RadNet Victor Valley
RadNet Imaging Centers

IMAGING REQUEST FORM

Scheduling Phone: (760) 951-2867 | **Scheduling Fax:** (760) 951-7473

To view X-Ray wait times and schedule your own appointments go to **xrayhours.com/HD**

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 Recon
- ☐ Brain
  - ☐ IAC/Trigeminal
  - ☐ Brain Anti-Amyloid/ARIA
  - ☐ Pituitary
  - ☐ Quantitative Volumetric Imaging (NeuroQuant, LesionQuant, icobrain), Quantitative Volumetric Imaging Protocol: __Dementia __Seizures __MS __TBI __Peds
- ☐ Standard Prostate MRI (with contrast)
- ☐ Enhanced Prostate Screening wo Contrast
- ☐ 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 ___Mass__Implant
- ☐ Chest
- ☐ Abdomen ___Adrenals ___MRCP
- ☐ Pelvis __Bony Pelvis __Soft Tissue
- ☐ Enterography
- ☐ Other:_____

MR Angiography
- ☐ Without Contrast
- ☐ With & Without Contrast
- ☐ Brain
- ☐ Neck - Carotids
- ☐ Chest
- ☐ Abdomen ___Aorta ___Renal
- ☐ Pelvis
- ☐ Extremity: __Left __Right
- ☐ Other:_____

MR Arthrography __Left __Right
- ☐ Shoulder
- ☐ Wrist
- ☐ Hip
- ☐ Knee
- ☐ 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)*

CT

Diagnostic CT
- ☐ With & Without Contrast
- ☐ Without Contrast
- ☐ 3D Recon
- ☐ Brain
- ☐ Orbits
  - ☐ w/wo contrast
- ☐ IAC Middle Ear
  - ☐ w/wo contrast
- ☐ Maxillofacial - Facial Bones
- ☐ Sinus (Maxillofacial)
- ☐ Neck (soft tissue)
  - ☐ w/ contrast
- ☐ Spine: __Cervical __Thoracic __Lumbar
- ☐ Extremity __Left __Right Specify body part_____
- ☐ Chest
  - ☐ w/ contrast
- ☐ LDCT
- ☐ Abdomen
- ☐ Abdomen and Pelvis
- ☐ Urogram (abdomen/pelvis)
- ☐ Pelvis
- ☐ Cardiac Calcium Scoring
- ☐ Treatment Plan: _____
- ☐ Other:_____

CTA (angiography)
- ☐ Head
- ☐ Neck
- ☐ Extremity: __Upper __Lower
- ☐ Chest
- ☐ Aorta and runoff vessels
- ☐ Abdomen
- ☐ Pelvis
- ☐ Cardiac Calcium Scoring CCTA w/ FFR

Creatinine: _____

Lab Date: _____

Breast Imaging
- ☐ 3D Screening Mammogram
- ☐ Proceed w/ Diagnostic Mammo and/or Ultrasound if Indicated
- ☐ EBCD® Recommended
- ☐ 3D Diagnostic Mammogram: *(breast ultrasound if Indicated)* ◯ R ◯ L ◯ Bil
- ☐ 3D Diagnostic Mammogram
- ☐ Screening Breast Ultrasound
- ☐ Diagnostic Breast Ultrasound: ◯ R ◯ L ◯ Bil
- ☐ Stereotactic Guided Breast Biopsy
- ☐ Ultrasound Guided Breast Biopsy

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.

Ultrasound (NO MSK)
- ☐ Abdomen_____
- ☐ Hernia
  - __Inguinal Abdomen/Pelvic Wall
- ☐ Abdomen Limited
  - __Liver
  - __Gallbladder
  - __Right Upper Quadrant
- ☐ Renal
- ☐ Bladder
- ☐ Aorta/Retroperitoneal_____
- ☐ Pelvic Transabdominal
- ☐ Pelvic Transvaginal
- ☐ Scrotum
- ☐ 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 Doppler (Duplex)_____
- ☐ Venous Doppler (Duplex)_____
- ☐ Extremity (NO MSK)
  - __Upper__Lower__L __R__Bil
- ☐ Other_____

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

_____

FLUOROSCOPY
- ☐ Aspiration – Body Part:

_____
- ☐ Barium Enema:
  - __ Single Contrast (*WO Air*)
  - __ Double Contrast (*W Air*)
- ☐ Esophagram:
  - __ Barium Swallow
  - __ Barium Swallow Double Contrast (*W Air*)
- ☐ IVP
- ☐ Small Bowel Follow Through (*SBFT*)

