MemorialCare
Orange Coast Medical Center

18111 Brookhurst St., Suite 1400
Fountain Valley, CA 92708

# Imaging Services Requisition

**Imaging Services Appointment Scheduling:**
***(714) 378-7572***
**FAX:** ***(714) 378-5018***

| **Patient Name:** | M | F | Date of Birth **(REQUIRED):** | Phone #: |
|---|---|---|---|---|
| Print Ordering Physician Name: | | | | |
| **PHYSICIAN SIGNATURE (REQUIRED):** | | | | Date **(REQUIRED):** |
| Physician Phone: | | | Physician Fax: | |

☐ Call results STAT ☐ Fax results to ordering physician

Also send Results to:

**CLINICAL HISTORY / INDICATION FOR EXAM (REQUIRED):**

**OTHER EXAM OR SPECIAL INSTRUCTIONS:**

## Computed Tomography (CT)

* CT Angiography

* Biopsy/Procedures

*☐ *IV Contrast* ☐ *No IV Contrast* ☐ *Oral only Contrast*

Abdomen_____
Pancreas Liver Routine
Abdomen/Pelvis w & w/o
Chest Hi Resolution
Lung Screen
CT urogram
Head
Maxillofacial

Neck (soft tissue protocol)
Orbit
Pelvis routine hernia protocol
Spine Myelogram
Cervical Thoracic Lumbar
Temporal Bones
Extremity _____
R L

CT arteriography
thoracic aorta
abdominal aorta runoff
visceral renal
CT pulmonary angio (r/o PE)
CTA Carotid Brain
CTA Coronary

CT guided FNA/core
Site _____
CT guided drainage/aspiration
Site _____
CT guided pain management
Site _____
Other _____

## Diagnostic Radiology

☐ Abdomen: ☐ 1 view ☐ 3 view
☐ Arthrogram: ☐ CT ☐ MRI
Joint _____
*☐ Barium Enema ☐ double contrast
☐ CXR: ☐ 1 view ☐ 2 view

*☐ Esophagram
☐ Extremity _____
☐ limited ☐ complete ☐ R ☐ L
☐ Hysterosalpingogram

☐ KUB
☐ Pelvis: ☐ 1 view ☐ complete
☐ Sinus: ☐ 1 view ☐ complete
☐ Skull ☐ orbits
*☐ Small Bowel Series

☐ Spine: ☐ limited ☐ complete
☐ Cervical ☐ Thoracic ☐ Lumbar
*☐ Upper GI
☐ Other: _____

## MR Imaging

*☐ *IV Contrast* ☐ *No IV Contrast* ***Claustrophobic:*** ☐ ***Yes*** ☐ ***No*** ***Patient Weight:*** _____ ***Height:*** _____

☐ Brain
☐ IAC w Brain
☐ Neck
☐ TMJ

☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacral Plexus
☐ Brachial Plexus

☐ **R** ☐ **L**
☐ Shoulder ☐ Elbow
☐ Hip ☐ Knee
☐ Ankle ☐ Wrist
☐ Osseous pelvis

☐ MRCP
☐ Abdomen
☐ Pelvis
☐ Chest ☐ Cardiac
☐ MRA ☐ Carotid ☐ Brain

☐ **MRA** ☐ **MRV**
☐ Thoracic
☐ Abdominal Aorta ☐ Runoff
☐ Renal ☐ Visceral
☐ Carotid ☐ Brain
☐ Other _____

## Nuclear Medicine

☐ Bone Scan ☐ 3-phase
☐ Cardiac Stress: ☐ Adenosine
☐ Gallium Scan ☐ Indium WBC Scan

☐ HIDA Scan ☐ Ejection fraction
☐ Lung Ventilation/ Perfusion
☐ Renogram ☐ Lasix ☐ Captopril

☐ Sentinel node: site_____
☐ Thyroid Uptake and Scan
☐ Parathyroid Scan

☐ Octreascan
☐ I-131 therapy (attach prescription)
☐ Other _____

## *PET/CT

***Tumor Cell of Origin/Cell Type:*** ☐ Initial Staging ☐ Restaging

☐ Skull Base to Mid Thigh (Neck, Chest, Abdomen, and Pelvis)
☐ Whole Body (Melanoma and select neoplasms)
☐ Brain (Dementia/Alzheimers)
☐ Bone PETCT F 18 NaF-Sodium Fluoride
☐ Myocardial Viability
☐ Myocardial Perfusion

## *Special Procedures (Procedure Nurse will contact patient and referring physician's office with special instructions.)

