

Appointment Date: _____ Appointment Time: _____ Today's Date: _____

Patient Name _____ Patient Phone: _____ DOB: _____

Clinical History/Reason for Exam: _____

Insurance Information: _____

Referring Physician: _____ Physician Signature: _____ CC: Physician: _____

Phone: _____

Fax: _____

Patient to bring CD Fax STAT Report Call in STAT Results

MR

- Contrast if clinically indicated
 - No Contrast *If unchecked, contrast performed if clinically indicated
 - 3D Rendering
 - Brain
 - w/special attention to IAC
 - w/special attention Pituary
 - w/special attention to Cranial Nerve
 Specify CN: _____
 - Orbits
 - TMJ
 - Neck - Soft Tissue
 - Spine: Cervical Thoracic Lumbar Sacrum Coccyx
 - Extremity: Joint L R
Specify body part: _____
 - Extremity: Non-Joint L R
Specify body part: _____
 - Chest
 - Abdomen Adrenals MRCP
 - Pelvis
 - Brachial Plexus L R
 - Other: _____
- SIERRA IMAGING ONLY**
- Breast MRI
 - w& w/o contrast: mass/cancer eval
 - no contrast: silicone implant
 - Prostate MRI

MR ANGIOGRAPHY

- Contrast if clinically indicated
- 3D Rendering
- Brain
- Neck - Carotids
- Chest
- Abdomen Aorta Renal
- Pelvis
- Renal Arter y w/o Contrast
- Other: _____

MR ARTHROGRAPHY L R

- Shoulder Hip
- Elbow Knee
- Wrist Ankle
- Other: _____

CT

- DIAGNOSTIC CT**
- Contrast if clinically indicated
 - No Contrast *If unchecked, contrast performed if clinically indicated
 - 3D Rendering
 - Brain
 - Orbits
 - Temporal Bone
 - Sinus
 - Maxillofacial
 - Neck (Soft Tissue)
 - Spine: Cervical Thoracic Lumbar Sacrum Coccyx
 - Extremity L R
Specify body part: _____
 - Chest
 - Smokers Screening LDCT (Fresno Only)
 - Abdomen
 - Abdomen and Pelvis
 - Urogram (Abdomen/Pelvis)
Specify: _____
 - Pelvis Bony Soft Tissue
 - Enterography
 - Other: _____

SIERRA IMAGING ONLY

- CT Coronary Calcium Scoring
- CT Simplant
- CT Virtual Colonoscopy

CT ANGIOGRAPHY

- Head
- Neck
- Chest
- Abdomen
- Pelvis
- Creatinine: _____
- Lab Date: _____

ULTRASOUND

- Abdomen Complete
 - Abdomen Limited
 - Kidneys & Bladder
 - Bladder
 - Aorta
 - Pelvis Transabdominal and Transvaginal
 - Pelvis Transabdominal Only
 - Scrotum with Doppler if indicated
 - Thyroid
- SIERRA IMAGING ONLY**
- Thyroid Bx/ FNA
 - Hysterosonogram
- Venous Doppler (Duplex) _____
Specify body part: _____
 - Carotid Doppler (Duplex)
 - Soft Tissue: _____
 - Other: _____
- OB ULTRASOUND**
- OB Ultrasound(Transvaginal if indicated)
 - Limited (Viability , Heartbeat, Position, Fluid, Placental Location)
 - Biophysical Profile _____

FLUOROSCOPY

- SIERRA IMAGING ONLY**
- Arthrography
Specify body part: _____
 - Hysterosalpingogram (HSG)

FRESNO IMAGING ONLY

- Arthrography
Specify body part: _____

X-RAY

- Head: Skull Orbits Sinuses
- Spine: Cervical Limited Complete Extension / Flexion
- Thoracic
- Lumbar Limited Complete Extension / Flexion
- Sacrum Coccyx
- Chest: PA PA/ LAT
- Ribs: Unilateral Bilateral w/PA Chest
- Abdomen: KUB Two Views
- Pelvis
- Hips w/AP Pelvis, Bilateral Unilateral
- Extremity: L R Bilateral
Specify Body Part: _____
- Other: _____

MRI Patient Instructions

If you have done any welding/metal grinding, or have any metal fragments (pacemaker, aneurysm clip, bullet, insulin pump) in your body, contact us immediately. Si ha realizado soldadura / rectificado de metal, o tiene algún fragmento de metal en su cuerpo (marcapasos, broche aneurisma, bala, o bomba de insulina), contáctenos inmediatamente.

