

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clinical History/Reason for Exam: \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Call in STAT results: \_\_\_\_\_  Release Films with Patient  Release CD with Patient

**MRI**

- With & Without Contrast
- With Contrast
- Without Contrast
- Contrast if Indicated
- 3D Recon if Indicated
- Head
- Pituitary
- IAC
- Maxillofacial
- Neck - Soft Tissue
- Spine: \_\_\_\_\_  
\_Cervical \_Thoracic \_Lumbar
- Abdomen: \_Liver \_Pancreas  
\_MRCP w/3D \_Renal \_Adrenal
- Abdomen & Pelvis:
- Pelvis Soft Tissue: \_\_\_\_\_  
\_Cystogram \_Female
- Knee
- Shoulder
- MRA Head
- MRA Neck
- MRCP
- Other: \_\_\_\_\_

**CT**

- With & Without Contrast
- With Contrast
- Without Contrast
- Contrast if Indicated
- 3D Recon if Indicated
- Head
- Temporal Bones / Mastoids
- Sinus
- Neck (soft tissue)
- Spine: \_\_\_\_\_  
\_Cervical \_Thoracic \_Lumbar
- Chest
- Abdomen: \_Liver  
\_Pancreas \_Renal/Adrenal
- Abdomen & Pelvis (Abd Pain)
- Pelvis: \_Cystogram
- CTA Head
- CTA Neck
- CTA Abdomen
- CTA Runoff
- Other: \_\_\_\_\_

**ULTRASOUND**

- Abdomen: \_\_\_\_\_
- Aorta
- Kidneys / Bladder
- Carotid
- Neck
- Aorta/Retroperitoneal  
\_w Duplex if indicated
- Thyroid  
\_w Duplex if indicated
- Thyroid Biopsy  
\_w Duplex if indicated
- Scrotum  
\_w Duplex if indicated
- DVT - Upper \_Left \_Right
- DVT - Lower \_Left \_Right
- Arterial Duplex \_Left \_Right \_Bilat
- Venous Reflux Duplex \_Left \_Right \_Bilat
- Breast \_Left \_Right  
Area of Concern: \_\_\_\_\_
- Breast Biopsy \_Left \_Right
- Pelvis NON-OB
- Pelvis NON-OB with  
transvaginal if indicated
- OB - 1st Trimester
- OB - Complete
- OB - Repeat
- OB - Multi-Gestation
- OB - Multi-Gestation Repeat
- Biophysical Profile
- Other: \_\_\_\_\_

**RADIOLOGY**

**Upper Extremity**

- Clavicle: \_Left \_Right
  - Scapula: \_Left \_Right
  - Shoulder: \_Left \_Right
  - Humerus: \_Left \_Right
  - Elbow: \_Left \_Right
  - Forearm: \_Left \_Right
  - Wrist: \_Left \_Right
  - Pelvis: \_Left \_Right
  - Hand: \_Left \_Right
- Specify body part \_\_\_\_\_
- Other: \_\_\_\_\_

**Lower Extremity**

- Hip & Pelv: \_Left \_Right
  - Hip: \_Left \_Right
  - Femur: \_Left \_Right
  - Knee: \_Left \_Right
  - Lower Leg  
-Tib Fib: \_Left \_Right
  - Ankle: \_Left \_Right
  - Foot: \_Left \_Right
  - Heel: \_Left \_Right
- Specify body part \_\_\_\_\_
- Other: \_\_\_\_\_

**Head**

- Skull
  - Sinuses
  - Orbits
  - Nasal Bones
  - Facial Bones
  - Mandible
  - Other: \_\_\_\_\_
  - CT Arthrogram
  - CT Myelogram
  - MR Arthrogram
- Joint: \_\_\_\_\_
- C  T  L
- Joint: \_\_\_\_\_

**Spine & Pelv**

- C Spine
- T Spine
- L Spine
- Pelvis
- Sacrum Coccyx
- Scoliosis
- Other: \_\_\_\_\_

**Abdomen**

- Abd 1VW/KUB
- ABD 2 VW
- Acute ABD
- Decubitis
- X-Table
- Other: \_\_\_\_\_

**Thorax**

- Chest 2V
- Chest PA
- Acute ABD
- Rib: \_Left \_Right
- Ribs - Bilat
- Sternum
- Other: \_\_\_\_\_

Map / Directions

## Hanford Advanced Imaging

457 Greenfield Ave., Suite 150

Hanford, CA 93230

P: 559.584.0210

F: 559.584.0290

### Patient Preparation & Instructions

**PLEASE NOTE:** The following instructions are designed to optimize the diagnostic value of your exam and should be followed closely.

