### MRI
- **With Contrast**
- **Contrast as indicated**
- **3D Rendering as indicated**
- **With & Without Contrast**
- **Without Contrast**
- **Brain**
  - w/special attention to IAC
  - w/special attention to Pituitary NeuroQuant
- **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
  - CSF Flow Study _Soft Tissue
- **Enterography**
- **Prostate**
- **Other:**

### CT

#### Diagnostic CT
- **With Contrast**
- **Contrast as indicated**
- **3D Rendering as indicated**
- **With & Without Contrast**
- **Without Contrast**
- **Brain**
- **Orbits**
- **IAC Middle Ear**
- **Maxillofacial - Facial 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
  - Enterography
  - Myelogram
  - Other:

#### CTA (angiography)
- **Head**
- **Neck**
  - Extremity: _Upper _Lower
  - Chest
  - Aorta and runoff vessels
  - Abdomen
  - Pelvis
  - Cardiac
  - Coronary _Calcium Score _EP Plan

#### OB Ultrasound
- **OB Ultrasound (TV if indicated)**
  - Limited (Viability, Heart Beat, Position, Fluid, Placental Location)
  - Follow-up (specify documented problem)

### Ultrasound
- **Abdomen Complete:**
- **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** (Transabdominal only)
  - **Pelvic Ultrasound (Transvaginal only)**
  - **Scrotum**
  - **Thyroid**
  - **Biopsy/Aspiration/Injection**
  - Area
  - **Hysterosonogram**
  - Other
  - **Vascular Studies**
    - **Arterial (Duplex)**
    - _w/ABI
    - _Lower _R _L _BIL
    - _Upper _R _L _BIL
    - **Carotid (Duplex)**
    - **Venous (Duplex)**
    - _Lower _R _L _BIL
    - _Upper _R _L _BIL
    - **Venous Insufficiency/Variose Veins**
    - _Lower _R _L _BIL
    - _Upper _R _L _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/SAFT**
- **Small Bowel**
- **Barium Enema**
- **Colostomy**
  - _Colostomy and Rectum
  - _Colostomy only
  - 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**
- **Amyloid**
- **NAT bone**

### 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 EF**
- **Gallbladder without EF**
- **GI Emptying**
- **GI Bleed**
- **Mechels**
- **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:

### Breast Imaging

**Mammography referral sheet available**
TEMECULA VALLEY
MODALITIES & LOCATION LIST

Scheduling Phone (951)-587-8956 | (951)-587-8290
Scheduling Fax
Scheduling Hours: Monday - Friday / 8am - 6pm

<table>
<thead>
<tr>
<th>Locations</th>
<th>MRI</th>
<th>Open MRI</th>
<th>CT</th>
<th>PET/ CT</th>
<th>Screening Mammo</th>
<th>Diagnostic Mammo</th>
<th>Tomo</th>
<th>DEXA</th>
<th>General Ultrasound</th>
<th>Nuclear Medicine</th>
<th>Fluoroscopy</th>
<th>Arthogram</th>
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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. You may also visit us at temeculaimaging.com for preparation instructions.

- **MRI Scan**: Please inform us of any metal in your body at time of scheduling. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled.
- **CT SCAN (Abdomen or Pelvis)**: Please inform us of any allergies to contrast or x-ray dye (Stones, no oral contrast).
- **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 48-hour preparation. Regarding children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation. Diabetic patients: Please follow the 24 hour prep.
- **IVP**: Obtain Prep kit and instructions directly from center: 951-696-4230.
- **DEXA (Bone Density Exam)**: Do not take any calcium supplements for 24 hours prior to your exam.

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.

- **Ultrasound (Abdomen Gallbladder Aorta)**: No food or drink 8 hours prior to exam.
- **Ultrasound (Pelvic)**: Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- **Ultrasound (Renal/Bladder)**: Adults: Drink 32 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)**: Less than 14 weeks, drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

Greater than 14 weeks, drink 16 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before exam.

After the Exam: Your exam will be read by a board-certified, licensed radiologist 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 (844) 866-2718.

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.

RadNet

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