

Patient Name: (Last, First, Middle)	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female Weight:
Appointment Date and Time: (please arrive 20 minutes before your appointment time)	Patient Phone:	<input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE
Special Instructions and History (reason for exam)		
Insurance Company:		Authorization Number:
Signature of Ordering Physician:		Date:

MRA SPECIALS		MRI SCANS					
MRA Brain	70544	Abdomen w/o contrast [2]	74181	C-Sp w/wo contrast	72156	Pituitary w/w/o cont	70553
MRA Neck	70547	Auditory Canal	70553	T-Spine w/o contrast	72146	TMJ's	70336
MRA Renal	74185	Brain w/o contrast	70551	T-spine w/wo contrast	72157	Pelvis w/wo	72197
MRA Abd Aorta	74185	Brain w/wo contrast	70553	L-Spine w/o contrast	72148	Upper Ext Joint w/o	73221
MRA Chest Aorta	71555	Chest w/contrast	71552	L-Spine w/wo contrast	72158	Upper Ext w/wo	73220
MRI 3D Recon	76375	C-Spine w/o contrast	72141	Orbits/facial/neck w/w/o	70543	Lower Ext Joint w/o	73721
						Lower Ext w/wo	73720

OTHER:

CT SPECIALS		CAT (CT) SCANS					
Colonography Diagnostic	0067T	Abdomen w/o [1,2]	74150	Head w/o contrast	70450	Soft tissues Neck	70491
Coronary Angio	71275	Abdomen w/contrast	74160	Head w/wo contrast	70470	W/contrast	
Colonography Screening	0066T	Abd w/wo contrast [1,2]	74170	L-Spine w/o contrast	72131	Temporal Bones (IAC) w/o	70480
3D Carotid/Cerebral Visceral Angio Ricon	76375	C-Spine w/o contrast	72125	Pelvis w/o contrast	72192	T-Spine w/o contrast	72128
CT Urogram		Chest w/contrast	71260	Pelvis w/contrast [1,2]	72193	Upper Ext w/o contrast	73200
CT Lower ext Runoff	75635	Chest w/wo contrast	71270	Pelvis w/wo contrast [1,2]	72194	__right __left	
		Facial Bones w/o contrast	70486	Sinuses w/o contrast	70486	Lower Ext w/o contrast	73700
						__right __left	

OTHER:

ULTRASOUND						VASCULAR	
Abdomen Complete [2]	76700	Fetal Age Repeat	76816	Scrotum & Contents	76870	Arterial Doppler-Ltd	93922
Renal/Aorta Comp. [6]	76770	Gallbadder [2]	76705	Spleen	76705	Arterial Doppler -Mult	93923
Appendix [2]	76705	Liver [2]	76705	Thyroid	76536	Carotid Duplex	93875
Biopsy Aspiration	76942	OB [3]	76805	Transrectal	76872	Venous Doppler Ltd	93971
Chest Complete	76604	Recon w/ 3D/4D	76375	NON VASCULAR		Venous Doppler Comp	93965
Common duct/biliary	76705	Pelvis/Non OB [3]	76856	Extremity-Upper R / L	76880	OTHER:	
		Transvag (if Necessary)	76830	Extremity-Lower R / L	76880		

BREAST IMAGING

Screening or Diagnostic Mammogram [5]	76092 or 76091	MRI Breast Unilateral W or WO Gad ___ Right or ___ Left [4]	76093
Additional View(s) [5]	76090 Uni	MRI Breast Bilateral W or WO Gad [4]	76094
___Right ___Left ___Both	76091 Bil	Stereotactic Needle Core Biopsy/Vacuum Assisted [4,5]	76095
Breast Ultrasound ___Right ___Left ___Both [4]	76646	U/S Guided Breast Biopsy [4,5]	76942

BONE DENSITOMETRY (Dexa Scan) Osteoporosis Screening No preparation required. Please wear clothing without metal below the waist.)

76075

X-RAY

Abdomen/ KUB	74000	Elbow Complete	73080	Humerus R / L	73060	Scoliosis Study	72090
Acute Abd Series	74022	Facial Bones	70150	Knee Complete R / L	73562	Shoulder Ltd R / L	70250
AC Joints	73050	Femur R / L	73550	L-Spine Limited	72100	Shoulder Comp. R / L	73030
Ankle Complete R / L	73610	Fingers / Thumb R / L	73140	L-Spine Complete	72110	Skull Limited	70250
C-Spine Limited	72040	Foot Complete R / L	73630	Nasal Bones	70160	Skull Complete	70260
C-Spine Complete	72050	Forearm R/ L	73090	Paranasal Sinuses	70220	Thoracic Spine	72070
Chest 1View	71010	Hand Complete R / L	73130	Pelvis AP	72170	Thoracolumbar Sp.	72080
Chest 2V	71020	Heel (Calcaneus) R / L	73650	Ribs Bilateral/CXR IV	71111	Tibia/Fibia R / L	73590
Clavicle R / L	73000	Hip Complete R / L	73510	Ribs Unilateral/CXR IV	71101	Toes R / L	73660
		Hip Bilateral	73520	Sacroiliac Joints	72202	Wrist Comp. R / L	73110

OTHER:

