



TOWER IMAGING VALENCIA

Imaging by Specialists

Main: (661) 753-5400

Fax: (661) 753-5401



PATIENT INFORMATION

Tax ID #95-4362483

NAME _____ D.O.B. _____

PATIENT PHONE NUMBER (H) _____ (C) _____

EXAM DATE _____ EXAM TIME _____

DIAGNOSIS/SYMPTOMS: (DO NOT USE R/O) _____

WEIGHT _____ HEIGHT _____

REFERRING DR. _____ DR. PHONE # _____ C.C. TO DR(S) _____

STAT REPORT REPORT & CD FAX REPORT #: _____

EXAM(S) ORDERED PLEASE COMPLETE AS FULLY AS POSSIBLE AND DIRECT PATIENT TO FOLLOW APPROPRIATE PREP ON REVERSE

CONTRAST WITH WITHOUT WITH & WITHOUT RADIOLOGIST DISCRETION

NAME OF EXAM | EXAM FOCUS

<input type="checkbox"/> MRI 1.5	<input type="checkbox"/> BRAIN	<input type="checkbox"/> PITUITARY	<input type="checkbox"/> ORBITS	<input type="checkbox"/> IAC'S	<input type="checkbox"/> SHOULDER
<input type="checkbox"/> MRI 3T	<input type="checkbox"/> C-SPINE	<input type="checkbox"/> T-SPINE	<input type="checkbox"/> L-SPINE	<input type="checkbox"/> PELVIS (BONY)	<input type="checkbox"/> HIPS <input type="checkbox"/> KNEE
<input type="checkbox"/> MR ANGIOGRAPHY	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> NECK (SOFT TISSUE)	<input type="checkbox"/> SACRUM	<input type="checkbox"/> ANKLE	<input type="checkbox"/> FOOT
	<input type="checkbox"/> FACE	<input type="checkbox"/> PELVIC (SOFT TISSUE)	<input type="checkbox"/> LT _____ RT _____ BILAT _____		
	<input type="checkbox"/> BREAST	<input type="checkbox"/> GUIDED BREAST BIOPSY	<input type="checkbox"/> ENTEROGRAPHY		
	<input type="checkbox"/> PACEMAKER	<input type="checkbox"/> CLAUSTROPHOBIC	<input type="checkbox"/> OTHER METALS IN THE BODY		
	<input type="checkbox"/> OTHER (SPECIFY) _____				

<input type="checkbox"/> CT	<input type="checkbox"/> BRAIN	<input type="checkbox"/> TEMP. BONES/IAC'S	<input type="checkbox"/> FACIAL BONES	<input type="checkbox"/> SINUS	<input type="checkbox"/> ORBITS	<input type="checkbox"/> CORONARY CALCIUM SCORE
	<input type="checkbox"/> NECK	<input type="checkbox"/> C-SPINE	<input type="checkbox"/> T-SPINE	<input type="checkbox"/> L-SPINE	<input type="checkbox"/> LUNG SCREEN	
	<input type="checkbox"/> CHEST	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> ABDOMEN/PELVIS	<input type="checkbox"/> PELVIS	<input type="checkbox"/> UROGRAM	
	<input type="checkbox"/> OTHER (SPECIFY) _____					

<input type="checkbox"/> PET/CT FILL IN ALL SECTIONS 1, 2 & 3	1	<input type="checkbox"/> PET BODY (BASE OF SKULL TO THIGH) <input type="checkbox"/> MELANOMA PROTOCOL (WHOLE BODY)	<input type="checkbox"/> PET BRAIN ONLY for brain only, choose <input type="checkbox"/> FDG <input type="checkbox"/> AMYLOID
	2	FOR BODY, CHOOSE: <input type="checkbox"/> FDG <input type="checkbox"/> DOTATATE-Neuroendocrine <input type="checkbox"/> PSMA-Prostate <input type="checkbox"/> Axumin-Prostate <input type="checkbox"/> Other _____	
	3	CT FOR PET/CT BODY: MUST CHECK ONE <input type="checkbox"/> CT FOR LOCALIZATION ONLY (NON CONTRAST) <input type="checkbox"/> DIAGNOSTIC CT: <input type="checkbox"/> NECK <input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> PELVIS (IV CONTRAST) RECOMMENDED IF NOT PREVIOUSLY PERFORMED	IODINE ALLERGY: <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> CT ANGIOGRAPHY	<input type="checkbox"/> HEAD	<input type="checkbox"/> CAROTID	<input type="checkbox"/> PULMONARY	<input type="checkbox"/> RENAL	<input type="checkbox"/> RUNOFF
	<input type="checkbox"/> ABDOMINAL AORTOGRAM	<input type="checkbox"/> THORACIC AORTOGRAM			
	<input type="checkbox"/> OTHER (SPECIFY) _____				

