



Date:

PATIENT INFORMATION

Patient Name: DOB: Weight: Height:
Home Phone: Cell Phone: Exam Date/Time:
Insurance: Auth #: *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:
Special Instructions: CD Stat Mail to Referring Physician
Patient Type: Cash PVT WC PI
Tel/Fax:

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

MRI CT
With Contrast Without Contrast
Creatinine Level: BUN GFR:
Prior Blood Work Within Last 30 Days

NEURO/ENT
Brain
Petrous Bones/Temporal Bones
Orbits
Sinus
Soft Tissue Neck
Dental
Facial Bones
Other:

SPINE
Cervical
Thoracic
Lumbar
Bony Pelvis
CT SCREENING STUDIES
Bone Density (QCT)
Low Dose Lung Screening
Virtual Colonography
Screening
Diagnostic
Whole Body
Pelvis
Other:

BODY
Chest
Abdomen
Abdomen + Pelvis
Chest + Abdomen + Pelvis
Renal Calculus/KUB
Renal Urogram/KUB
Renal Urogram/KUB w/3D Rendering
Renal Mass Protocol

MUSCULOSKELETAL
Shoulder RT LT
Elbow RT LT
Wrist RT LT
Hip RT LT
Knee RT LT
Ankle RT LT
Foot RT LT
Other:

CT ANGIOGRAPHY
Brain
Carotid
Chest for PE
Chest for Aorta
Abdominal Aorta
Pelvis
Renal Arteries
Runoff, lower extremities
Other:

BIOPSY CT GUIDED / FNA
Breast FNA R L O B
Breast Core R L O B
Breast MRI Biopsy R L O B
Thyroid FNA R L O B
Kidney Biopsy R L O B
Liver Biopsy

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

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

NEURO/ENT
Brain
Brain w/3D Volumetric Imaging - CPT 70551 + 76377
Pituitary
IAC's
Orbits
Neck/Face
TMJ

MUSCULOSKELETAL
Shoulder RT LT
Elbow RT LT
Wrist RT LT
Upper Extremity RT LT
Hip RT LT
Pelvis RT LT
Knee RT LT
Ankle RT LT
Lower Extremity RT LT
Foot Hind: RT LT
Foot Fore: RT LT
Other:

ARTHROGRAM
MRI CT X-Ray
Joint
Body Part:

SPINE
Cervical
Thoracic
Lumbar
BODY
Abdomen
Biliary (MRCP)
Enterography
Brachial Plexus RT LT
Pelvis (Soft Tissue)

MR ANGIOGRAPHY
MRA Brain
MRA Neck/Carotids
MRA Pelvis
Abdominal Aorta
Renal Arteries

SPECIAL PROCEDURES
Nephrectomy Tube
Aspat and Drained Cysts Collection
Paravertebral or Facet Joint Injection
Epidural Injection
Myelogram Injection
Ablation of Cystic or Solid Mass (Specify)

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