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HillMedical.com

STAT REPORT (EMERGENCY/URGENT CARE REFERRAL)

Call report to Dr. _____ Phone # Required: _____ Fax: _____

Discharge instructions upon positive results: _____

GENERAL IMAGING REFERRAL FORM *Please bring this form with you. We cannot perform any exam without it.*

Patient Name _____ DOB _____ Patient Phone _____

Referring Physician (Print) _____ Physician Phone _____

Physician Signature _____

CC: _____ Order Date _____

Medicare Patient? Yes No If so, for MRIs, MRAs, CTs, & PETs include Appropriate Use Criteria/CDS: **G10** **-M**
GCode Modifier

Clinical Indications / Diagnosis
Must be filled in for exam to be performed:

Special Instructions

IV Contrast exams require creatinine results within 60 days*
Age 60+ • Diabetic • Hypertension • History of kidney problems or renal failure
*Please include lab results if order requires contrast.

HIGH FIELD MRI (1.5 AND 3T)

IV CONTRAST
 With Without With & Without Radiologist's discretion

HEAD AND NECK
 Head TMJ Neck/Soft Tissue IAC's
Specific Exam/Area of Interest _____

SPINE
 Cervical Thoracic Lumbar

UPPER EXTREMITIES
 Shoulder Elbow Wrist Hand check one: R L
 Other.....Specify _____

LOWER EXTREMITIES
 Hip Knee Ankle Foot check one: R L
 Other.....Specify _____

BODY MRI
 Chest.....Specify exam/area of interest _____
 Cardiac
 Abdomen.....Specify exam/area of interest _____
 Pelvis.....Specify exam/area of interest _____
 Enterography with glucagon
 Urogram with and without IV contrast
 Prostate with 3-D reformats, etc.
 Defecography

BREAST MRI
 Breast MRI without and with Gadolinium with 3-D Reformations of an Independent Workstation
 MRI-guided Breast Biopsy

MR ANGIOGRAPHY (MRA) **MR VENOGRAPHY (MRV)**
Specific exam/area of interest _____

ROUTINE X-RAYS (Not available at Cordova location.)
NO Appointment necessary. Mon-Sat: Call for hours.
Body Part _____

OSTEOPOROSIS SCREENING
(RBC, Glendora, and West Covina locations only)
 DXA - Bone Density Vertebral Fracture Assessment (VFA)

CT SCAN

IV CONTRAST
 With Without With & Without Radiologist's discretion

ORAL CONTRAST With Without
 Head Pelvis CT Enterography w/ Volumn
 Sinus Cervical Spine with Reformats
 Soft Tissue Neck Thoracic Spine with Reformats CT Urogram With & Without IV Contrast
 Chest Lumbar Spine with Reformats CT Sinus Fusion w/ DICOM CD
 Abdomen Extremities with 3-D Reformats
Specify area _____

NON-CONTRAST ONLY FOR THE FOLLOWING CT EXAMS:

Lung Cancer Screening (LCS) *please check the website for protocol details*
 Chest - High Resolution (Interstitial Lung Disease)
 Inspiratory/Expiratory
 Low Dose Chest (known pulmonary nodule, asymptomatic)
 Virtual Colonoscopy Screening*
 Coronary Artery Calcification Screening* *May not be covered by insurance.

CT ANGIOGRAPHY (CTA)

Specific exam/area of interest _____

GENERAL ULTRASOUND

Pelvic: Transvaginal Transabdominal Both
 Abdominal Renal/Bladder Liver Hysterosonogram
 Obstetrical Appendix Testicular Thyroid Biopsy
 Thyroid Neck Abdominal Wall
 Gallbladder Neck biopsy Infant hips (____mos.)
 Other _____

VASCULAR ULTRASOUND

Venous Duplex Imaging Left Right Bilateral
 Lower Extremity-Complete Upper Extremity-Complete
 Ankle Brachial Index (ABI) Radial Brachial Index (RBI)
 Arterial Duplex Imaging (with ABI or RBI)
 Bilateral Lower Bilateral Upper Other _____
 Carotid Duplex Aorta Renal Duplex Abdominal
 Venous Reflux Graft Duplex

ENDOVASCULAR LASER PROCEDURE

Venous Duplex with Consult Endovascular Laser Procedure Phlebectomy

ALL PATIENTS

We cannot perform any exam without a doctor's order or authorization.

You **MUST** bring your current insurance card and authorization with you to register at the time of your appointment OR you will be held financially responsible for the cost of the exam.

If you cannot keep your appointment, please call to let us know 24 hours before to reschedule.

Please arrive 30 minutes prior to your appointment to register.

Anyone accompanying the patient, adult or child, cannot stay in the X-ray examination room.

No pets allowed.

X-Ray Patients: No Appointment required.

If your specific exam is not listed below, no special preparation is required.

MRI Patients

Do not wear eye make-up. You will be asked to wear a gown. Lockers are provided for clothing and belongings. Any medication prescribed by your physician should be taken as directed. Leave jewelry and valuables at home; jewelry cannot be worn during the exam. If you are claustrophobic, sedation may be required; please bring a companion to stay with you and drive you home.

If you have any of the following conditions or implants, please call us prior to your exam:

- aneurysm clip
- exceed 300 pounds
- pacemaker
- metal worker
- ear implants
- tissue expanders
- pregnant
- metal fragments in eye
- electronic device
- gadolinium allergies
- cardiac valve
- penile implant

General Ultrasound Patients

Abdominal - Do not eat or drink anything for the 6 hours prior to your exam.