_____
- ☐ 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

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)
- ☐ Amyloid - Brain (Alzheimer's Disease, Memory Loss, Mild Cognitive Impairment; CPT: 78814,Q9983)
- ☐ FDG – Brain (Metabolic; CPT: 78608, A9552)
- ☐ Other: _____

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

X-Ray
For availability and to schedule, visit XRayHours.com
- ☐ Head: __skull__orbits__sinuses
- ☐ Spine: __cervical__thoracic__lumba
- ☐ Chest: __PA ____PA/LAT
- ☐ Ribs: __L __R __Unilateral__Bilateral__w/PA Ches
- ☐ Abdomen: __KUB __Two Views
- ☐ Pelvis
- ☐ Shoulder: __L __R __Bilateral
- ☐ Humerus: __L __R __Bilateral
- ☐ Elbow: __L __R __Bilateral
- ☐ Forearm: __L __R __Bilateral
- ☐ Wrist: __L __R __Bilateral
- ☐ Hand: __L __R __Bilateral
- ☐ Finger: __L __R Specify which finger: _____
- ☐ Hips w/AP pelvis, bilateral __Unilateral __Left __Right
- ☐ Femur: __L __R __Bilateral
- ☐ Knee: __L __R __Bilateral
- ☐ Tibia Fibula: __L __R __Bilateral
- ☐ Ankle: __L __R __Bilateral
- ☐ Calcaneus (Heel): __L __R __Bilateral
- ☐ Foot: __L __R __Bilateral
- ☐ Toe: __L __R Specify which toe: _____
- ☐ Other:_____
- ☐ Scoliosis Series

Please be advised that children may NOT accompany patients into procedure rooms. Please bring appropriate adult supervision.

VICTOR VALLEY

RADNET LOCATION LIST

Locations	MRI	Open MRI	CT	PET/CT	Diagnostic Mammo	Tomo-synthesis	DEXA	General Ultrasound	Vascular Ultrasound	Nuclear Medicine	Fluoroscopy	Arthrogram	X-Ray	US Guided & Stereotactic Breast Biopsy
Elite Advanced Imaging	●		●	●				●	●	●			◉	
Main Street Imaging (CLOSED FRIDAY)								●	●				●	
Victorville OpenScan MRI (NO X-RAYS)		●												
Victor Valley Advanced Imaging Apple Valley (WALK-IN X-RAYS)	●		●					●	●		●	●	●	
Victor Valley Imaging Hesperia Rd (WALK-IN X-RAYS)													●	
Victor Valley Women's Imaging Center (NO X-RAYS)					●	●	●	●						●

● 3T ● 1.5T ● .03T ◉ Scheduling only

FOR ALL MEDICAL RECORDS REQUESTS, PLEASE GO TO:

12276 Hesperia Rd, Suite 6, Victorville, CA 92395 | Have your ID Ready. For large requests, please call ahead: 760-503-5794

Elite Advanced Imaging	17260 Bear Valley Rd., Suite 109, Victorville, CA 92395	(760) 843-2900
Main Street Imaging (CLOSED FRIDAY)	222 East Main St., Suite 214, Barstow, CA 92311	(760) 256-6541
Victorville OpenScan MRI (NO X-RAYS)	12276 Hesperia Rd., Suite 6, Victorville, CA 92395	(760) 843-0995
Victor Valley Advanced Imaging - Apple Valley (NEW FACILITY)	18856 Highway 18, Apple Valley CA 92307	(760) 242-4444
Victor Valley Imaging - Hesperia Rd (WALK-IN X-RAYS)	12677 Hesperia Rd., Suite 190, Victorville, CA 92395	(760) 243-1234
Victor Valley Women's Img Center (NO X-RAYS)	12276 Hesperia Rd., Suite 5, Victorville, CA 92395	(760) 904-3237

Here's what to expect when you're scheduled for an exam with RadNet.

1. SCHEDULING CALL & TEXT

We'll reach out via phone and text to find the perfect time for your exam.

2. WRAP UP EMAIL

Right after scheduling, we'll verify your insurance and email you with your benefits and appointment details.

4. YOUR VISIT

We're excited to see you and provide the care you need.

3. APPOINTMENT REMINDER

You'll get a reminder call and text from us, making it easy to confirm or change your appointment if needed.

Request your appointment online for Apple Valley, Elite, and Main Street Imaging.

XRayHours.com

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