

CALL TO SCHEDULE:

Phone: 1-714-997-IPOC (4762) Fax: 1-714-997-4763

- Verbal Order Patient to bring films to doctor's office
 STAT Patient to bring CD to doctor's office
 Call Report to Physician at: _____

Physician's Direct Phone Number

Today's date: _____ **Appointment date:** _____ **Appointment time:** _____

Patient Name _____ **DOB:** ____/____/____ **M** or **F** **Patient Phone:** _____
(last) (first) MM DD YYYY

Diagnosis/Current Symptoms/History: _____

Physician Signature: _____ **Phone:** _____ **Fax:** _____

Print Physician Name: _____

Additional Report to: _____ **Phone:** _____ **Fax:** _____

- Diabetes Age >70 Renal Disease Currently on Chemotherapy

Labs required for Contrast Studies, if any of the above conditions are marked: Creatinine _____ Lab date (within 3 months): _____

PRE-AUTHORIZATION MAY BE REQUIRED

For more information or assistance, please call Imaging Partners at (714) 997-4762

Authorization # : _____ (if applicable)

MRI

(with reconstruction as indicated)

- Brain
- Brain & IAC
- Brain & Pituitary
- Orbits
- Neck Soft Tissue
- Spine:
 - cervical _____
 - thoracic _____
 - lumbar _____
- Abdomen
- MRCP
- Adrenals
- Kidneys
- Liver
- Pancreas
- Pelvis
- Extremity: left _____ right _____
Body part: _____
- Other:** _____

- With contrast**
- Without contrast**
- With & without contrast**

MR Angiography (MRA)

- Brain
- Neck - Carotids
- Chest
- Renals
- Other:** _____

- With contrast**
- Without contrast**
- With & without contrast**

CT

(with reconstruction as indicated)

- Head/Brain
- Temporal Bones
- Sinus (Maxillofacial)
 - limited _____ complete _____
- Maxillofacial - Facial Bones
- Neck Soft Tissue
- Shoulder left _____ right _____
- Spine:
 - cervical _____
 - thoracic _____
 - lumbar _____
- Chest
- Abdomen (pelvis as indicated)
- Pelvis
- CT Urogram
- CT Stone Protocol
- Hip: left _____ right _____
- Extremity: left _____ right _____
Body part: _____
- Other:** _____

- With contrast**
- Without contrast**
- With & without contrast**

CT Angiography (w & wo contrast)

- Head/Brain
- Neck - Carotids
- Chest
- Abdomen (pelvis as indicated)
- Pelvis

X-RAY

- Skull
- Orbits
- Sinuses
 - waters _____ limited _____ complete _____
- Shoulder left _____ right _____
- Neck Soft Tissue
- Chest PA _____ PA/LAT _____
- Ribs (w/PA Chest)
 - left _____ right _____
- Spine:
 - cervical _____ thoracic _____ lumbar _____
- KUB
- Abdominal Series
- Hip: left _____ right _____
- Pelvis
- Extremity: left _____ right _____
body part: _____
- Other:** _____

PROCEDURES

(with reconstruction as indicated)

- Arthrogram
 - CT _____ MR _____ to follow
 - body part: _____
- Pain Management
 - body part: _____
- Aspiration
 - body part: _____
- Hysterosalpingogram
- Other:** _____

ULTRASOUND

(with Doppler as indicated)

- Carotid Doppler
- Venous Doppler
 - upper _____ lower _____
 - left _____ right _____
- Aorta
- Abdomen
- Abdomen Limited
- Renal / Bladder
- Bladder
- Pelvic (w/transvaginal as indicated)
- Scrotum
- Hysterosonogram

OB ULTRASOUND

- OB < 14 weeks
(w/transvaginal as indicated)
- OB > 14 weeks
(w/transvaginal as indicated)
- Follow Up

Reason: _____

- Other:** _____

NUC MED/PET/FLUORO

Please call
St. Joseph Outpatient Pavilion
Tel (714) 744-8705
Fax (714) 744-8770

MAMMOGRAPHY & DXA

Please call
Women's Imaging Center
(714) 771-8360 or
St. Joseph Outpatient Pavilion
(714) 744-8649