Obstetrical, Pelvic, and/or Renal - Drink 32 oz. of water and finish drinking one hour before your exam. Do not urinate.

CT Scan Patients

Abdomen or Pelvis - Have nothing to eat or drink for the 4 hours prior to your exam. Also, you will need to drink an oral mixture before arriving for your appointment. Please pick it up at our office. Any medication prescribed by your physician should be taken as directed.

TODOS LOS PACIENTES

No podemos realizar ningún examen sin la orden o autorización de un médico.

DEBE traer su tarjeta de seguro actual y autorización para registrarse en el momento de su cita O DEBERÁ ser responsable financieramente por el costo del examen.

Si no puede asistir a su cita, llámenos para informarnos y reprogramarla.

Llegue 30 minutos antes de su cita para registrarse.

Cualquier persona que acompañe al paciente, adulto o niño, no puede permanecer en la sala de examen de rayos X.

No se permiten mascotas.

Pacientes de rayos X: no se requiere cita.

Si su examen específico no figura a continuación, no se requiere preparación especial.

Pacientes de resonancia magnética

Vístete cómodamente. Use ropa holgada, sudadera, pantalones cortos, etc., sin metal ni cremalleras. Cualquier medicamento recetado por su médico debe tomarse según las indicaciones. Deje joyas y objetos de valor en casa; no se pueden usar joyas durante el examen. Si usted es claustrofóbico, se puede requerir sedación. Por favor traiga un compañero para que lo lleve a casa.

Si tiene alguna de las siguientes condiciones o implantes, llámenos antes de su examen:

- pinza de aneurisma
- dispositivo electrónico
- marcapasos
- válvula cardíaca
- implantes de oído
- exceder 300 libras
- embarazada
- obrero metalúrgico

Pacientes de ultrasonido general

Abdominal - No coma ni beba nada durante las 6 horas previas a su examen.

Obstétrica, Pélvica, y/o Renal - Beba 32 oz. de agua y termine de beber una hora antes de su examen. No orinar.

Pacientes con tomografía computarizada

Abdomen o pelvis - no coma ni beba nada durante las 4 horas previas a su examen. Además, deberá beber una mezcla oral antes de llegar a su cita. Si esta mezcla no está disponible en el consultorio de su médico, puede recogerla en nuestro consultorio. Cualquier medicamento recetado por su médico debe tomarse según las indicaciones.

所有病人

若無醫生的寫單或化驗單，我們不能執行任何檢查。

在您約定的檢查時間登記時，您必須拿身份證，有效的保險卡，保險批准書，否則您可能要自付檢查費用或重新安排檢查時間。

若您無法在約定時間前來進行檢查，請致電24小時之前通知我們並重新安排檢查時間。

請您在約定檢查時間的 30 分鐘前抵達，以便登記。

任何陪同病人的成人或兒童都不能留在 X 光室。

寵物禁止入內。

接受 X 光檢查的病人：不需要預約檢查時間。

若您要接受的特定檢查非以下列出的3項檢查，則不需要做特別準備。

接受磁共振影 (MRI) 檢查的病人

請穿著舒適。請穿上沒有金屬或拉鍊的寬鬆衣物(運動衣、短褲)。您醫師開給您的任何藥物均應按指示使用。請將首飾及貴重物品留在家中；檢查時能穿戴首飾。若您有幽閉恐懼症，則可能需要使用鎮靜劑，請找人陪同您前檢查，並在檢查結果後送您回家。若您有下列任何狀況或植入物，請在檢查前致電告訴我們：

- 動脈瘤夾
- 電子裝置
- 心臟起搏器
- 心臟瓣膜
- 耳內植入物
- 體重超過 300 磅
- 懷孕
- 金屬飾物

接受超聲波(B超)檢查的病人

若您需要接受以下檢查項目需要做特別準備，否則不能做檢查或要重新安排檢查時間。

腹部(肝臟，膽總管，膽囊，胰腺，腎臟，脾臟，腹主動脈，下腔靜脈) – 在檢查前 6 小時內請勿飲食。

產科，骨盆(下腹部，子宮，卵巢，攝護腺等)， 要么 腎臟(腎臟，膀胱，尿道) – 在檢查前一個小時先喝完 32 盎司水。請勿排尿。

接受 CT 掃描的病人

若您要接受腹部或骨盆靜脈注射碘或口服顯影劑需要做特別準備。否則不能做檢查或要重新安排檢查時間

腹部或骨盆 – 預約檢查時間後，您需要提前到我們的診所領取口服顯影劑。當日檢查前 4 小時內請勿飲食；此外，您來檢查之前在家需要先喝口服顯影劑。您醫師開給您的任何藥物均應按指示使用。

	MRI		CT			PET	Ultrasound	X-Ray	Breast Imaging			Interventional Rad.							
	3T MRI	1.5 MRI	CT	CT Heart Screening	CT Lung Screening	Virtual CT Colonoscopy	PET	General US	Vascular US	X-Ray	DEXA	Screening Mammo	Diagnostic Mammo	Breast Ultrasound	Breast MRI	Breast Biopsy	Varicose Vein Treatment	Uterine Fibroid Treatment	IR Consults
HHBC - Arcadia																			
HHIC - Fair Oaks	•	•	•	•	•	•	•	•	•	•			•	•	•	•	•	•	•
HHIC - Cordova		•	•																
HHIC - Glendora		•	•	•				•	•	•	•	•	•						
HHIC - West Covina	•		•	•	•			•	•	•	•								
Jim & Eleanor Randall Breast Center										•	•	•	•	•					