

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

Patient's Name: _____ Date of Birth: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ Patient's Phone: _____

Referring Physician: _____ Physician Signature: _____

Phone: _____ Fax: _____ Patient to bring images to Doctor

Call in STAT results CC Report to: _____ Report Only CD Film

MR

MRI

- With & Without Contrast
- With Contrast
- Without Contrast
- Brain
 - w/special attention to IAC
 - w/special attention to Pituitary
- Orbits
- TMJ
- Neck - Soft Tissue
- Spine:
 - ___Cervical___Thoracic___Lumbar
- Extremity: Joint ___Left___Right
 - Specify body part _____
- Extremity: Non-Joint
 - ___Left___Right
 - Specify body part _____
- Chest
- Abdomen
 - ___Adrenals
 - ___MRCP
- Pelvis ___Bony Pelvis ___Soft Tissue
- Other: _____

MR Angiography

- With & Without Contrast
- With Contrast
- Without Contrast
- Brain - COW
- Neck - Carotids

MR Venogram

- Brain without contrast

Diagnostic CT

Diagnostic CT

- With & Without Contrast
 - With Contrast
 - Without Contrast
 - Brain
 - Orbits
 - IAC Middle Ear
 - Maxillofacial - Facial Bones
 - Sinus (Maxillofacial)
 - Neck (Soft Tissue)
 - Spine:
 - ___Cervical___Thoracic___Lumbar
 - Extremity ___Left___Right
 - Specify body part _____
 - Chest
 - Abdomen (pelvis if indicated)
 - Abdomen and Pelvis
 - Pelvis
 - Other: _____
- Creatinine:** _____
- Lab Date:** _____

Fluoroscopy

- Arthrography ___Left___Right
 - Shoulder
 - Elbow
 - Wrist
 - Hip
 - Knee
 - Ankle
 - Other: _____

DEXA

Reason for bone density: _____

Date of last exam: _____

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: _____

Designate Views _____

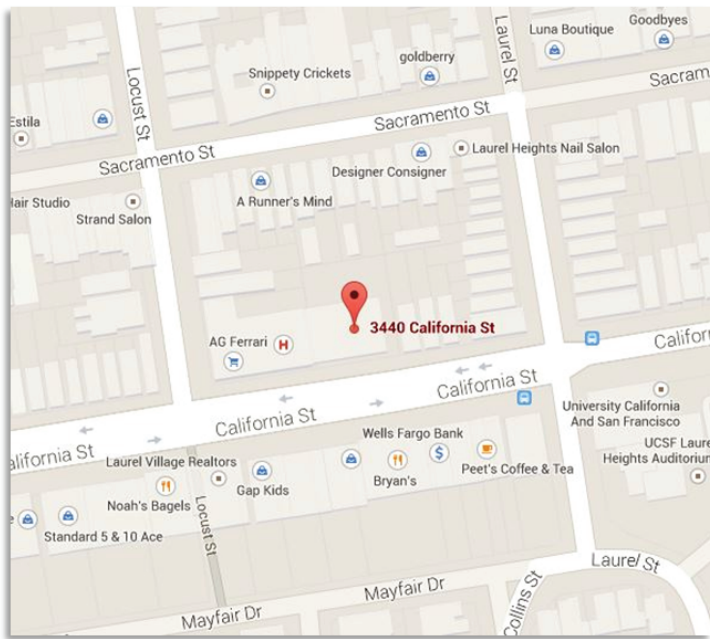
Please bring the following items with you to your appointment:

This Referral Slip

•
All Prior Related X-Rays/Scans

•
Health Insurance Card & Picture I.D.

•
Pre-Authorizations You May Have Received



**3440 California Street
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Locations and Preparation Instructions

MRI SCAN: Please inform us at the time of scheduling if you have any metal in your body or have had any surgeries to your eyes, ears, brain or heart. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled. If you have any type of implant, please bring your safety card or obtain documentation that specifies the safety parameters of the implant.

CT SCAN (Abdomen or Pelvis): Please pick up the oral contrast and further instructions from our imaging center. Please inform us of any allergies to contrast, x-ray dye or iodine.

DEXA: Do not take calcium supplements 24 hours prior to your scan. If you have any x-rays using contrast such as barium, IV contrast or any nuclear medicine studies, please wait one week before having a DEXA scan. If you have any of these tests scheduled for the same day as your DEXA scan, the DEXA must be performed first.

After the Exam: Your exam will be read by a board-certified, licensed physician 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 copayment 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, option 1.

- *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.*