RadNet

TEMECULA VALLEY | HEMET

IMAGING REQUEST FORM

Scheduling: (951) 587-8956 | **Fax:** (951) 587-8290

CONNECT PATIENT PORTAL
To schedule your Mammogram, Ultrasound, CT, MRI or DEXA exam, you may also visit us at:
TemeculaImaging.com

Patient's Name: _____ Date of Birth: _____ Patient's Phone: _____

Reason for Exam/ ICD10 Code: _____

Surgical/Navigational Protocol: _____

Referring Provider (Print): _____ Provider Signature: _____ Today's Date: _____

Phone: _____ Fax: _____ CC Report To: _____

☐ Call in STAT results to: _____ ☐ Release CD with Patient

Insurance Plan: _____ Member ID#: _____

MR

MRI
- ☐ Without Contrast
- ☐ With & Without Contrast
- ☐ 3D Rendering as indicated
- ☐ **Brain**
  - ☐ IAC/Trigeminal
  - ☐ Brain Anti-Amyloid/ARIA
  - ☐ 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
- ☐ Enterography
- ☐ Prostate
- ☐ Enhanced Prostate Screening wo Contrast

MR Angiography
- ☐ Without Contrast
- ☐ With & 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 ☐ Hip
- ☐ Elbow ☐ Knee
- ☐ Wrist ☐ Ankle
- ☐ Other:_____

DEXA | Bone Density
- ☐ Hip & Spine
- ☐ Radius/Wrist/Heel
- ☐ Hip & Spine & Radius/Wrist/Heel

Include (with any option above):
__Vertebral Fracture Assessment (VFA)
__Trabecular Bone Scan (TBS)
- ☐ Body Fat Composition Analysis

CT

Diagnostic CT
- ☐ Without Contrast
- ☐ With Contrast
- ☐ With & Without Contrast
- ☐ 3D Rendering as indicated
- ☐ Low Dose CT (LDCT)
- ☐ 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
- ☐ Abdomen and Pelvis
- ☐ Urogram (abdomen/pelvis)
- ☐ Treatment Plan:_____
- ☐ Dental Planning
- ☐ Enterography
- ☐ Mylogram
- ☐ Calcium Score
- ☐ Other:_____

CTA (angiography)
- ☐ Head
- ☐ Neck
- ☐ Extremity: __Upper __Lower
- ☐ Chest
- ☐ Aorta and runoff vessels
- ☐ Abdomen
- ☐ Pelvis

Creatinine:_____
Bun:_____
Lab Date:_____

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:_____

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
- ☐ Hysterosonogram
- ☐ US Guided Thyroid BX
- ☐ Thyroid FNA
- ☐ 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/Varicose 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)

BREAST IMAGING
- ☐ 3D Screening Mammogram (Diagnostic Mammo and/or Ultrasound if Indicated): __ EBCD® Recommended
- ☐ 3D Diagnostic Mammogram (Breast Ultrasound if Indicated): __ Left __ Right __ Bilateral
- ☐ Stereotactic Guided Breast Biopsy
- ☐ Ultrasound Guided Breast Biopsy
- ☐ MRI Breast w/wo Contrast
- ☐ MRI Breast wo Contrast (Implant evaluation only)

☐ **Additional breast imaging as clinically indicated:** Checking box authorizes radiologist to proceed with, Diagnostic Mammogram, Breast Ultrasound, Breast MRI w/wo contrast and/or applicable Biopsy.

FLUOROSCOPY
- ☐ Barium Enema: __ Single Contrast (WO Air) __ Double Contrast (W Air)
- ☐ Cystogram
- ☐ Esophagram: __ Barium Swallow __ Barium Swallow Double Contrast (W Air)
- ☐ Hysterosalpingogram (HSG)
- ☐ IVP
- ☐ Small Bowel Follow Through (SBFT)
- ☐ Sniff Test
- ☐ Upper GI: __ Single Contrast (WO Air) __ With Esophagram __ Without Esophagram __ W Small Bowel Follow Through __ Double Contrast (W Air) __ With Esophagram __ Without Esophagram __ W Small Bowel Follow Through
- ☐ Urethrocystography: __ Voiding (VCUG) __ Retrograde

NUCLEAR MEDICINE
- ☐ Bone Scan: __3 Phase __SPECT __Limited __Whole Body
- ☐ Gastric Emptying
- ☐ HIDA: __ w/o EF __w/EF
- ☐ Liver/Spleen: __Static __W/SPECT
- ☐ Parathyroid: __Scan __w/SPECT
- ☐ Renal Scan: __w/Captopril __w/Lasix
- ☐ Thyroid: __Scan __Uptake and Scan

