

Outpatient Computed Radiography Requisition

Scheduling 530.226.1800 Fax 530.226.1818

Check here to schedule by fax

Patient Name _____

Date of Birth _____

Patient Phone / Day, Cell _____

Work _____

Diagnosis / Reason for exam: _____

Referring Physician (signature) X _____

Please see instructions on back of this form

Head/Neck:

- Skull _____
- Facial Bones _____
- Nasal Bones _____
- Sinus Series _____
- Mandible _____
- S.T. Neck _____

Thorax:

- Chest (PA-Lat) _____
- Ribs _____ Right Left
- Sternum _____
- Clavicle _____ Right Left

Abdomen:

- Abdomen (KUB) 1V _____
- Abdomen 2V _____
- Acute Abdomen Series 3V _____

Spine:

- C-Spine Complete Limited
- T-Spine Complete Limited
- L-Spine Complete Limited
- Flexion, Extension

Pelvis:

- Pelvis
- Sacrum
- Coccyx
- Hip Right Left

Upper Extremity:

- Right Left
- Specify region: _____

Lower Extremity:

- Right Left
- Specify region: _____

Additional Instructions _____

Please bring this form to your appointment.

In order for you to prepare for your exam:

MRI (Allow one hour for your appointment)
Please do not wear jewelry, hairpins, eye makeup or any metal objects.

If your MRI requires contrast, do not eat or drink anything for four hours prior to your scan. Regular medications may be taken with a small amount of water.

MR Angiogram (Allow one hour for your appointment)
Do not eat or drink anything 4 hours prior to your exam. Regular medication may be taken with a small amount of water.

Breast MRI (Allow one hour for your appointment)
Do not eat or drink anything 4 hours prior to your exam. Regular medication may be taken with a small amount of water. The study is to be performed during or after menstrual period (days 3 through 13).

Breast MRI Guided Localization or Breast MRI Biopsy
(Allow two hours for your appointment)
Note: No aspirin or arthritis medication 72 hours prior to your procedure. If you are currently taking a blood thinner, call us 3 days prior to your appointment.

CT Scan (Allow 45 minutes for your appointment)
If you are diabetic and on glucophage or allergic to iodine, call our office for instructions.

Abdominal/Pelvis: This exam requires one day preparation. Prep and instructions may be picked up at our office.

Head, Neck, or Chest: If your CT requires contrast, do not eat or drink anything for 4 hours prior to your scan. Regular medication may be taken with a small amount of water.

Urogram: Nothing by mouth for four hours prior to exam. Regular medication may be taken with a small amount of water.

CT Angiogram (Allow one hour for your appointment)
Do not eat or drink anything for 4 hours prior to your exam, including oral contrast. Regular medication may be taken with a small amount of water.

All examinations: If you are diabetic or are allergic to iodine, please call our office for instructions. If you have previous x-rays, other imaging studies, or reports, please bring them with you. Follow all instructions for your exam(s) very closely. Please bring your health insurance information with you.

Ultrasound Prep

Abdominal/Gallbladder/Liver/Pancreas: Do not eat or drink anything after Midnight (at least 6 hours before exam).

Pelvis: Drink 1 quart of water at least 1 hour before exam. You need to have a full bladder.

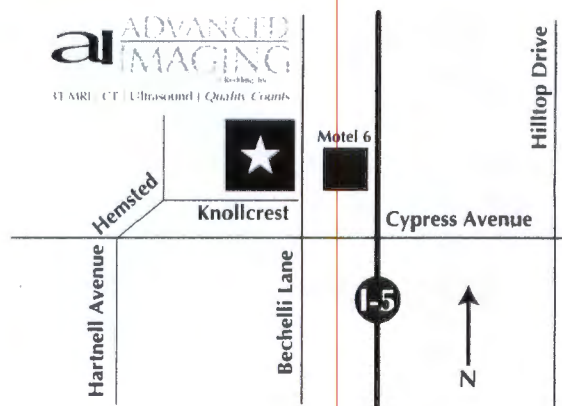
OB: Drink 1 quart of water at least 1 hour before exam. You need to have a full bladder.

Renal: Drink 1 quart of water at least 1 hour before exam. You need to have a full bladder.

Directions:

From 1-5 heading North:
Take the Cypress Ave. exit. Turn left on Cypress Ave. and proceed two blocks. Turn right on Bechelli Lane. We are located at 2380 Bechelli Lane.

From 1-5 heading South:
Take the Cypress Ave. exit, Turn right on Cypress Ave. and proceed one half a block. Turn right on Bechelli Lane. We are located at 2380 Bechelli Lane.



PLEASE BRING THIS FORM TO YOUR APPOINTMENT.