



# TOWER IMAGING MEDICAL • GROUP

Imaging by Specialists

REV. 10/08

## PATIENT INFORMATION

General Referral Pad for Tower Imaging Medical Group

Locations:  
Valencia • Santa Monica

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

EXAM DATE: \_\_\_\_\_ EXAM TIME: \_\_\_\_\_

DIAGNOSIS/SYMPTOMS: \_\_\_\_\_

## PHYSICIAN INFORMATION

REFERRING PHYSICIAN: DR. \_\_\_\_\_ DR. PHONE #: \_\_\_\_\_

C.C. TO: DR(S). \_\_\_\_\_

STAT REPORT  REPORT ONLY  REPORT & CD  REPORT & FILM  FAX REPORT #:

## LOCATIONS AND SCHEDULING CONTACTS

**TOWER IMAGING VALENCIA**  
Tel: 661.753.5400 • Fax: 661.753.5401  
23929 McBean Parkway, Bldg. F - Ste. 109, Valencia, CA 91355  
MRI • CT • X-ray • Fluoroscopy • DEXA • U/S  
www.towerimaging-valencia.com

**TOWER SAINT JOHN'S IMAGING**  
Tel: 310.264.9000 • Fax: 310.264.9004  
2202 Wilshire Blvd., Santa Monica, CA 90403  
MRI • Open MRI • PET/CT • CT • Fluoroscopy • X-ray • U/S • Digital Screening Mammography  
www.towersji.com

EXAM(S) ORDERED Please complete as fully as possible and direct patient to follow appropriate prep on reverse

NAME OF EXAM	EXAM FOCUS
<input type="radio"/> MRI <input type="radio"/> OPEN MRI (SANTA MONICA ONLY) CONTRAST: <input type="radio"/> W <input type="radio"/> W/D <input type="radio"/> W/D & W <input type="radio"/> RADIOLOGIST DISCRETION	<input type="radio"/> BRAIN <input type="radio"/> PITUITARY <input type="radio"/> ORBITS <input type="radio"/> IAC'S <input type="radio"/> NECK <input type="radio"/> SHOULDER <input type="radio"/> C-SPINE <input type="radio"/> T-SPINE <input type="radio"/> L-SPINE <input type="radio"/> PELVIS (BONY) <input type="radio"/> HIPS <input type="radio"/> KNEE <input type="radio"/> FOOT <input type="radio"/> ANKLE <input type="radio"/> ABDOMEN <input type="radio"/> PELVIS (SOFT TISSUE) <input type="radio"/> BREAST <input type="radio"/> GUIDED BREAST BIOPSY <input type="radio"/> OTHER _____
<input type="radio"/> MR ANGIOGRAPHY <input type="radio"/> MR ARTHROGRAPHY	<input type="radio"/> BRAIN <input type="radio"/> CAROTID <input type="radio"/> RENAL <input type="radio"/> RUNOFF <input type="radio"/> OTHER _____ <input type="radio"/> SHOULDER <input type="radio"/> WRIST <input type="radio"/> KNEE <input type="radio"/> OTHER _____
<input type="radio"/> CT CONTRAST: <input type="radio"/> W <input type="radio"/> W/D <input type="radio"/> W/D & W <input type="radio"/> RADIOLOGIST DISCRETION	<input type="radio"/> BRAIN <input type="radio"/> TEMP. BONES/IAC'S <input type="radio"/> FACIAL BONES <input type="radio"/> SINUS <input type="radio"/> ORBITS <input type="radio"/> NECK <input type="radio"/> C-SPINE <input type="radio"/> T-SPINE <input type="radio"/> L-SPINE <input type="radio"/> LUNG SCREEN <input type="radio"/> CHEST <input type="radio"/> ABDOMEN <input type="radio"/> PELVIS <input type="radio"/> UROGRAM <input type="radio"/> OTHER _____
<input type="radio"/> CT ANGIOGRAPHY	<input type="radio"/> HEAD <input type="radio"/> CAROTID <input type="radio"/> PULMONARY <input type="radio"/> CHEST <input type="radio"/> RENAL <input type="radio"/> RUNOFF <input type="radio"/> ABDOMEN/PELVIS <input type="radio"/> OTHER _____
<input type="radio"/> PET/CT - WITH DIAGNOSTIC CT (SANTA MONICA ONLY) CONTRAST: <input type="radio"/> W <input type="radio"/> W/D <input type="radio"/> W/D & W <input type="radio"/> RADIOLOGIST DISCRETION	<input type="radio"/> DIAGNOSIS <input type="radio"/> STAGING <input type="radio"/> RESTAGING <input type="radio"/> BRAIN SPECIFY INDICATION _____
<input type="radio"/> PET/CT - WITHOUT DIAGNOSTIC CT (SANTA MONICA ONLY)	<input type="radio"/> NECK <input type="radio"/> CHEST <input type="radio"/> ABDOMEN <input type="radio"/> PELVIS
<input type="radio"/> ULTRASOUND	<input type="radio"/> CAROTID <input type="radio"/> AORTA <input type="radio"/> RENAL <input type="radio"/> L.E. VENOUS <input type="radio"/> INFANT HEAD <input type="radio"/> COMPLETE ABD. <input type="radio"/> LIMITED ABD. <input type="radio"/> PELVIS <input type="radio"/> APPENDIX <input type="radio"/> INFANT SPINE <input type="radio"/> COMPLETE OB <input type="radio"/> LIMITED OB <input type="radio"/> SCROTUM <input type="radio"/> THYROID <input type="radio"/> PYLORIC STENOSIS <input type="radio"/> OTHER _____
<input type="radio"/> X-RAY	SPECIFY _____
<input type="radio"/> FLUOROSCOPY	<input type="radio"/> ESOPHAGRAM <input type="radio"/> UPPER GI <input type="radio"/> SMALL BOWEL <input type="radio"/> BARIUM ENEMA <input type="radio"/> IVP <input type="radio"/> VCUG <input type="radio"/> HSG <input type="radio"/> OTHER _____
<input type="radio"/> MAMMOGRAPHY - DIGITAL SCREENING (SANTA MONICA ONLY)	SERVICES IN VALENCIA AT THE SHEILA R. VELOZ BREAST CENTER REQUIRE A SEPARATE RX FORM
<input type="radio"/> BONE DENSITY SCREENING	<input type="radio"/> DEXA (VALENCIA ONLY) <input type="radio"/> CT BONE DENSITY (QCT) (SANTA MONICA ONLY)

