

# Referral for Imaging Services

5757 Wilshire Blvd., Suite 100  
Los Angeles, CA 90036

Toll Free: 866.539.3674

Phone: 323.648.0500

Fax: 323.648.0508

www.universalmagingcenter.com

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Exam Date/Time: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Auth #: \_\_\_\_\_  Auth Assist ***\*Must Fax Insurance & Consult Notes to Complete Assist\****

## PHYSICIAN INFORMATION / WORKMEN'S COMP / PRIVATE

Referring Provider (please print): \_\_\_\_\_ Referring Provider Signature: \_\_\_\_\_  
 Referring Phone: \_\_\_\_\_ Reason for Exam: \_\_\_\_\_  
 cc Physician Phone: \_\_\_\_\_ Attorney Name \_\_\_\_\_  
 Tel/Fax: \_\_\_\_\_

Special Instructions:  CD  Stat  Mail to Referring Physician

Patient Type:  Cash  PVT  WC  PI

**★ ★ Please Fax 323-648-0508 Consult Notes/HP with Order ★ ★**

### CT

With Contrast  Without Contrast  
 Creatinine Level: \_\_\_\_\_ Bun \_\_\_\_\_ GFR: \_\_\_\_\_  
 Prior Blood Work Within Last 30 Days

### NEURO/ENT

Brain  Soft Tissue Neck  
 Petrous Bones/Temporal Bones  Dental  
 Orbits  Facial Bones  
 Sinus  Other: \_\_\_\_\_

### SPINE

Cervical  Thoracic  
 Lumbar  Bony Pelvis

### BODY

Chest  Whole Body  
 Abdomen  Pelvis  
 Abdomen + Pelvis  Other: \_\_\_\_\_  
 Renal Calculus/KUB  CT ANGIOGRAPHY  
 Renal Urogram/KUB  Brain  
 Renal Urogram/KUB w/3D Rendering  Carotid  
 Renal Mass Protocol  Chest for PE  
  Chest for Aorta  
  Abdominal Aorta  
  Pelvis  
  Renal Arteries  
  Runoff, lower extremities  
  Other: \_\_\_\_\_

### MUSCULOSKELETAL

Shoulder  RT  LT  BIOPSY CT GUIDED / FNA  
 Elbow  RT  LT  Breast FNA  R  L  B  
 Wrist  RT  LT  Breast Core  R  L  B  
 Hip  RT  LT  Breast MRI Biopsy  R  L  B  
 Knee  RT  LT  Thyroid FNA  R  L  B  
 Ankle  RT  LT  Kidney Biopsy  
 Foot  Other: \_\_\_\_\_  Liver Biopsy

### ULTRASOUND

**OB/GYN**  
 Pelvic w / Transvaginal PRN  
 Fetal Limited < 12 wk gestation  
 Fetal Complete > 12 wks gestation  
 Single  Multiple

### ABDOMINAL

Abdominal Complete  CARDIAC/VASCULAR  
 Abdominal Limited  Echocardiogram  
 (Liver, Gallbladder, Pancreas,  Carotid Doppler  
 Rt kidney)  Renal Doppler  
 Retroperitoneal Complete  Arterial Doppler - Limited (groin)  
 Venous  Arterial Doppler Upper  
 Left  Right  Venous  Arterial Doppler Lower  
 Left  Right

### SUPERFICIAL STRUCTURES

### MRI

With Contrast  Without Contrast  
 Creatinine Level: \_\_\_\_\_ Bun \_\_\_\_\_ GFR: \_\_\_\_\_  
 Prior Blood Work Within Last 30 Days

### NEURO/ENT

Brain  Cervical  
 Brain w/3D Volumetric  Thoracic  
 Imaging - CPT 70551 + 76377  Lumbar  
 Pituitary  BODY  
 IAC's  Abdomen  
 Orbits  Biliary (MRCP)  
 Neck/Face  Enterography  
 TMJ  Brachial Plexus  RT  LT  
  Pelvis (Soft Tissue)

### MUSCULOSKELETAL

Shoulder  RT  LT  MR ANGIOGRAPHY  
 Elbow  RT  LT  MRA Brain  
 Wrist  RT  LT  MRA Neck/Carotids  
 Upper Extremity  RT  LT  MRA Pelvis  
 Hip  RT  LT  Abdominal Aorta  
 Pelvis  RT  LT  Renal Arteries  
 Knee  RT  LT  SPECIAL PROCEDURES  
 Ankle  RT  LT  Nephrectomy Tube  
 Lower Extremity  RT  LT  Aspat and Drained Cysts Collection  
 Foot Hind:  RT  LT  Paravertebral or Facet Joint Injection  
 Foot Fore:  RT  LT  Epidural Injection  
 Other: \_\_\_\_\_  Myelogram Injection  
  Ablation of Cystic or Solid Mass  
  (Specify) \_\_\_\_\_

### ARTHOGRAM

MRI  CT  X-Ray  
 Joint  
 Other: \_\_\_\_\_

### X-RAY

Skull  Neck (soft tissue)  Abdomen  
 Facial Bones  Chest  1 view  2 view  
 Paranasal Sinuses  PA  Lat  C-Spine  
 TMJ  Scoliosis Series  AP/Lat  Complete  Flex/Ext  
 Nasal Bones  SI Joints  T-Spine  
 Mandible  Sacrum/Coccyx  L-Spine  Flex/Ext  
 Pelvis  3 view  Complete  
 Other: \_\_\_\_\_

Ribs  RT  LT  Hip  RT  LT  Wrist  RT  LT  
 Clavicle  RT  LT  Femur  RT  LT  Hand  RT  LT  
 Shoulder  RT  LT  Knee  RT  LT  Elbow  RT  LT