

Your appointment is at the following location (check box below):

**APEX Imaging**  
431 S Batavia St., Ste 103  
Orange, CA 92868

**Imaging Partners**  
1031 W. Chapman Avenue #101  
Orange, CA 92868

- STAT**  
 Patient to bring CD to doctor's office  
 Patient to bring CD to doctor's office  
 Call Report to Physician at:

IMAGING PARTNERS OFFICE USE ONLY:

**Verbal Order**  
\_\_\_\_\_  
Office Representative Name

\_\_\_\_\_  
Physician's Direct Phone Number

\_\_\_\_\_  
Initials

**Please bring this completed order, your insurance card, and a photo ID with you to your appointment.**

Today's date: \_\_\_\_\_ Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  M or  F Patient Phone: \_\_\_\_\_  
(last) (first) MM DD YYYY  
 Diagnosis/Current Symptoms/History: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Print Physician Name: \_\_\_\_\_  
 Additional Report to: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PRE-AUTHORIZATION MAY BE REQUIRED** For more information or assistance, please call (714) 538-6731

**MRI**  
*(with reconstruction as indicated)*

Brain  
 Brain & IAC  
 Brain & Pituitary  
 Breast  
 IAC Only  
 Pituitary Only  
 Orbits  
 Neck Soft Tissue  
 Spine:  
 cervical \_\_\_\_\_  
 thoracic \_\_\_\_\_  
 lumbar \_\_\_\_\_  
 Abdomen *(indicate area of interest below)*  
 \_\_\_\_\_  
 MRCP  
 Adrenals  
 Pelvis  
 Prostate  
 Extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 body part: \_\_\_\_\_  
 **Other:**  
 \_\_\_\_\_  
 **Without contrast**  
 **With & without contrast**

**MR Angiography (MRA)**  
 Brain  
 Neck - Carotids  
 Chest  
 Aorta  
 Renals  
 **Other:**  
 \_\_\_\_\_  
 **Without contrast**  
 **With & without contrast**

**CT**  
*(with reconstruction as indicated)*

Head / Brain  
 Temporal Bones (IAC's)  
 Sinus (Maxillofacial)  
 complete \_\_\_\_\_ limited \_\_\_\_\_  
 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 \_\_\_\_\_  
 Indicate area of interest: \_\_\_\_\_  
 **Other:**  
 \_\_\_\_\_  
 **With contrast**  
 **Without contrast**  
 **With & without contrast**

**CT Angiography (w & w/o contrast)**  
 Head / Brain  
 Neck - Carotids  
 Chest  
 Coronary  
 Abdomen (pelvis as indicated)  
 Pelvis  
 **Other:**  
 \_\_\_\_\_

**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  
 Acute Abdominal Series  
 Hip: left \_\_\_\_\_ right \_\_\_\_\_  
 Bilateral Hips (w/ pelvis)  
 Pelvis  
 Indicate area of interest: \_\_\_\_\_  
 Extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 **Other:**  
 \_\_\_\_\_

**ULTRASOUND**  
*(with Doppler as indicated)*

Carotid Doppler  
 Venous Doppler  
 upper extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 lower extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 Abdominal Aorta  
 Abdomen  
 Abdomen Limited:  
 gallbladder \_\_\_\_\_  
 hernia \_\_\_\_\_  
 appendix \_\_\_\_\_  
 Renal Transplant  
 Renal / Bladder  
 Bladder  
 Pelvic (w/ transvaginal as indicated)  
 Scrotum  
 Thyroid  
 Hysterosonogram  
 OB < 14 weeks  
 (w/ transvaginal as indicated)  
 OB > 14 weeks  
 (w/ transvaginal as indicated)  
 Fetal Survey (19 - 22 weeks)  
 Follow Up  
 Reason: \_\_\_\_\_  
 **Other:**  
 \_\_\_\_\_

**PROCEDURES** *(with reconstruction as indicated)*

Myelogram (with conscious sedation)  
 cervical \_\_\_\_\_ thoracic \_\_\_\_\_ lumbar \_\_\_\_\_  
 Pain Management  
 body part: \_\_\_\_\_  
 Discogram (with conscious sedation)  
 disc level: \_\_\_\_\_  
 Arthrogram  
 CT \_\_\_\_\_ MR \_\_\_\_\_ to follow  
 body part: \_\_\_\_\_  
 Aspiration  
 body part: \_\_\_\_\_  
 Hysterosalpingogram  
 **Other:**  
 \_\_\_\_\_

# GENERAL INSTRUCTIONS

**ULTRASOUND:** **Gallbladder and/or Abdomen:** Nothing to EAT or DRINK after midnight.  
**Pelvic, Obstetrics:** 1.5 hrs prior to exam, empty bladder (urinate). Start drinking 24 ounces of water. Finish water in 30 minutes. Do not empty bladder until exam is completed.  
**Renal:** Drink 16 ounces of water 30 minutes prior to exam. Do not empty bladder prior to exam.

