Antelope Valley
A RadNet Imaging Center

IMAGING REQUEST FORM

Antelope Valley Lancaster
Scheduling: (661) 726-6700 | **Fax:** (661) 949-5759

CONNECT PATIENT PORTAL
To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
Connect.RadNet.com/LANPP

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 ☐ With ☐ W/WO Contrast
☐ 3D Recon
☐ Brain:
- ☐ IAC/Trigeminal
- ☐ MR Brain WO Anti-Amyloid/ ARIA *(**pre** DM1)*
- ☐ MR Brain W WO Anti-Amyloid/ ARIA *(**on** DMT)*
- ☐ Pituitary
- ☐ Quantitative Volumetric Imaging *(NeuroQuant, LesionQuant, icobrain), Protocol: __Dementia __Seizures __MS __TBI __Peds*

☐ Breast
☐ Orbits
☐ TMJ
☐ Neck - Soft Tissue
☐ Spine:
__Cervical __Thoracic __Lumbar
☐ Extremity:
☐ Joint __Left __Right
Specify body part: _____
☐ Non-Joint __Left __Right
Specify body part: _____
☐ Chest
☐ Abdomen
__MRCP
☐ Pelvis:
__Bony Pelvis __Soft Tissue
☐ Prostate MRI
☐ Enhanced Prostate Screening wo Contrast
☐ Other: _____

MRI ANGIOGRAPHY

☐ Without ☐ With ☐ W/WO Contrast
☐ Brain - COW
☐ Neck - Carotids
☐ Other: _____

MR ARTHROGRAPHY

☐ Left ☐ Right
__Shoulder __Elbow
__Wrist __Hip
__Knee __Ankle

CT

CT
☐ Without ☐ With ☐ W/WO Contrast
☐ Brain
☐ Orbits
☐ IAC Middle Ear
☐ Maxillofacial - Facila Bones
☐ Sinus *(Maxillofacial)*
☐ Neck *(Soft Tissue)*
☐ Spine:
__Cervical __Thoracic __Lumbar
☐ Extremity:
__Left __Right __Bilateral
Specify body part: _____
☐ Chest
☐ Abdomen *(pelvis if indicated)*
☐ Abdomen and Pelvis
☐ Urogram *(abdomen/pelvis)*
__Contrast if needed
☐ Pelvis
☐ Multi-Phase Liver
☐ Renal Mass
☐ Pancreatic Protocol
☐ Enterography
☐ Low Dose CT *(LDCT)*
☐ Other: _____

CTA
☐ Head
☐ Neck
☐ Extremity:
__Upper __Lower
☐ Chest
☐ CCTA
☐ Aorta & Runoff Vessel
☐ Abdomen
☐ Pelvic
☐ Other: _____

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: _____

BREAST IMAGING

☐ 3D Screening Mammogram
__ EBCD® Recommended
☐ 3D Diagnostic Mammogram *(Breast Ultrasound if Indicated)*
☐ 3D Diagnostic Mammogram
☐ Screening Breast Ultrasound
☐ Diagnostic Breast Ultrasound
__ Left __ Right __ Bilateral
☐ Stereotactic Guided Breast Biopsy
☐ Ultrasound Guided Breast Biopsy
☐ MRI 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.

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

ULTRASOUND (NO MSK)

☐ Abdomen: _____
☐ Abdomen Limited
__Liver __Gallbladder
__Right Upper Quadrant
☐ Renal
☐ Bladder
☐ Aorta/Retroperitoneal: _____
☐ Pelvic Transabdominal
☐ Pelvic Transvaginal
☐ Scrotum
☐ Soft Tissue:
__ Abdominal Wall or Hernia
__ Groin *(Inguinal)*
__ Lower Extremity _____
__ Upper Extremity _____
__ Other _____
☐ Prostate Transrectal
☐ Prostate Transabdominal
☐ Thyroid
☐ Other: _____

Vascular Studies
☐ Arterial Doppler *(Duplex)*_____
__w/ABI *(Ankle Brachial Index)*
__Upper __Lower __L __R __Bil
☐ Carotid Doppler *(Duplex)*_____
☐ Renal Dopper *(Duplex)*_____
☐ Venous Doppler *(Duplex)*_____
Extremity *(NO MSK)*: __L __R __Bil
☐ Other: _____

ULTRASOUND (CONT.)