PET/CT
- ☐ FDG - Skull Base to Mid-Thigh (CPT: 78815, A9552)
- ☐ FDG - Whole Body (Melanoma; CPT: 78816, A9552)
- ☐ F-18 PSMA/PYL (Prostate Cancer – Initial Staging or Biochemical Recurrence; CPT: 78815, A9595)
- ☐ Ga 68 NetSpot (Neuroendocrine Tumor (NET) / Carcinoid Tumor; CPT: 78815, A9587)
- ☐ 18F-FES Cerianna (ER+ Breast Cancer; CPT: 78815, A9591)
- ☐ Amyloid - Brain (Alzheimer's Disease, Memory Loss, Mild Cognitive Impairment; CPT: 78814, Q9983)
- ☐ FDG – Brain (Metabolic; CPT: 78608, A9552)
- ☐ Other: _____

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

RadNet

Locations, Maps & General Information

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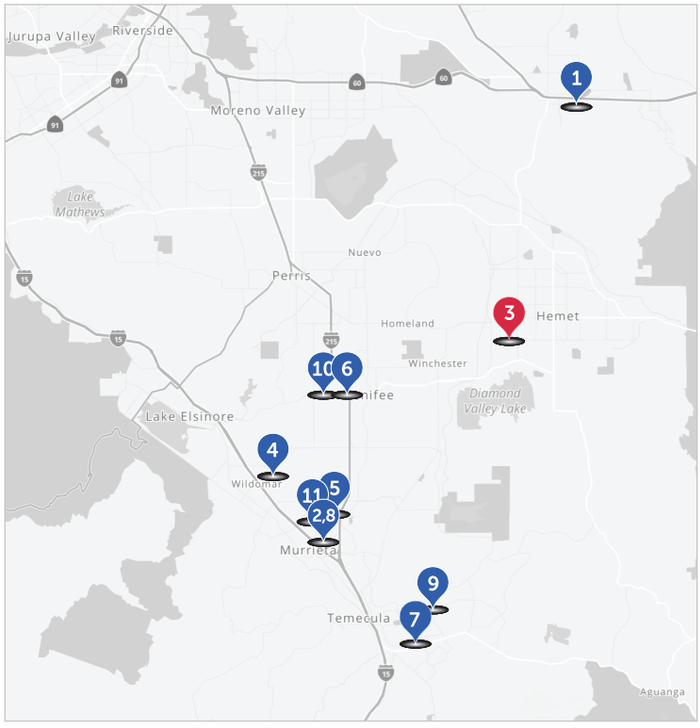
3.0 ● 3.0T MRI | 1.5 ● 1.5T MRI | HF ● High Field MRI | UG ● Ultrasound Guided Breast Biopsy | SB ● Stereotactic Breast Biopsy | VU ● Vascular Ultrasound

	CENTER	LOCATION	PHONE	MRI	Open MRI	CT	PET/CT	Screening Mammo	Tomo	DEXA	General Ultrasound	Breast Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrogram	X-Ray
1	Beaumont Advanced Imaging - X-Ray	835 North Highland Springs Ave. #100, Beaumont CA 92223	(951) 523-8255								UG ●					●
1	Beaumont Advanced Imaging	825 North Highland Springs Ave., Beaumont CA 92223	(951) 554-1151	●		●		●		●	●					
2	Breastlink Women's Imaging Temecula Valley	25455 Medical Center Dr., Ste 210, Murrieta, CA 92562	(951) 600-2839					●	●	●	●	●				
3	**Hemet Advanced Imaging**	**3887 W Stetson Ave, Hemet, CA 92545**	**(951) 665-1555**	●		●		●		●	●				●	●
4	Temecula Valley Advanced Imaging - California Oaks	40700 California Oaks Rd., Suite 103, Murrieta, CA 92562	(951) 894-4418	1.5 ●		●					VU ● ●					●
5	Temecula Valley Advanced Imaging - Golden Triangle	25150 Hancock Ave., Murrieta, CA 92562	(951) 412-0228	1.5 ●		●										
6	Temecula Valley Advanced Imaging Highway 79	31565 Rancho Pueblo Rd., Suite 101, Temecula, CA 92592	(951) 302-2225	1.5 ●		●					VU ● ●					●
7	Temecula Valley Advanced Imaging Murrieta	25455 Medical Center Dr., Ste. 100, Murrieta, CA 92562	(951) 696-4230	3.0 1.5 ●		●	●						●	●	●	
8	Temecula Valley Advanced Imaging Temecula Parkway	31775 De Portola Rd., Ste. 100, Temecula, CA 92592	(951) 238-6070		HF ●	●	●	●	●	●	●	●				●
9	Temecula Valley Imaging - Menifee	29791 Haun Rd., Ste. 103, Menifee, CA 92586	(951) 566-5813	●		●		●		●	●			●		●
10	Temecula Valley Imaging - Murrieta	25395 Hancock Ave., Ste. 110, Murrieta, CA 92562	(951) 699-7161								VU ● ●					●

General information

1. It is required that we have a doctor's order to perform your exam, with the exception of screening mammography.
2. Please bring a valid id card with you along with your insurance card.
3. Some exams require authorization.
4. Please plan on completing registration forms prior to your exam.
5. If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
6. To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
7. Study times may vary.



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