☐ Angiography
Site _____
Possible ☐ stent ☐ thrombolysis
_____
☐ Nephrostomy ☐ ureteral stent

☐ Venography Site _____
☐ Catheter retrieval
☐ Port ☐ placement ☐ removal
☐ PICC line placement
☐ IVC filter placement

☐ Interventional Oncology
☐ Chemoembolization
☐ Radiofrequency ablation
_____
☐ Radiologist Consultation

☐ Vertebroplasty/Kyphoplasty
☐ Laser Vein Ablation
☐ Uterine Fibroid Embolization
☐ TIPS
☐ Other _____

## Ultrasound

Vascular Ultrasound

* Biopsy/Procedures

*☐ Abdomen: ☐ RUQ ☐ complete
☐ Appendix
☐ Renal
☐ Aorta
☐ Scrotal
☐ Thyroid
☐ Carotid Doppler

☐ Pelvis ☐ prostate ☐ bladder
☐ Pelvis w transabdominal/transvaginal
☐ OB 1st trimester ☐ AFI
☐ OB ltd. Reason _____
☐ OB 2nd, 3rd ☐ OB Complete
☐ Biophysical

☐ Upper Ext. ☐ Lower Ext.
☐ R ☐ L
☐ Arterial ☐ Venous
☐ Carotid Doppler
☐ Venous Insufficiency
☐ Venous Mapping
☐ Extremity Non Vascular

☐ Thoracentesis ☐ R ☐ L
☐ Paracentesis
☐ FNA: Site _____
☐ Liver core biopsy
☐ Hysterosonogram

*** See reverse for special instructions**

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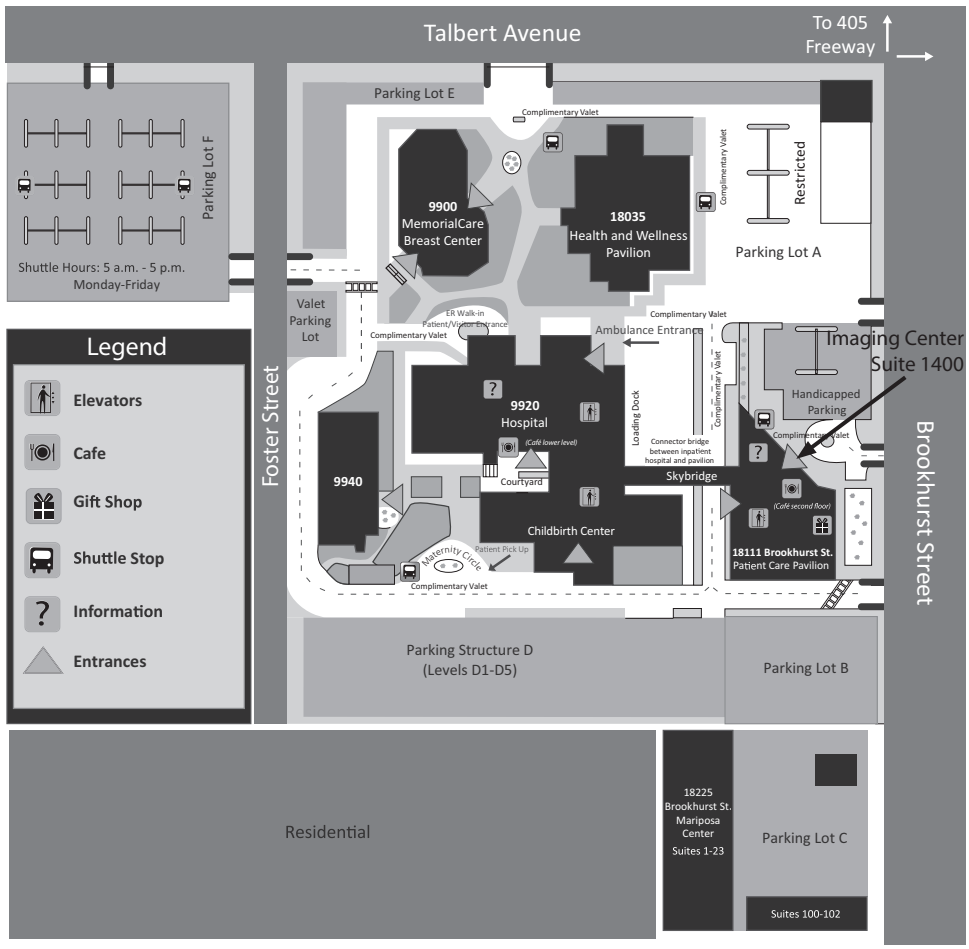