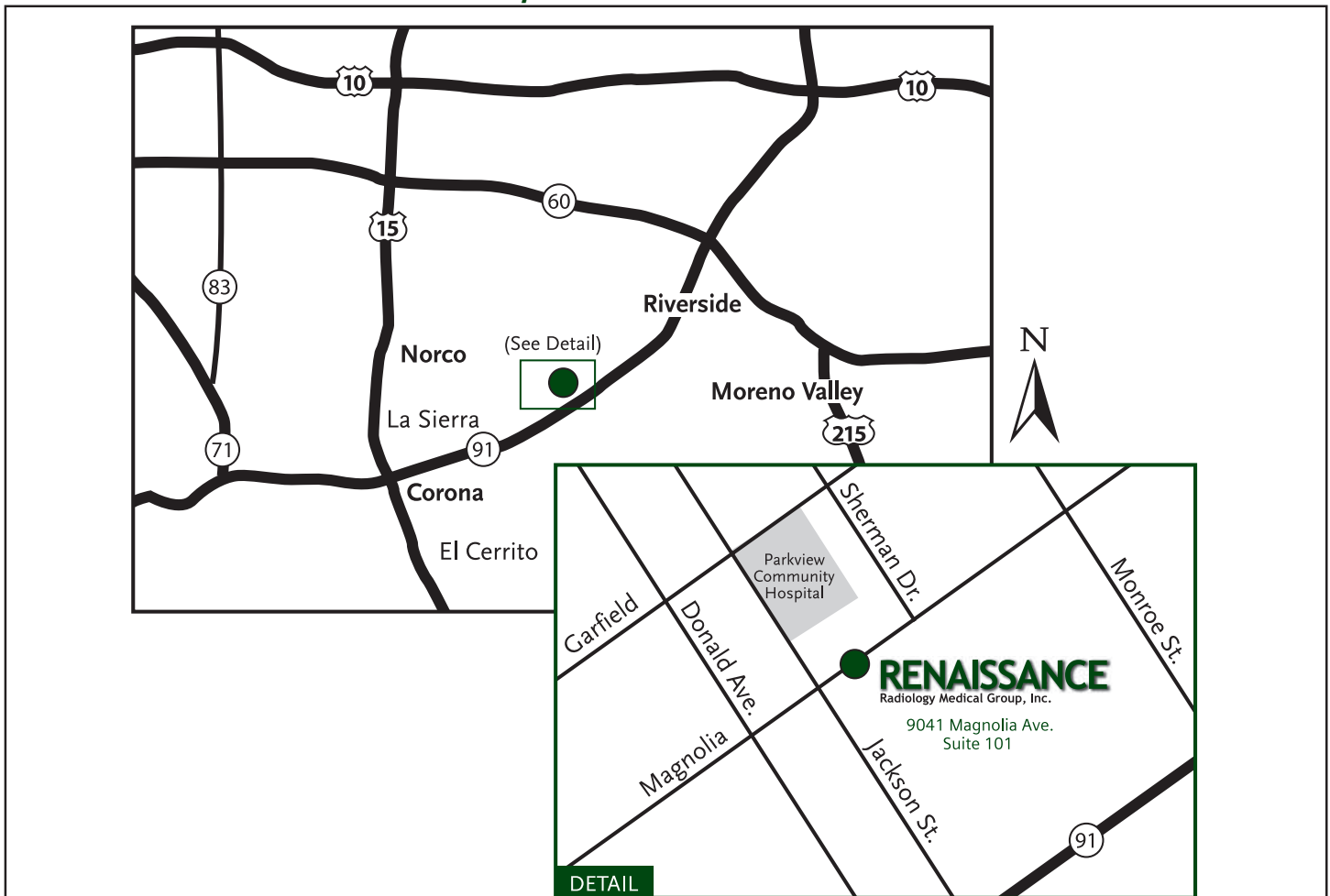
GASTROINTESTINAL							
Barium Enema [1]	74270	Esophagus [2]	74220	Upper GI & Small bowel [2]	74245	Hysterosalpingogram	74740
Barium Enema w/Air [1]	74280	Intravenous Pyelogram w or w/o tomo [1]	74400	Upper GI w/air contrast [2]	75246	OTHER:	
				VCUG	74455		

Patient Prep instructions are on back of this page. [] = Prep Code to Use.

PATIENT PREP CODE INSTRUCTIONS:

CODE	INSTRUCTIONS
#1	Pick up written detailed instructions and prep kit from Radiology office. Recoja las instrucciones detalladas escritas y preparadas en el equipo de la oficina de Radiologia.
#2	Nothing by mouth after midnight (includes no chewing gum and no smoking). Nada por via oral despues de media noche. (No chicle, No fumar)
#3	Drink 4 – 8oz glasses of water. Finish drinking one hour before the exam time. DO NOT empty your bladder. Tome 4 vasos de 8 oz de agua, deje de beber una hora antes del examen. No vacie sue vejiga.
#4	Wear a comfortable two piece outfit. Use un confortable equipo de dos piezas.
#5	Do not wear any deodorant, talcum powder, or perfume on your breast or underarm area. No use ningun desodorante, talco, o perfume en su pecho o debajo del brazo.
#6	Drink 2-3 glasses of water 30 minutes prior to your appointment time and DO NOT empty your bladder. Tome 2-3 vasos de agua 30 min antes de su cita. Y no vacie su vejiga.

MAP/DRIVING DIRECTIONS



- Coming North from downtown Riverside area, take the 91 Fwy South, take the Adams Exit-turn right, go to Magnolia Ave-turn left. Office will be on your right hand side. (9041 Magnolia Ave.)
- Coming South from Corona area, take the 91 Fwy North, take the Van Buren Exit-turn left, go to the first signal, turn left again (you are now on Van Buren), Go to Magnolia-turn right, go to Jackson St-turn left, go to Miller St-turn right. First or second driveway on your right hand side is entrance to Center parking lot.