



Patient's Name: _____ Date of Birth: _____ Patient's Phone: _____

Reason for Exam/ ICD10 Code: _____

Surgical/Navigational Protocol: _____

Referring Provider (Print): _____ Provider Signature: _____ Today's Date: _____

Phone: _____ Fax: _____ CC Report To: _____

Call in STAT results to: _____ Release CD with Patient

Insurance Plan: _____ Member ID#: _____

For CT IV contrast studies (Renal disease, HTN, DM)
Most Recent Cr/Bun/Date: _____

Pt back w/CD
 Pt back w/ ms

I authorize the radiologist to modify this order
(including IV contrast administration to address clinical questions)

MRI Field Strength (Circle One): First Avail 1.5T Open(1.2T) 3T

Neuro MRI	w/o	w	w&w/o
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: _____			

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: _____			

Body CT	w/o	w	w&w/o
Routine Chest			
CT Smokers Only Screening			
HRCT Interstitial Lung Eval			
CTA Pulmonary - PE			
CTA Chest - Thoracic Aorta			
CTA Chest / Abd Aorta			
CT Calcium Scoring Exam			
CT Chest / Abd / Pelvis - General			
CT IVP Hematuria			
Abd & Pelvis - General			
Abd & Pelvis - Renal Stone			
Abd & Pelvis - Enterography			
Abd - Liver Mass			
Abd - Renal Mass			
Abd - Adrenal Mass			
Abd - Pancreatic Mass			
Pelvis only			
Other: _____			

Musculoskeletal CT	w/o	w	Arthro
Specify: _____			

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: _____		

Ultrasound (check / circle)	w/o	w&w/o
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: _____		

Breast Screening	w/o	w&w/o
Screening Mammo*		
Screening 3D Tomo Mammo*		
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	w/o	w&w/o
PET/CT		
Skull Base to Mid-thigh		
Whole Body (Melanoma)		
Amyloid Brain		
Prostate - Pylarify		
Coronary CTA w/FFR (75574, 75580)		

*FFR only performed when indicated in accordance with current guidelines

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

Fluoroscopy	w/o	w&w/o
Esophagram		
UGI		
SBFT		
UGI + SBFT		
HSG		
VCUG		
Barium Enema		
Arthrogram		
Other: _____		

X-RAY DONE ON A WALK-IN BASIS

X-Ray (circle all)	1V	2V	3V	4V	Flex/Ex
Chest					
Rib Series	R	L			
Abdomen	1V	2V			
Hip	R	L			
Pelvis	1V				
Sacrum / Coccyx	3V				
Cervical Spine 1V	AP/L	4V			Flex/Ex
Thoracic Spine	1V/L	2V			3V
Lumbar Spine 1V	AP/L	4V			Flex/E x
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			
Scoliosis Series					
Other: _____					

Locations, Maps & General Information

Scheduling P: (408) 244 2100 | F: (408) 244-6596

CENTER	LOCATION	SCHEDULING	High Field 3.0T	High Field 1.5T	Open MRI 1.2T	PET/CT	CT	Ultrasound	Mammography	3D Tomo	DEXA	Fluoroscopy	X-Ray
① VRI-Samaritan	2581 Samaritan Dr., Suite 100, Suite 206 (Women's), San Jose, CA 95124	P: (408) 358-6881 F: (408) 356-8785	●	●		●	●	●	◆	●	●	●	●
② VRI-Sunnyvale	696 W El Camino Real, Sunnyvale, CA 94087	P: (650) 967-1331 F: (650) 962-7549	●				●	●	◆	●	●	●	●
③ VRI-East San Jose	2323 McKee Rd., Suite 40, San Jose, CA 95116	P: (408) 964-1000 F: (408) 964-1035		●			●	●	◆	●	●	●	●
④ VRI-Los Gatos	555 Knowles Dr, Suite 116, Los Gatos, CA 95032	P: (408) 866-7131 F: (408) 866-7494			●		●	●				●	●
⑤ VRI-Ciro	125 Ciro Ave., Suite 220 & 230, San Jose, CA 95128	P: (408) 297-4591 F: (408) 297-7184					●	●	◆		●	●	●

◆ Digital & Tomo

EXAMINATION PREPARATIONS / ALL EXAMS BELOW REQUIRE PRESCHEDULED APPOINTMENTS

□ **ULTRASOUND - Allow 1 hour**

□ **ABDOMINAL**

- Nothing by mouth after midnight.