### MRI EXAMINATIONS

**PACEMAKER:** If you have a pacemaker, MRI is not recommended for you. MRI (Magnetic Resonance Imaging) utilizes a powerful magnet in conjunction with radio frequency waves to generate images of your internal organs and structures without radiation. MRI testing is safe and painless. Wear comfortable clothing without **metal (buttons, zipper, etc.)**, avoid wearing make-up, powder, lotions, deodorants, and remove any metal jewelry, or piercing.

**Notify our staff if you have any of following:**

**Metal implants, stents, wires, metal devices, pacemaker, defibrillator, aneurysm clips, metal prosthesis, medication pumps, or have neuro-stimulators, or may be pregnant.**

MRI without contrast

MRI with IV contrast: Your physician has requested a specific exam with contrast. Our skilled technician will administer this gadolinium contrast intravenously.

**Notify the staff if you know that you have any of the following condition(s):**

Hemolytic anemia, allergy to gadolinium, are a nursing mother, or on dialysis.

### CT EXAMINATIONS

CT without contrast

No preparation needed.

CT with oral contrast

### ULTRASOUND - Call for instructions

### X-RAY EXAMS - Notify staff if you may be pregnant

**\* For and exam not listed, make sure to ask your scheduler for the proper preparation and limitation requirements.**

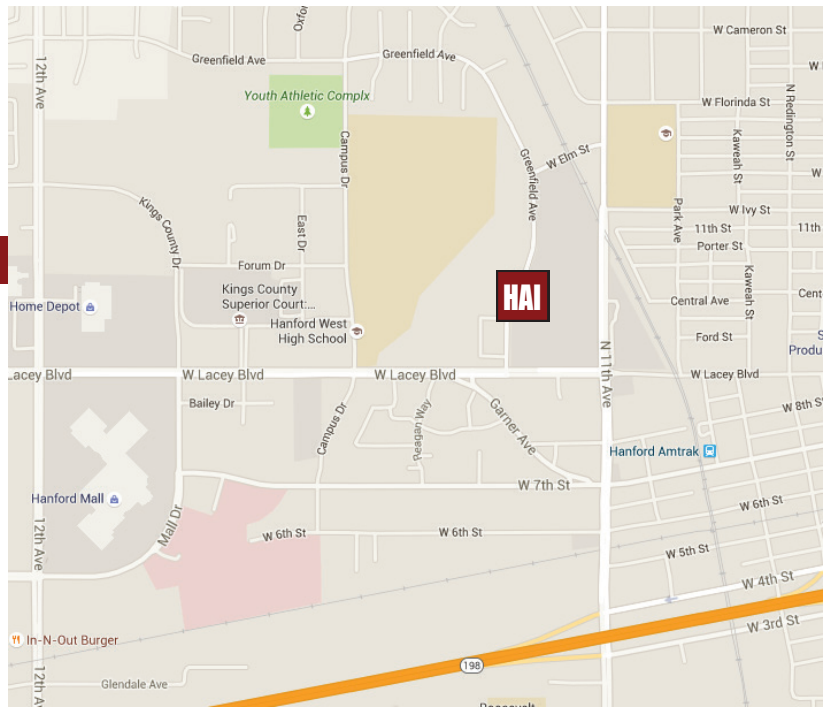
**After the Exam:** Your exam will be read by a board-certified, licensed physician with specialty training and certification in radiology. The results of your exam will be sent to your physician. You will receive your results from your physician.

**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 feel free to contact us.

- For your safety, children may not accompany patients into procedures. If it is necessary to bring children to the appointment, please bring appropriate adult supervision to watch your children during the scan.
- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.

Please call us if you have any questions regarding your procedure or preparation for your procedure, Study times vary in length.

Bring I.D., this form and your insurance card with you on the day of your exam.



### IMPORTANT INSTRUCTIONS FOR EXAMS:

1. Call our office prior to your appointment for individualized instructions.
2. Notify our office if:
  - Allergic to Iodine
  - Allergic to IVP dye
  - May be pregnant
  - Breast feeding
  - Diabetic
3. Please bring the following to your appointment:
  - Medical insurance card
  - Physician's order or referral form
  - List of any current medications you're taking