OB Ultrasound
☐ OB Ultrasound
☐ Limited *(Viability, Heart Beat, Position, Fluid, Placental Location)*
_____

X-RAY

For availability and to schedule, visit XRayHours.com

☐ 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: __L __R __Bilateral
Specify body part: _____
☐ Other: _____

FLUOROSCOPY

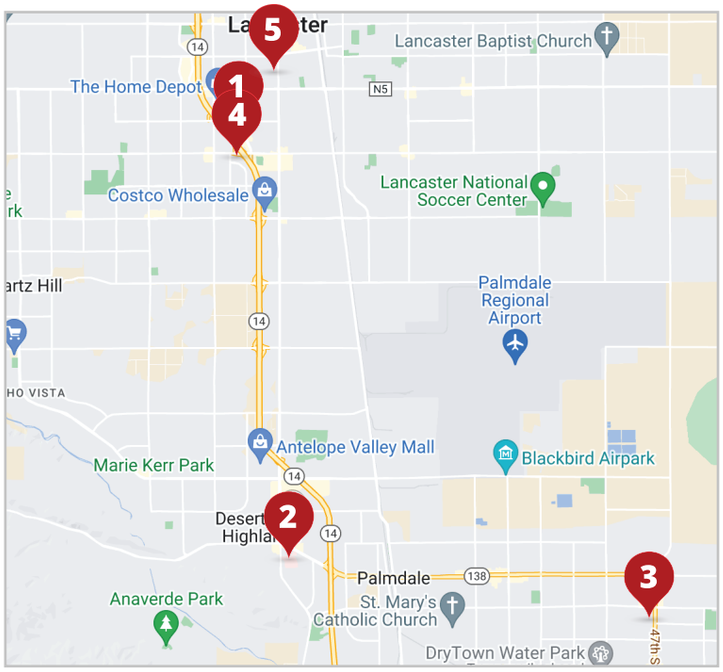
☐ Aspiration – Body Part: _____
☐ Barium Enema:
__ Single Contrast *(WO Air)*
__ Double Contrast *(W Air)*
☐ Cystogram
☐ Esophagram:
__ Barium Swallow
__ Barium Swallow Double Contrast *(W Air)*
__ Barium Swallow With Speech Therapist
☐ Epidural Injection – Cervical
☐ Epidural Injection – Lumbar
☐ Hysterosalpingogram *(HSG)*
☐ IVP
☐ Lumbar Puncture
☐ Lumbar Blood Patch
☐ Mediport/Porta Cath Study
☐ Small Bowel Follow Through *(SBFT)*
☐ Sniff Test
☐ Therapeutic Injection – Body Part: _____
☐ 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

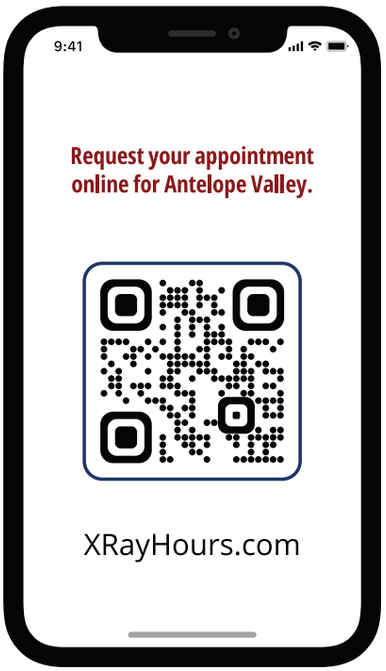
AVOI<>Lancaster_[NDA]_Standard_2026_REV05/14/2026LL

LOCATIONS, MAPS & GENERAL INFORMATION

ANTELOPE VALLEY | RadNet Locations List

		MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	DEXA	Ultrasound	Fluoroscopy	Biopsy	X-Ray	
1	**Antelope Valley Advanced Imaging – Lancaster Main (AVL)** 44105 15th Street West, Suite 100,Lancaster, CA 93534 | **Phone:** (661) 726-6050	● 1.5	●	●	●	●	●	●	●	●	●	
2	**Antelope Valley Advanced Imaging – West Palmdale (AVP)** 38925 Trade Center Drive Suite E, Palmdale, CA 93551 | **Phone:** (661) 726-6051	● 3.0	●		●	●		●			●	
3	**Antelope Valley Advanced Imaging – East Palmdale (AVE)** 38209 47th Street East Suite D, Palmdale, CA 93552 [US & X-Ray only] | **Phone:** (661) 949-8280							●			●	
4	**Antelope Valley Advanced Imaging – HDMG Lancaster (AVH)** 43839 15th Street West, Lancaster, CA 93534 [X-Ray only] | **Phone:** (661) 336-2715										●	
5	**Antelope Valley Advanced Imaging – Lancaster Imaging (LAN)** 44725 10th Street West, Suite 140 & 150, Lancaster, CA 93534 | **Phone:** (661) 945-5855	● 1.5						●			●	





Please bring this Imaging Request Form, I.D., and your insurance card with you on the day of your exam.

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