2626	1.5T	•	•						•			•	•
Burbank Imaging X-Ray 3808 Riverside Dr. • Suite 120 • Burbank, CA 91505 • (818) 842-5742													•
The Burbank Breast Care Center 2601 W. Alameda Ave. • Suite 101 • Burbank, CA 91505 • (818) 843-7462					•	•	•	•	•				
Imaging Specialists of Burbank 1821 W. Olive Ave. • Burbank, CA 91506 • (818) 841-8880	1.5T								•				
Liberty Pacific Advanced Imaging - Encino 16130 Ventura Blvd. • Suite 100 • Encino, CA 91436 • (818) 933-2020	3.0T												
Liberty Pacific Advanced Imaging - Tarzana 18133 Ventura Blvd. • Suite 100 • Tarzana, CA 91356 • (818) 933-2020	1.5/3.0T		•	•					•	•		•	•
Liberty Pacific Advanced Imaging - West Hills 23115 Sherman Place • West Hills, CA 91307 • (818) 251-9811	3.0T		•						•			•	•
Northridge Diagnostic Center 8227 Reseda Blvd. • Reseda, CA 91335 • (818) 773-6500	1.5T		•		•	•			•		•	•	
Northridge Satellite 8327 Reseda Blvd. • Northridge, CA 91325 • (818) 407-2643								•	•				•
Santa Clarita Imaging Center 25775 W. McBean Pkwy. • Suite 100 & 216 • Valencia, CA 91355 • (661) 255-7627	1.5T		•		•	•			•			•	•
San Fernando Valley Advanced Imaging 14860 Roscoe Blvd. • Suite 101 • Panorama City, CA 91402 • (818) 901-0115	3.0T	•	•						•				•
San Fernando Valley Interventional Radiology & Imaging Center 16311 Ventura Blvd. • Suite 120 • Encino, CA 91436 • (818) 817-7707	1.5T		•						•			•	
West Valley Imaging Center 7301 Medical Center Dr. • Suite 103 • West Hills, CA 91307 • (818) 346-4411	1.5T			•									