<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> CAROTID	<input type="checkbox"/> AORTA	<input type="checkbox"/> RENAL	<input type="checkbox"/> GALLBLADDER RUQ
	<input type="checkbox"/> COMPLETE ABD.	<input type="checkbox"/> LIMITED ABD.	<input type="checkbox"/> PELVIS	<input type="checkbox"/> LIMITED OB
	<input type="checkbox"/> SCROTUM	<input type="checkbox"/> THYROID	<input type="checkbox"/> L.E. VENOUS	LT _____ RT _____ BILAT _____
	<input type="checkbox"/> OTHER (SPECIFY) _____			

<input type="checkbox"/> X-RAY	(SPECIFY) _____
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<input type="checkbox"/> BONE DENSITY SCREENING	<input type="checkbox"/> DEXA
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PREVIOUS IMAGING: Yes No What type? X-Ray CT Ultrasound MRI PET Results: Abnormal Normal
IF PREVIOUS IMAGING IS NOT AT TOWER IMAGING VALENCIA, PLEASE FILL OUT A SIGNED RELEASE WHICH WE CAN PROVIDE IN ORDER TO OBTAIN YOUR RECORDS

ADDITIONAL INFORMATION _____

PHYSICIAN TO PHYSICIAN CONTACT NUMBER _____
PHYSICIAN SIGNATURE _____ **DATE** _____

NOTE: CAREFULLY FOLLOW EXAM PREPARATION INSTRUCTIONS ON THE BACK OF THIS FORM



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.

MRI/MRA

- ABDOMINAL 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.
- Nothing to eat or drink, except water, 4 hours prior to your exam.

CT

- Nothing to eat or drink, except water, 4 hours prior to your exam.
- 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

- Requires fasting, please contact office for instructions

ULTRASOUND

- ABDOMINAL
- PELVIC AND OBSTETRIC

- Nothing to eat or drink 8 hours prior to your appointment, water is okay. Do not chew gum or smoke 8 hours prior to your appointment.
- Drink 32 oz. of water 60 minutes prior to your exam, Do not Void

MRI

- 74183 Abdomen w & w/o
- 74182 Abdomen w/contrast
- 74181 Abdomen without contrast
- 71552 Chest w & w/o
- 71551 Chest w/contrast
- 71550 Chest without contrast
- 73723 Ankle, Foot, Hip, Knee w & w/o
- 73722 Ankle, Foot, Hip, Knee w/contrast
- 73721 Ankle, Foot, Hip, Knee without contrast
- 73720 Femur, Tibia, Fibula w & w/o
- 73719 Femur, Tibia, Fibula w/contrast
- 73718 Femur, Tibia, Fibula without contrast
- 73223 Elbow, Hand, Shoulder, Wrist w & w/o
- 73222 Elbow, Hand, Shoulder, Wrist w/contrast
- 73221 Elbow, Hand, Shoulder, Wrist without contrast
- 73220 Forearm/Humerus w & w/o
- 73219 Forearm/Humerus w/contrast
- 73218 Forearm/Humerus without contrast
- 70553 Brain w & w/o
- 70552 Brain w/contrast
- 70551 Brain without contrast
- 70543 Face, Neck, Orbit w & w/o
- 70542 Face, Neck, Orbit w/contrast
- 70540 Face, Neck, Orbit without contrast