## *PATIENT INSTRUCTIONS

Payment for services is required before service. For your convenience, we will accept cash, check, Visa, and Mastercard. We will accept all managed care contracts / health insurance in effect with this facility, including Medicare if we are provided proper identification and authorization. Any co-payments and/or deductibles are payable at the time of service. You will receive separate billings for use of hospital facilities and equipment and services of the physician for interpretation of reports.

To schedule an appointment please call (714) 378-7572 between the hours of 8:00 am - 4:30 pm, Monday through Friday.

We encourage you to pre-register for your services at least one day before the scheduled test date.
For questions regarding the MemorialCare Imaging Center at Orange Coast Medical Center, please call (714) 378-7349.

DEPENDING ON THE TYPE OF INSURANCE PRE-AUTHORIZATION FROM YOUR INSURANCE PROVIDER MAY BE REQUIRED OR YOU MAY SIGN AN ABN FORM ACCEPTING RESPONSIBILITY FOR CHARGES.

### X-RAY:

Upper G.I., Small Bowel, or Barium Swallow: Do not eat or drink anything after midnight before your appointment.

Barium Enema-IVP: Follow instructions on preparation kit. The kit is available from your pharmacy as over the counter medications. Do not eat or drink anything after midnight before your appointment.

### Computerized Tomography

**Head, Neck, Chest, and Extremities with Contrast:** Nothing to eat four (4) hours before appointment. Take medications. Drink plenty of clear liquids up to two (2) hours before your appointment.

**Abdomen/Pelvis Procedures:**

1. Drink the entire contents of the first bottle of Readi-Cat liquid two (2) hours before your appointment. If this time is before 7AM, you may drink it before going to bed.
2. Drink the entire contents of the second bottle of Readi-Cat liquid thirty (30) minutes before your appointment.
3. Nothing to eat four (4) hours before appointment. Take medications. **It is important to drink clear liquids so not to become dehydrated and to take your usual medications.**
4. CT myelogram will require 4 hour stay after the procedure.

### ULTRASOSUND

**Abdomen, Gallbladder:** Do not eat or drink anything 6-8 hours before your appointment.

**Pelvis:** Drink 40 ounces of fluid 45 minutes prior to your appointment. Your bladder must be full for the examination so do not urinate before the examination.

**Pregnancy:** Drink 20 ounces of fluid 45 minutes prior your appointment. Your bladder must be full for the examination so do not urinate before the examination.

### PET/CT

Do not eat anything 6 hours before your appointment. If you are diabetic, fast for 4 hours only. Drink 24 - 32 ounces of water prior to appointment. All oral medications can be taken. (No caffeine or sugar)

### MRI

Abdomen MRI: Nothing to eat six (6) hours before appointment. Take your usual medications. Clear liquids ok. (No caffeine or sugar). No jewelry.

### Special procedures/biopsy

Requirements may vary, specific to your procedure. You will receive special instructions directly from the scheduler or the radiology nurse.