

Please bring this form, all prior related
x-rays and scans, as well as your insurance
card and any pre-authorizations with
you on the day of your exam.

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 Fax Report Call in STAT results

CC: Physician: _____

MR

- MRI**
 Contrast, as Indicated
 3D Rendering, as Indicated
- 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 ___Soft Tissue
- Other: _____

MR Angiography

- Contrast, as Indicated
 3D Rendering, as Indicated
- Brain
- Neck - Carotids
- Aorta and runoff vessels
- Chest
- Abdomen
 ___Aorta ___Renal
- Aorta and runoff vessels
- Pelvis
- Extremities: ___Left ___Right
- Other: _____

MR Arthrography ___Left ___Right

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

CT

- Diagnostic CT**
 Contrast, as Indicated
 3D Rendering, as Indicated
- Brain
- Orbits
- IAC Middle Ear
- 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
- Other: _____

CTA (Angiography) With Contrast

- Head
- Neck
- Extremity: ___Upper ___Lower
- Chest
- Aorta and runoff vessels
- Abdomen
- Pelvis
- Creatinine:** _____
- Lab Date:** _____

Breast Imaging

- Screening Mammogram
- Diagnostic Mammogram
 Breast Ultrasound (if indicated)
 ___Unilateral ___Bilateral
- Breast Ultrasound
 ___Left ___Right ___Bilateral

Date last mammogram: _____

Breast implants: ___Yes ___No

Ultrasound

- Abdomen _____
- Abdomen Limited
 ___Liver ___Gallbladder
 ___Right Upper Quadrant
- Renal
 ___with Bladder
- Bladder _____
- Aorta/Retroperitoneal _____
- Pelvis (TV if indicated)
- Pelvis Transabdominal Only
- Scrotum ___with Doppler
- Thyroid _____
- Venous Doppler (Duplex) _____
- Carotid Doppler (Duplex) _____
- Guided Needle Placement for Biopsy/Aspiration/Injection
- Other _____

OB Ultrasound

- OB Ultrasound (TV if indicated)
- Limited (Viability, Heart Beat, Position, Fluid, Placental Location) _____
- Follow-up -- specify documented problem _____
- Biophysical Profile _____

Fluoroscopy

- Arthrography
 Specify body part _____
- IVP
- VCUG
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small bowel
- Barium enema
- Myelogram ___C ___T ___L
 ___with CT ___without CT
- Discogram, Lumbar Spine
 ___with CT ___without CT
- Levels: _____
- Other: _____

Available at DRI - Sacramento location

Nuclear Medicine

- Bone:
 ___Whole Body___ Limited ___3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Myocardial Perfusion (heart)
 ___Exercise ___Pharmacologic
- MUGA (cardiac blood pool)
- LungVQ
- Liver/Spleen
- Gallbladder (HIDA) with CCK
- Gallbladder without CCK
- GI Bleed
- Meckels
- Renal ___Captopril ___Lasix
- Tumor Localization
- Gallium
- Other _____

X-Ray

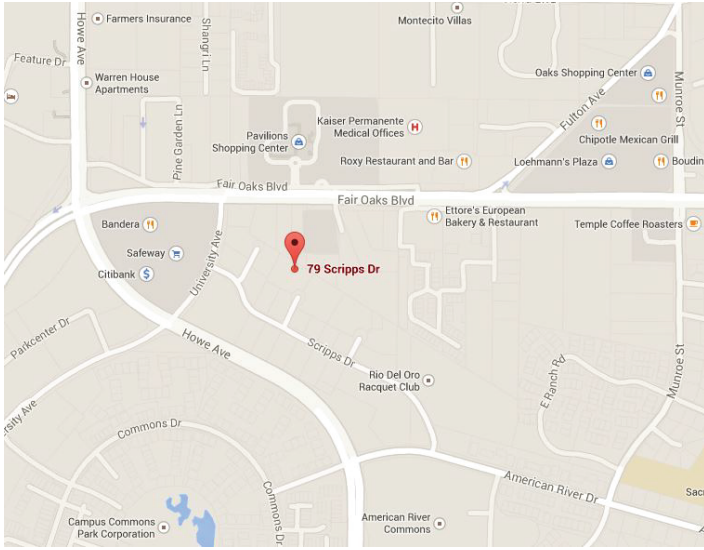
- Head:
 ___Skull ___Orbits ___Sinuses
- Spine:
 ___Cervical ___Thoracic ___Lumbar
- Chest: ___PA ___PA/LAT
- Ribs:
 ___Unilateral ___Bilateral ___w/PA Chest
- Abdomen: ___KUB ___Two Views
- Pelvis
- Hips w/AP pelvis, bilateral
 ___Unilateral
- Extremity:
 ___Left ___Right ___Bilateral
 Specify Body Part _____
- Other: _____

