

STAT REPORT (EMERGENCY/URGENT CARE REFERRAL)

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



GENERAL IMAGING REFERRAL FORM

Please bring this form with you. We cannot perform any exam without it.

Patient & Referring Physician Details

Patient Name _____ DOB _____ Patient Phone _____

Referring Physician (Print) _____ Physician Phone _____

Physician Signature _____ Order Date _____

CC: _____

Clinical Indications / Diagnosis

Must be filled in for exam to be performed:

Special Instructions

HIGH FIELD MRI (1.5 AND 3T)

IV CONTRAST

Radiologist's discretion Without With & Without

HEAD AND NECK

Brain IAC's Pituitary TMJ Head/Soft Tissue Neck

Specific Exam/Area of Interest _____

SPINE

Cervical Thoracic Lumbar

UPPER EXTREMITIES - Specify side: Right Left

Shoulder Elbow Wrist Hand

Other.....Specify _____

LOWER EXTREMITIES - Specify side: Right Left

Hip Knee Ankle Foot

Other.....Specify _____

BODY MRI

Chest.....Specify exam/area of interest _____

Cardiac

Abdomen...Specify exam/area of interest _____

Pelvis.....Specify exam/area of interest _____

Prostate

BREAST MRI

Breast MRI

Breast MRI without contrast, r/o implant rupture only

MRI-guided Breast Biopsy

MR ANGIOGRAPHY (MRA) MR VENOGRAPHY (MRV)

Specific exam/area of interest _____

ROUTINE X-RAYS (Not available at Cordova location.)

Appointments encouraged (call or online); Walk-ins are welcome, but may have to wait. Mon-Fri: Call for hours.

Body Part _____

OSTEOPOROSIS SCREENING

(RBC, Glendora, and West Covina locations only)

DXA - Bone Density Vertebral Fracture Assessment (VFA)

MUSCULOSKELETAL ULTRASOUND

Specific exam/area of interest _____

CT SCAN

IV CONTRAST

Radiologist's discretion Without With With & Without

CT 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.

<input type="checkbox"/> Head	<input type="checkbox"/> Pelvis	<input type="checkbox"/> CT Enterography w/ Volumen
<input type="checkbox"/> Sinus	<input type="checkbox"/> Cervical Spine with Reformats	<input type="checkbox"/> CT Urogram
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Thoracic Spine with Reformats	<input type="checkbox"/> CT Sinus Fusion w/ DICOM CD
<input type="checkbox"/> Chest	<input type="checkbox"/> Lumbar Spine with Reformats	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities with 3-D Reformats	
	Specify area _____	

NON-CONTRAST ONLY FOR THE FOLLOWING CT EXAMS

Lung Cancer Screening (LCS) Check website for protocol details and check box below:

Referring provider shared decision making and smoking cessation intervention
(required for exam if patient still smokes)

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 - Specify: Transvaginal Transabdominal Both Obstetrical

Abdominal Liver/Gallbladder Abdominal Wall Renal/Bladder

Neck/Thyroid Thyroid Biopsy Testicular 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

Bilateral Lower Bilateral Upper Other _____

Carotid Duplex Aorta Renal Duplex Liver Duplex

Venous Reflux Graft Duplex. Mesenteric 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.

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.

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，您必須帶身份證，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列出，則不需要做特別準備。

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

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
- dispositivo electrónico
- alergias al gadolinio
- implante de pene
- fragmentos de metal en el ojo

接受磁振造影 (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
- 體重超過 300 磅
- 心臟起搏器
- 金屬工人
- 耳內植入物
- 組織擴張器
- 懷孕
- 眼睛裡有金屬碎片
- 電子裝置
- 軋過敏
- 心臟瓣膜
- 陰莖植入物

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.

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.

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。

CT Scan Patients

Abdomen or Pelvis - Have nothing to eat 4 hours prior to your exam. Please drink 1- 16.9 oz bottle of water 30 minutes before exam. Any medication prescribed by your physician should be taken as directed.

Pacientes con tomografía computarizada

Abdomen o pelvis - no coma nada 4 horas antes a su examen. Beba 1 botella de agua de 16,9 oz 30 minutos antes del examen. Cualquier medicamento recetado por su médico debe tomarse según las indicaciones.

接受 CT 掃描的病人

腹部或骨盆 - 檢查當日前4小時不要吃東西。此外，請在考試前30分鐘喝1-16.9盎司瓶裝水。您的醫生開出的任何藥物都應按照指示服用。

	MRI	CT	PET	Ultrasound	X- Ra y	Breast Imaging	Interventional Rad.											
	3T MRI	1.5 MRI	CT Heart Screening	CT Lung Screening	Virtual CT Colonoscopy	PET	General US	Vascular US	X- Ra y	DEXA	Screening Mammogram	Diagnostic Mammogram	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									•	•	•	•	•	•				