



★ OPEN MRI and 3.0 T MRI ★

DATE: ____/____/____

NAME: _____ PHONE#: _____ DOB: ____/____/____

REPORTING INSTRUCTIONS

- Routine Report (24-48 Hours) STAT FAX Patient to return with CD
All contrast exams require a renal panel if age >65 or if history of renal disease.
 Creatinine: _____ BUN: _____ Lab Date: _____

CT

- Without IV Contrast
 With & Without IV Contrast
 Contrast at Radiologists Discretion

NEUROLOGICAL

- BRAIN TEMPORAL BONES
 SOFT TISSUE NECK SINUSES

SPINE

- CERVICAL THORACIC LUMBAR

BODY

- CHEST PE STUDY ABDOMEN
 PELVIS ABDOMEN & PELVIS
 CT IVP (CT Urogram) Enterography
 CT RENAL STONE STUDY (Abd/Pelvis without contrast)
 EXTREMITY _____

CARDIAC

- CORONARY ARTERY SCORE
 CTA CORONARY ARTERY w/ CONTRAST

CT ANGIOGRAM W/3D RECONSTRUCTION

- BRAIN CAROTID THORACIC ANGIO
 ABDOMINAL ANGIO (for aortic aneurysm or renal arteries)
 ABDOMINAL AORTOGRAM & LOWER EXTREMITY RUN OFF
 OTHER CT _____

MRI

- PATIENT CLAUSTROPHOBIC** Open and/or Sedation
 Without IV Contrast
 With & Without IV Contrast
 Contrast at Radiologists Discretion

NEUROLOGICAL

- BRAIN ORBITS IAC
 PITUITARY SOFT TISSUE NECK

SPINE

- CERVICAL THORACIC LUMBAR

BODY

- ABDOMEN RENAL PELVIS
 BRACHIAL PLEXUS BREAST MRCP

EXTREMITY

- | | RT | LT | BILAT |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> SHOULDER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> FOREARM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ELBOW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> WRIST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HIP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> KNEE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> ANKLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> OTHER MRI _____ | | | |

ULTRASOUND

- ABDOMEN COMPLETE ABDOMEN LIMITED
 PELVIS RENAL / BLADDER
 TRANSVAGINAL PRE & POST VOID
 TESTICULAR / SCROTAL OB
 THYROID / NECK THYROID FNA
 CAROTID DOPPLER BILATERAL

RT LT BILAT

- LOWER EXTREMITY - VENOUS DOPPLER
 OTHER US _____

MR ANGIOGRAM (MRA)