Inform us if you may be pregnant. Por favor, infórmenos si usted podría estar embarazada.

To access reports & images online: myradiologyconnectportal.com and enter your ICODE



| | MRI | Open MRI | CT | PET CT | Screening Mammo | Diagnostic Mammo | TOMO | DXA | US | Nuc Med | Fluoro | IR | Arthro | XRy |
|--|------|----------|----|--------|-----------------|------------------|------|-----|------------------|---------|--------|----|--------|-----|
| Fresno Imaging Center 6191 N Thesta St., Fresno, CA 93710 | 1.5T | | • | • | | | | | • | • | • | | • | • |
| Sierra Medical Imaging 231 W. Fir Ave., Clovis, CA 93611 | 3T | 1.2T | • | | | | | | • | | • | | • | • |
| WISH Fresno Breast Center 6107 N. Fresno St. #101 Fresno, CA 93710 | | | | | • | • | • | • | • BREAST ONLY | | | | | |

EXAMINATION PREPARATIONS

Patient may take necessary heart or blood pressure medications with a sip of water at routine times before any exam.

CT SCAN - ABDOMEN/PELVIS: Please arrive 1 hour prior to your exam to drink your oral contrast.

CT SCAN with Contrast: Nothing to eat or drink (except water) for 4 hours prior to your exam. You will need to be well hydrated on the day of your exam.

M.R.I.: Patients with pacemakers are not recommended. Please alert us at the time of scheduling if you have ever worked with or around metal cutting or grinding or if you have any known implant or metal fragment in the body. Adults may eat and take medications..

ULTRASOUND OF PELVIS OR OBSTETRICS (OB): Drink 32oz of water one hour before your exam and **do not urinate**. It is important that all water is consumed 1 hour before exam

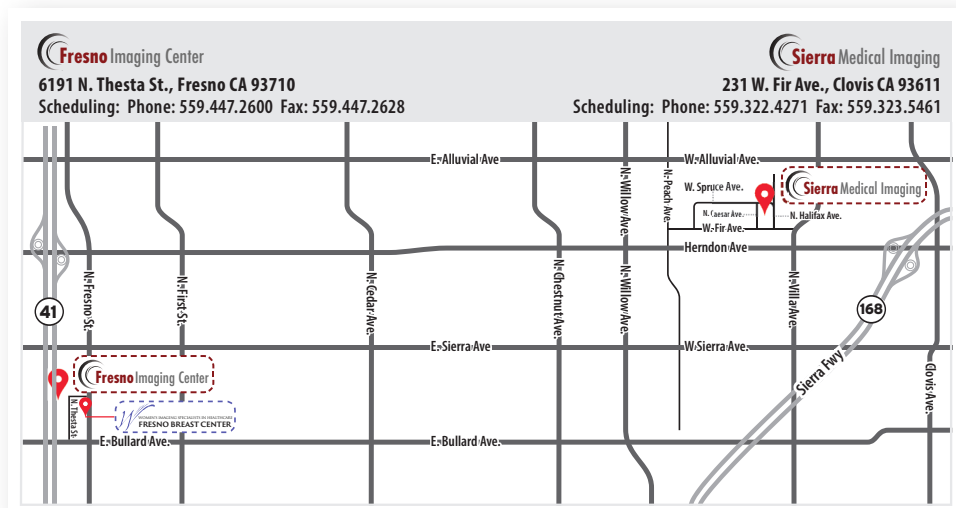
ULTRASOUND RENAL/KIDNEYS: Drink 32oz of water 30 minutes prior to your exam and do not urinate.

HYSTEOSALPINGOGRAM (HSG): Drink sixteen ounces (16oz) of water sixty(60) minutes before exam.

If you have asthma, please bring your inhaler to the appointment. Si usted tiene asma, por favor traiga su inhalador a su cita.

Unattended children 12 and under are not allowed. Please bring appropriate adult supervision to watch your children.

Los niños menores de 18 años no pueden acompañar a los pacientes durante los procedimientos médicos. Por favor traiga a un adulto apropiado que supervise a los niños.



CONNECT
PATIENT PORTAL

RadNet provides its own online scheduling and PACS system named CONNECT.

Access to imaging studies ordered at these locations can only be accessed via the CONNECT portal.

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