**CT SCAN:** **CT Exams Requiring IV Contrast:** Nothing to EAT or DRINK 4 hours prior to exam.  
**CT Exams Requiring Oral Contrast:** Nothing to EAT or DRINK 4 hours prior to exam. Patients may pick up oral contrast at the facility prior to the appointment or arrive 1 hour prior to the exam. Please confirm your selection when scheduling your appointment.  
**\* Note:** Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

**MRI:** **All MRI Exams:** Notify office immediately if you have a **cardiac pacemaker, aneurysm clip, AICD (Cardiac Defibrillator), implanted device of any kind, or possible metal in your eye.**  
**MRI of the Abdomen:** Nothing to Eat or Drink 4 hours prior to the exam.  
**\*Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

Visit us at [www.imagingpartners.com](http://www.imagingpartners.com)

## APEX IMAGING

431 South Batavia, Suite 103  
Orange, CA 92868

PH **714-538-6731**

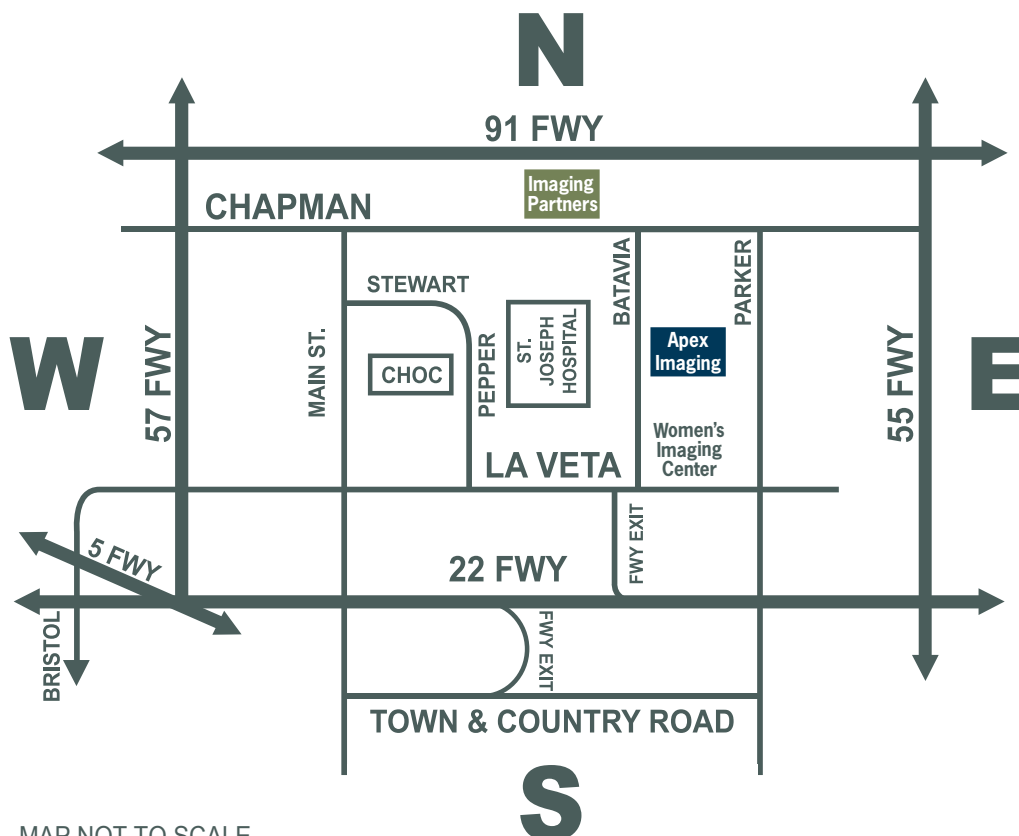
F **714-771-8369**

## IMAGING PARTNERS

1031 W. Chapman Avenue #101  
Orange, CA 92868

PH **714-997-4762**

F **714-997-4763**



MAP NOT TO SCALE