



Temecula Valley | San Jacinto - Imaging Request Form

Scheduling - P: (951) 587-8956 | F: (951) 587-8290

To schedule your mammogram, ultrasound, or DEXA exam you may also visit us at:

www.temeculaimaging.com

- Temecula Valley Advanced Imaging - Murrieta
- Temecula Valley Advanced Imaging - Temecula Parkway
- Breastlink Women's Imaging Temecula Valley
- Temecula Valley Imaging - Single Oak

- Temecula Valley Imaging - Wildomar
- Temecula Valley Imaging - Menifee
- Temecula Valley Imaging - Murrieta
- San Jacinto Imaging

You will receive an automated phone call confirming you're scheduled appointment.

Appointment Date: _____ Appointment Time: _____ Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____ Alternate Phone: _____

Referring Physician: _____ Physician Phone: _____ Physician Signature: _____

CT Contast Studies only

Labs needed for the following: patients 80yr of age & older: History of hypertension for pt 60 yrs of age & older and/or taking medication for Hypertension: ___ Diabetes ___ Renal Disease

If Labs have been completed within the last 90 days please provide values and fax lab results including: Creatinine / GFR _____ / _____

- Call in STAT results
- STAT/Wet Read
- Previous Films (Y) (N) location: _____
- Additional Report to: _____
- Send CD with Patient
- Other: _____

MR

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: _____

MR Angiography

- With & Without Contrast
- 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
- Elbow
- Wrist
- Hip
- Knee
- Ankle
- 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
 - ___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
- Mylogram
- Other: _____

CTA (angiography)

- Head
 - Neck
 - Extremity: ___Upper ___Lower
 - Chest
 - Aorta and runoff vessels
 - Abdomen
 - Pelvis
 - Cardiac
- Coronary ___Calcium Score ___EP Plan

Creatinine: _____

Bun: _____

Lab Date: _____

DEXA

- Bone Density
 - Reason for bone density: _____
- Date of last exam: _____

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/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) _____

Fluoroscopy

- Arthrography
 - Specify body part: _____
- IVP
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- 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
- NAF 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
- Meckels
- 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

Order forms are valid for 6 months after the issued date.

TEMECULA VALLEY

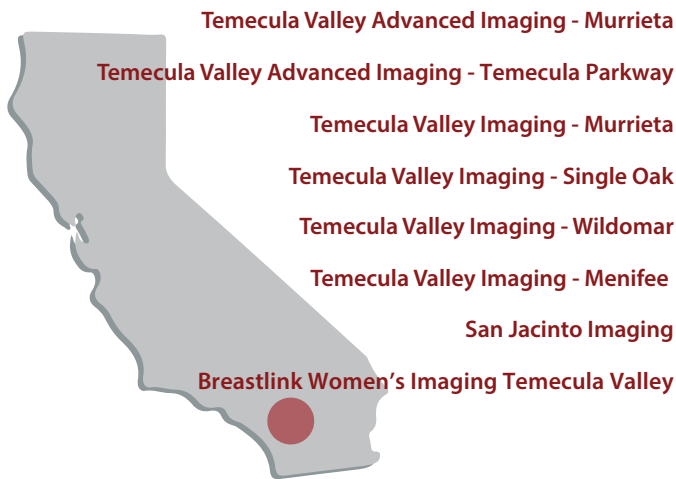
MODALITIES & LOCATION LIST

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

Scheduling Hours : Monday - Friday / 8am - 6pm

| Locations | MRI | Open MRI | CT | PET/CT | Screening Mammo | Diagnostic Mammo | Tomo | DEXA | General Ultrasound | Nuclear Medicine | Fluoroscopy | Arthogram | X-Ray |
|---|------------|------------|----|--------|-----------------|------------------|------|------|--------------------|------------------|-------------|-----------|-------|
| Temecula Valley Advanced Imaging - Murrieta | 3.0 & 1.5T | | • | • | | | | • | | • | • | • | |
| Temecula Valley Advanced Imaging - Temecula Parkway | | High-Field | • | • | • | • | • | • | • ▲ | | | • | • |
| Temecula Valley Imaging - Murrieta | | | | | | | | | • | | | | • |
| Temecula Valley Imaging - Single Oak | | | | | | | | | | | | | • |
| Temecula Valley Imaging - Wildomar | | | | | | | | | | | | | • |
| Temecula Valley Imaging - Menifee | | | | | • | | | | | | | | • |
| San Jacinto Imaging | | • | • | | • | • | | • | • ▲ | | | | • |
| Breastlink Women's Imaging Temecula Valley | | | | | • | • ■ | • | | • ● ▲ | | | | |

● Ultrasound Guided Breast Biopsies ■ Stereotactic Breast Biopsy ▲ Breast Ultrasound



25455 Medical Center Dr., Ste. 100, Murrieta, CA 92562 P: (951)696-4230
 31775 De Portola Rd., Ste. 100, Temecula, CA 92592 P: (951)238-6070
 25395 Hancock Ave., Ste. 110, Murrieta, CA 92562 P: (951)699-7161
 28780 Single Oak Dr., Ste. 155, Temecula, CA 92590 P: (951)694-6052
 36320 Inland Valley Dr., Ste. 303, Wildomar, CA 92595 P: (951)461-0596
 27168 Newport Rd., Ste. B, Menifee, CA 92584 P: (951)566-5813
 1695 S. San Jacinto Ave., Ste. B, San Jacinto, CA 92583 P: (951)665-1555
 25455 Medical Center Dr., Ste 210, Murrieta, CA 92562, P: (951)600-2839

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.

- 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.