- BRAIN
 CAROTID w/o CONTRAST RENAL w/o CONTRAST
 CAROTID w/ CONTRAST RENAL w/ CONTRAST

DIGITAL MAMMOGRAPHY & BREAST ULTRASOUND

- SCREENING
 DIAGNOSTIC RT LT BILAT
 BREAST ULTRASOUND RT LT BILAT
 BIOPSY _____
 WIRE LOCALIZATION DUCTOGRAM

X-RAY

- CHEST (PA/LAT) ABDOMEN (2 VIEW) KUB
 EXTREMITY _____
 SPINE _____
 OTHER _____

SPECIAL IMAGING SERVICES

- DEXA BONE MINERAL ANALYSIS
 PAIN MANAGEMENT
 JT INJECTION W/FLUORO (SPEC REQUEST) _____
 LUMBAR ESI

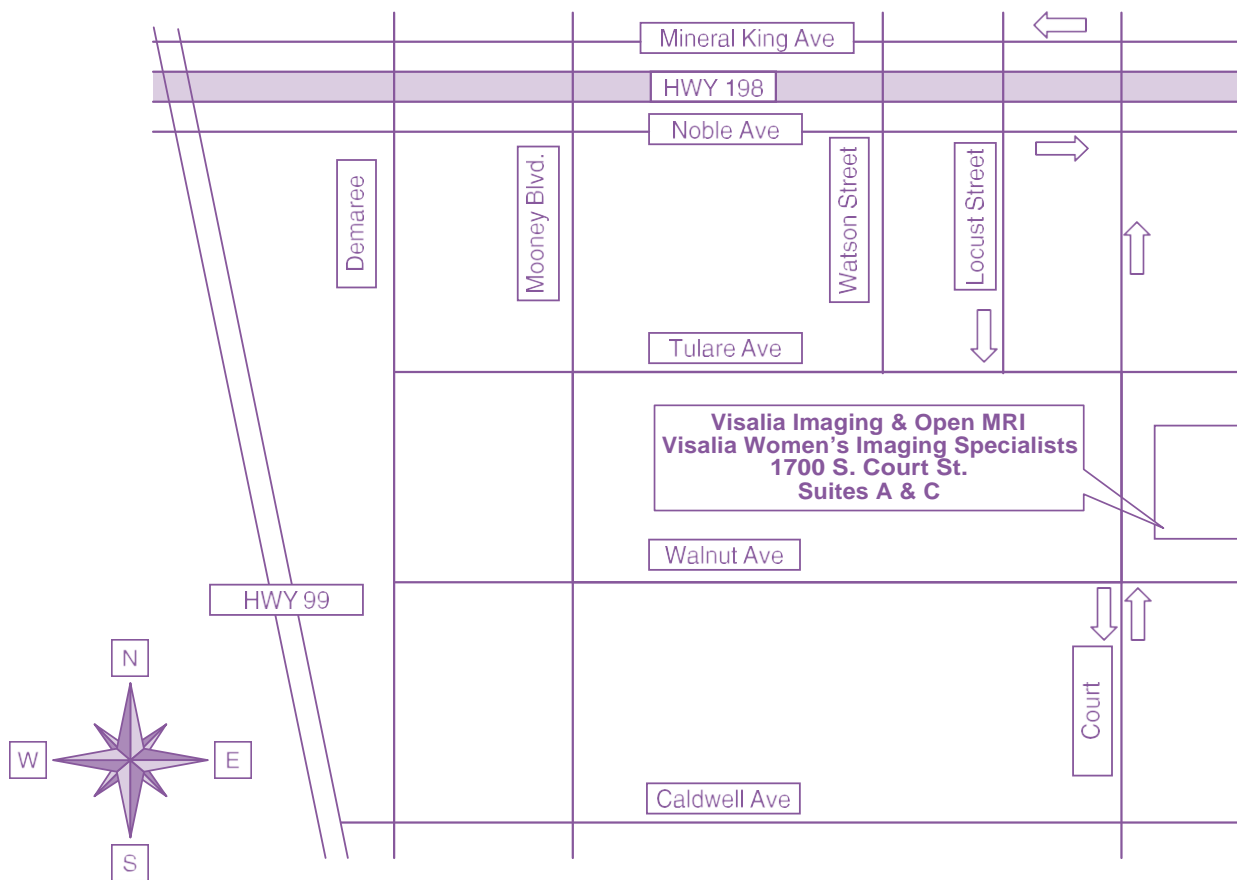
REASON FOR EXAM, SYMPTOMS OR DIAGNOSIS?

PHYSICIAN SIGNATURE: _____ PHONE#: _____ FAX#: _____

Patient will be charged \$50 no show fee, without 24 hour notice of canceled appointment • Por favor de cancelar cita entre 24 horas o habra' cargo de \$50

Please bring this order to your scheduled appointment.

MAP ON REVERSE SIDE →



X-RAY Is Done On A Walk In Basis

- Monday through Friday starting at 9:00 am till 5:00 pm

MRI SAFETY/COMFORT SUGGESTIONS

- No pacemakers
- Avoid wearing jewelry to your appointment
- If you have aneurysm clips, a neurostimulator or other implanted medical devices, please call (559) 734-5674 and speak to a Technologist before scheduling your exam
- Please wear comfortable clothing that contains no metal
- Claustrophobic patients, who require sedation, must have a driver and arrive 1 hour before their exam time
- You may take all of your prescribed medications as normal

CT Preparations

- If you are scheduled with IV contrast please do not eat 6 hours prior to your appointment.
- All medications are okay to take with water
- Most exams will require you to drink 32 ounces of water upon check in.

Ultrasound Preparations

- Abdomen / Abdomen Limited Ultrasound - No food or drink 6 hours prior to exam time. Medications are okay with water only.
- Renal Ultrasound - Please drink 16 ounces of water, 1 hour before your exam time and hold your bladder.
- Pelvic Ultrasound - Please drink 32 ounces of water, 1 hour before your exam time and hold your bladder.

MOST EXAMS REQUIRE AN APPOINTMENT, PLEASE CALL (559) 734-5674 FOR AN APPOINTMENT