DEXA

Reason for bone density: _____

Date of last exam: _____

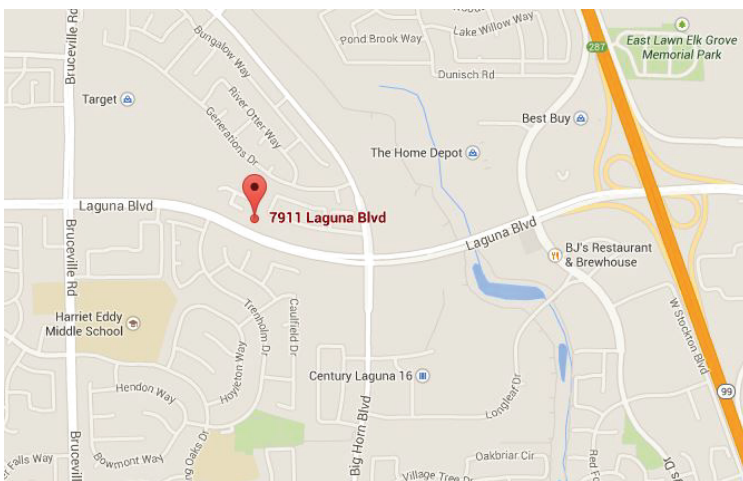
Diagnostic Radiology Imaging Sacramento A RadNet Imaging Center



DRI - Sacramento
79 Scripps Drive, Suite 100
Sacramento, CA 95825
P: (916) 921-1300 | F: (916) 921-1090

MRI, MRA, 16-Slice CT, Nuclear Medicine, Ultrasound,
 Digital Mammography, Bone Densitometry (DEXA),
 Fluoroscopy, Hysterosalpingograms (HSG's), Myelography & IVP's,
 Ultrasound Guided Biopsies, Digital Diagnostic X-Ray

Diagnostic Radiology Imaging Elk Grove A RadNet Imaging Center



DRI - Elk Grove
7911 Laguna Blvd,
Elk Grove Ca 95758
P: (916) 585-8990 | F: (916) 478-3710

MRI, MRA, 16-Slice CT, Ultrasound, Digital Mammography,
 Bone Densitometry (DEXA), Fluoroscopy, Hysterosalpingograms (HSG's),
 Myelography & IVP's, Ultrasound Guided Biopsies, Digital Diagnostic X-Ray

Locations and 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.

□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 arterial stent, please bring your safety card or obtain documentation that specifies the safety parameters of the stent.

□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 or x-ray dye.

□Nuclear Medicine: Specific preparation information will be given when your appointment is scheduled. Study times vary in length.

□Ultrasound (Abdominal): Nothing to eat or drink after 10pm the evening prior to your exam. No chewing gum.

□Ultrasound (Pelvic/Renal): Drink 24 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): Drink 16 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.

□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 24-hour preparation. Children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation.

□IVP: Light supper the day before your exam. Adults take two Dulcolax tablets at 6 pm the night before the exam. No solids after supper. There are no restrictions on liquid intake. Juice, coffee, tea or milk for breakfast the day of the exam. Children under 12, call the office for laxative instructions. For an appointment after 1 pm, you may eat an early, light breakfast. Take medications as normal.

□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 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 (800) 272-3638.

- 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.

