

See reverse side for scheduling numbers and locations

Bring ID, this form and your insurance card to your appointment

Patient Name _____ Date _____

DOB: _____ Phone # _____ Appt. Date/Time: _____

Insurance/Work Comp Carrier: _____ Auth _____

Clinical reason for exam _____

CC: _____ CC: _____ CC: _____

- Wet Read Pt back w/CD
 Routine Pt back w/films

For IV contrast studies (Age > 60, renal disease, HTN, DM)
Most Recent Cr/Bun/Date: _____

MRI Field Strength (circle one): First Avail 1.5T Open(1.2T) 3T(SAM only)

Neuro MRI	w/o	1.5T	Open(1.2T)	3T(SAM only)
Brain				
3D Neuroquant				
IAC (Includes Brain)				
Pituitary/Sella (Includes Brain)				
Orbits/Brainstem (Includes Brain)				
MRA Head				
MRA Neck				
Soft Tissue Neck				
Cervical Spine				
Thoracic Spine				
Lumbar Spine				
Other: _____				

Musculoskeletal MRI	w/o	w&w/o
Knee - R L		
Shoulder - R L		
Elbow - R L		
Wrist - R L		
Hip (routine, metal) - R L		
Ankle/Hindfoot - R L		
Foot (Midft/Foreft) - R L		
Hand/Finger - R L		
Bony Pelvis/Sacrum/SI Jts		
MR Arthrogram, Joint: _____		
Other: _____		

Body MRI	w/o	w&w/o
Abdomen - general		
Liver		
Adrenal		
Pancreas		
Renal		
MRCP		
MRA		
Pelvis - general		
Female pelvis		
Enterography		
Chest - Brachial Plexus		
Other: _____		

Neuro CT	w/o	w	w&w/o
Head			
CTA Head			
CTA Neck			
Soft Tissue Neck			
Sinus - low dose			
Sinus - localization			
Orbits / Maxillofacial			
Mastoids / IACs			
Cervical Spine			
Thoracic Spine			
Lumbar Spine			
Other: _____			

Ultrasound (check / circle)		
Abdomen		
RUQ/Liver/Gallbladder		
Aorta / IVC		
Appendix		
Pelvis (EV if indicated)	OB	Non-OB
Renal (includes bladder)		
Bladder Only		
Thyroid		
Scrotum		
Carotids		
DVT: Upper	R	L
DVT: Lower	R	L
Sonohysterogram		
Other: _____		

Fluoroscopy	
Esophagram	
UGI	
SBFT	
UGI + SBFT	
HSG	
VCUG	
Barium Enema	
Arthrogram:	
Other: _____	

Body CT	w/o	w	w&w/o
Routine chest			
Low dose chest screening			
HRCT interstitial lung eval			
CTA pulmonary - PE			
CTA chest - thoracic aorta			
CTA chest/abd aorta			
CT Chest/Abd/Pelvis - general			
Abd & Pelvis - general			
Abd & Pelvis - renal stone			
CT IVP - hematuria			
Abd - liver mass			
Abd - renal mass			
Abd - adrenal mass			
Abd - pancreatic mass			
Abd & Pelvis - Enterography			
Pelvis only			
Other: _____			

Breast Screening		
Screening Mammo*		
Screening 3D Tomo Mammo* (@SAM)		
Screening Ultrasound*		
*If abnormal, includes additional mammo +/- US at Rad discretion		
Breast Diagnostic		
Diagnostic Mammo +/- US	R	L
Ultrasound +/- Diag Mammo	R	L
Stereo/US Biopsy or Cyst Asp	R	L
Breast MRI		
MRI w and w/o contrast		
MRI w/o (implant integrity)		
MRI Biopsy	R	L

Bone Density DEXA _____

PET/CT
Call (408) 358-6898

X-Ray done on a walk in basis no appointment necessary				
X-Ray (circle all)				
Chest	1V	2V		
Rib Series	R	L		
Abdomen	1V	2V	3V	
KUB	1V			
Hip	R	L		
Pelvis	1V			
Sacrum / Coccyx	3V			
Cervical Spine	1V	AP/L	4V	Flex/Ex
Thoracic Spine	1V	2V	3V	
Lumbar Spine	1V	AP/L	4V	Flex/Ex
Shoulder			3V	R L
Elbow			3V	R L
Wrist			3V	R L
Hand			3V	R L
Knee			4V	R L
Ankle			3V	R L
Foot			3V	R L
Soft Tissue Neck	1V			
Bone Age	1V			
Sinus	1V	3V		
Other: _____				

Musculoskeletal CT w/o w Arthro
Specify: _____

Physician Signature _____

Physician Name (Print) _____

Phone _____

Fax _____