NOTES \_\_\_\_\_  
REFERRING PHYSICIAN SIGNATURE \_\_\_\_\_



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## PATIENT PREPARATION PLEASE FOLLOW CAREFULLY

**NOTE: PLEASE BRING THIS FORM AND INSURANCE CARD WITH YOU TO YOUR EXAM**

### TO OUR PATIENT

- If you have previous X-rays or scans of the area we are to study, bring them with you to your appointment.
- With all exams, take your usual medications with the minimum necessary water, unless instructed otherwise.
- Leave jewelry and watches at home. Wear loose, comfortable clothing.
- Let our staff know if you are pregnant or breast feeding.
- Patients having myelograms or spinal injections must be accompanied by another person to drive them home after the exam.

### MRI/MRA

- If you have a pacemaker, artificial heart valve, brain aneurysm clips or any other metal in your body, please contact our office prior to your appointment.

#### ○ ABDOMINAL MRI/MRA

- Nothing to eat or drink, except water, 4 hours prior to your exam. **You may have plenty of water.**

### CT

- Nothing to eat or drink, except water, 4 hours prior to your exam. **You may have plenty of water.**
- Please contact our office if you have had a Barium Enema or UGI within the past week.
- Exams with IV contrast: If you are diabetic, have a history of kidney disorders, or are allergic to iodine, please contact our office before your appointment.

### PET/CT (SANTA MONICA ONLY)

- Nothing to eat or drink, except water, 6 hours prior to your exam. **You may have plenty of water. (16oz)**
- If you are diabetic, please contact our office for specific instructions.
- Avoid strenuous exercise 24 hours prior to procedure.
- Eat a low carbohydrate diet the day before your exam.

### ULTRASOUND

- ABDOMINAL
- PELVIC AND OBSTETRIC

- Nothing to eat or drink 8 hours prior to your appointment. **No water.**
- Drink 32 oz. of water 60 minutes prior to your exam.

### MAMMOGRAPHY - DIGITAL SCREENING

- No perfume, deodorant or powder on the chest or underarm area.
- You will be asked to undress from the waist up. Please wear appropriate apparel.

### HYSTEOSALPINGOGRAM AND HYSTEOSONOGRAM

- Please contact our office on the first day of your menstrual cycle for scheduling.

### FLUOROSCOPY

- Call the center for specific instructions

## MAPS AND CONTACT INFORMATION

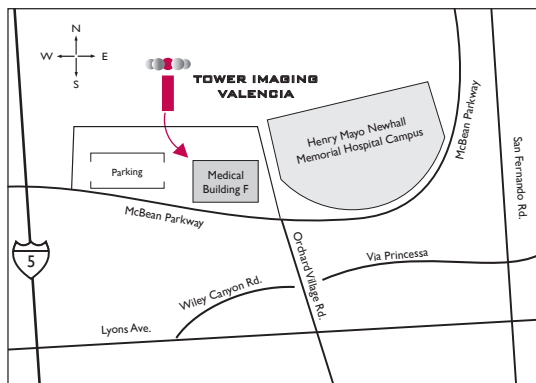
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