□ **PELVIC**

- Drink 32 oz. of water to be finished 1 hour before appointment.
- Do NOT empty your bladder after drinking the 32 oz. of water. (If you cannot

tolerate

water, other beverages can be used. AVOID carbonated beverages).

□ **RENAL OR KIDNEY**

- Drink 32 ounces (1 quart) of clear fluid to be finished 1 hour before appointment. This is to hydrate your system.

□ **2. Do NOT empty your bladder.**

□ **PRE & POST VOID BLADDER**

- Drink 32 ounces (1 quart) of water to be finished 1 hour before appointment.
- Do NOT empty your bladder after drinking the 32 oz. of water. (If you cannot

tolerate

water, other beverages can be used. AVOID carbonated beverages).

□ **VASCULAR STUDIES**

(Carotid, DVT, Venous, etc.)

No preparation necessary.

□ **THYROID - No preparation necessary.**

□ **DEXA - No preparation necessary.**

□ **CT SCAN - Allow 30 min - 2 hours**

PREPARATION FOR ALL CT SCANS (EXCEPT SPINE AND SINUS):

- Nothing by mouth except water

3

hours before scan. (However, medications may be taken with small amounts of water.)

□ **MAMMOGRAPHY**

- For patient's comfort, easily removable top should be worn.
- No deodorants or body powders on breasts or underarm areas.

□ **MRI SCAN - Allow 40 Minutes - 2 hours**

No metal in eyes or pacemaker. No other preparation necessary.

□ **GENERAL FLUOROSCOPY**

□ **UPPER G.I. SERIES OR ESOPHAGRAM - Allow 1 hr.**

- Nothing by mouth after midnight.

□ **SMALL BOWEL SERIES - Allow up to 3+ hours**

- Nothing by mouth after midnight.

□ **BARIUM ENEMA, CONTRAST ENEMA, Allow 1 hour**

DAY BEFORE EXAM:

Breakfast: Eat before 7 a.m.

Noon: Have a liquid lunch.

(Example: Clear bouillon, apple juice, cranberry juice, plain gelatin. NO MILK.)

1 p.m.: Drink at least 1 full glass or more of water.

3 p.m.: Drink at least 1 full glass or more of water.

4 p.m.: Drink one 10 oz. bottle of Magnesium Citrate (cold).

5 p.m.: Supper: Have only clear liquids.

(Example: Clear bouillon, apple juice, cranberry juice, plain gelatin. NO MILK.)

6 p.m.: Take 3 Bisacodyl (Dulcolax) tablets with at least one full glass water.

DO NOT CRUSH OR CHEW TABLETS. SWALLOW THEM WHOLE.

DO NOT TAKE TABLETS WITHIN ONE HOUR OF ANTACIDS.

Please do not take anything by mouth after midnight or in the morning before the examination.

□ **VCUG - No preparation necessary. HSG - Allow 1 hour**

- Schedule on day 7-10 from start of menstrual period.
- Must abstain from intercourse until after appt.
- If spotting, please call to reschedule.
- Bringing a driver is recommended.

- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.

After the Exam: Your exam will be read by a board-certified, licensed physician with specialty training and certification in radiology. The results of your exam will be sent to your physician. You will receive your results from your physician.

Billing information: If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If you are a member

of an HMO or managed care plan, please bring your referral form and any required co-payment with you at the time of your visit. You are responsible for any outstanding or unpaid balance. If you have any questions, please call our billing department at (844) 866-2718.



Thank you for choosing a RadNet Center