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Patients Name _____ Phone(s) _____ DOB _____

Patient Height _____ Patient Weight _____ Physician Name _____

Physician Address _____ City _____ State _____ Zip _____

Tel# _____ Fax# _____ Stat Report _____ Transportation _____ CD _____

Symptoms/Reason for Study: _____

Please order labs for contrast injected study for patients 60+ years or HBP/ diabetic patient of any age. Labs should include albumin, creatinine, bun and grf measurements.

For MR/MRA and CT/CTA studies, please indicate 1. ___ w/o Contrast 2. ___ w/ Contrast¹ 3. ___ w/ Contrast¹ 4. ___ Radiologist Discretion.

For any CT exams of the abdomen or pelvis, patient will need to drink a barium solution 2.5 hours prior to exam, unless diagnosis is for Renal Stones or Pelvic Bone for fractures. With assistance to ordering exams, please visit our website: <http://www.northwestimagingfresno.com/Important-Forms-contacts.html>

MR

MRI

- Brain Only
 - ___ w/special attention to IAC
 - ___ w/special attention to Pituitary
- Orbits
- Soft Tissue Neck
- Brachial Plexus
- Abdomen ¹
- MRCP ¹
- Hip ___ Right ___ Left ___ Bilateral
- Pelvis
- Spine:
 - ___ Cervical ___ Thoracic ___ Lumbar
- Sacrum or Coccyx
- Extremity: Joint ___ LT ___ RT
- Specify Body Part: _____
- Extremity: Non-Joint ___ LT ___ RT
- Specify Body Part: _____
- Other: Please specify _____
- Breast:
 - ___ Left ___ Right ___ Bilateral
 - ___ Implant eval only w/o contrast

MRA

- Brain – Arterial (COW)
- Brain – Venous
- Carotids (Neck) ¹
- Renal – (Kidneys) ¹
- Chest – Thoracic Aorta only ¹
- Abdomen – Aorta ¹
- Abdomen – (Renal, Mesenteric Arteries) ¹
- Aorta with peripheral runoff ¹
- Pelvis ¹
- Lower Extremity ¹

(MRA studies listed above are w/ & w/o contrast except Brain studies)

Exam Date _____

Exam Time _____

CT

General

- 3-D
- Brain
- Orbits
- IAC Middle Ear
- Facial Bones
- TMJ
- Sinus
- Soft Tissue Neck
- Temporal Bones
- Spine:
 - ___ Cervical ___ Lumbar ___ Thoracic
- Extremity:
 - ___ Left ___ Right ___ Bilateral
 - Specify Body Parts: _____
- Chest (with contrast only) ^{1 and 4}
- Chest Hi Res (w/o contrast)
- Bone Density (QCT)
- CTXA -Hip
- Renal ^{1 and 5}
- Multi-Phase Liver ^{1 and 5}
- Abdomen ^{1 and 5 ***}
- Pelvis – Organs ^{1 and 5 ***}
- Pelvis – Bone ^{5 or 6 ***}
- Abdomen & Pelvis ^{1 and 5 ***}
- Urogram
- Abd/Pelvis – Renal Stone Protocol ^{6 ****}

CTA

- 3-D
- Abdominal Aorta ¹
- Chest for PE ¹
- Head (Circle of Willis) ¹
- Neck (Carotid/Vertebral) ¹
- Renal Arteries ¹
- Thoracic Aorta ¹
- Upper Extremity ¹
- Run-Offs¹

*** Please read below For CT***

CT AB ONLY PROVIDES IMAGES FROM DIAPHRAGM TO TOP OF THE PELVIS.
 CT PELVIS ONLY PROVIDES IMAGES TOP OF PELVIS TO PUBIC SYMPHYSIS.
 ABD/PELV SHOULD BE ORDERED FOR EXAMS FOR INTESTINAL VIEWS.

Ultrasound

General

- Abdomen ² Doppler
- Abdomen Ltd _____
- Pelvic (Transvag if needed) ³
- Transvag (Pelvic if needed)
- Thyroid
- Soft Tissue:
 - Specify Body Part: _____
- Scrotum
- Renal (Kidney/Bladder) ³
- Breast L or R (indicate where to scan using clock method)
- _____
- Extremity (Non Vascular)
- Specify Body Part: _____

OB

- < 14 weeks (transvag if needed) ³
- > 14 weeks ³
- OB Follow-up
- Provide last menstrual period _____
- Estimated Due Date _____

Vascular

- Aorta (AAA) ²
- Carotid
- Upper DVT L or R
- Lower DVT L or R
- Upper Arterial L or R
- Lower Arterial L or R
- ABI – Ankle Brachial Indices
- ABI – Ankle Brachial Indices

XRAY

General

- Spine
 - ___ Cervical ___ Thoracic ___ Lumbar
 - ___ 3 view ___ 5 view ___ 7 view
 - Indicate if standing views are needed ___
- Sacrum/Coccyx
- SI Joints
- Head
 - ___ Skull ___ Orbits ___ Sinuses
 - ___ Nasal ___ Mandible ___ TMJ L or R
 - ___ Facial Bones
- Chest ___ +PPD ___ PA/LAT
- Abdomen (KUB) 1 view
- Abdomen Series w/ 1 view Chest
- Ribs
 - ___ Unilateral ___ Bilateral ___ w/ Chest
- Pelvis ___ 1 view ___ 2 view
- Hips
 - ___ Bilateral ___ Unilateral
- Extremity:
 - ___ Left ___ Right ___ Bilateral
- Specify Body Part(s): _____

Other: _____

Prep Instructions indicated:

- 1 = NPO for 4 hours
- 2 = NPO for 8 hours
- 3 = 32 oz of water 1 hr prior to exam
- 4 = Recommended with contrast only
- 5 = Recommended with/wo contrast
- 6 = Recommended without contrast

CT Coronary Calcium Scoring - \$ 200 DOS

Prep: 1 - No Caffeine or Smoking Four (4) Hours Prior
 2 - If Patient Has High Heart Rate, Must Take Beta-Blocker, Physician Prescribed One-Hour Prior.

Special Instructions: _____

Phys. Signature: _____

Date: _____