- 71297 Pelvis w & w/o
- 72196 Pelvis w/contrast
- 72195 Pelvis without contrast
- 72156 Cervical Spine w & w/o
- 72142 Cervical Spine w/contrast
- 72141 Cervical Spine without contrast
- 72158 Lumbar Spine w & w/o
- 72149 Lumbar Spine w/contrast
- 72148 Lumbar Spine without contrast
- 72157 Thoracic Spine w & w/o
- 72147 Thoracic w/contrast
- 72146 Thoracic Spine without contrast

CT

- 74170 Abdomen w & w/o contrast
- 74160 Abdomen w/contrast
- 74150 Abdomen without contrast
- 74177 Abdomen & Pelvis w/contrast
- 74178 Abdomen & Pelvis w & w/o contrast
- 74176 Abdomen & Pelvis without contrast
- 72194 Pelvis w & w/o contrast
- 72193 Pelvis w/contrast
- 72192 Pelvis without contrast
- 71270 Chest w & w/o contrast
- 71260 Chest w/contrast

- 71250 Chest without contrast
- 73702 Lower Extremity w & w/o contrast
- 73701 Lower Extremity w/contrast
- 73700 Lower Extremity without contrast
- 73202 Upper Extremity w & w/o
- 73201 Upper Extremity w/o contrast
- 73200 Upper Extremity without contrast
- 70488 Face & Sinus w & w/o
- 70487 Face & Sinus w/contrast
- 70486 Face & Sinus without contrast
- 70470 Head w & w/o
- 70460 Head w/contrast
- 70450 Head without contrast
- 70482 IAC w & w/o
- 70480 IAC w/o contrast
- 70492 Neck w & w/o
- 70491 Neck w/contrast
- 70490 Neck without contrast
- 76380 CT Limited Study
- 72127 Cervical Spine w & w/o
- 72126 Cervical Spine w/contrast
- 72125 Cervical Spine without contrast
- 72133 Lumbar Spine w & w/o
- 72132 Lumbar Spine w/contrast
- 72131 Lumbar Spine without contrast

- 72130 Thoracic Spine w & w/o
 - 72129 Thoracic Spine w/contrast
 - 72128 Thoracic Spine without contrast
- CT ANGIOGRAM**
- 75635 Aorta Bilateral
 - 74175 Abdomen
 - 71275 Chest
 - 70496 Head
 - 73706 Lower Extremity
 - 70498 Neck
 - 72191 Pelvis
 - 73206 Upper Extremity

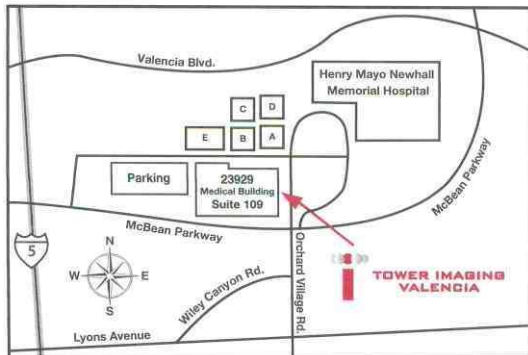
MR ANGIOGRAM

- 73725 Lower Extremity
- 73225 Upper Extremity
- 74185 Abdomen w & w/o
- 74182 Abdomen w/contrast
- 74181 Abdomen w/o contrast
- 70546 Head w & w/o
- 70545 Head w/contrast
- 70544 Head without contrast
- 70549 Neck w & w/o
- 70548 Neck w/contrast
- 70547 Neck without contrast
- 72198 Pelvis
- 72159 Spine
- 71555 Chest

ULTRASOUND

- 76706 Aorta
- 93880 Bilateral Carotid
- 76700 Complete Abdomen
- 76705 Gallbladder, RUQ/Limited Abdomen
- 76856 & 76830 Pelvis - Trans-abdominal & Transvaginal
- 76770 Renal- Right & Left Kidneys AND Bladder
- 76870 Scrotum/ Testicles
- 76536 Thyroid
- 93970 Venous Bilateral-vein
- 93971 Venous Unilateral-Vein

LOCATIONS AND SCHEDULING CONTACTS



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 3T & 1.5T MRI • X-ray • DEXA • Ultrasound • PET/CT • CT • Breast MRI
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