Open MRI
Multi-Slice C.T.
Digital X-ray
Ultrasound

2970 Hilltop Mall Road, Suite # 103 • Richmond CA 94806 • Phone: 510-223-5122 • Fax: 510-223-5125

Physician Order Form ☐Routine ☐STAT Order Date:

Patient's Name:	M: ☐ F: ☐ Height: Weight:
DOB:	Insurance:
Phone:	ID #:
Referring Physician:	Authorization #:
Phone: Fax:	Personal Injury: ☐ Attorney:
Reason for Exam:	Date of Injury:
	Worker's Compensation: ☐ Carrier:
ICD 10 Code(s) (required):	Claim #: Date of Injury:

MRI, CT and Ultrasounds by appointment only. Image Request: Yes No

***All contrast exams require Bun and Creatinine labs within 4 weeks.**

MRI	**CT**	**X-RAY (Walk in / Appts)**	**Ultrasound**
☐ Weight-Bearing	☐ Without contrast	Monday to Friday	☐ Abdomen Complete
☐ Flexion /Extension	☐ With Oral contrast	**Walk – In**	☐ Abdomen Limited
☐ Without contrast	☐ **With IV contrast**	**9:00 am to 4:00 pm**	Specify:
☐ **W& W/O IV contrast**	☐ **W&W/O IV contrast**	☐ Skull	☐ Abdominal Aorta
☐ Brain	☐ Brain / Head	☐ Orbits	☐ Carotid (vascular)
☐ Orbits	☐ Orbits	☐ Sinus	☐ Thyroid
☐ Neck (Soft Tissue)	☐ IAC (Temporal Bones)	☐ Chest 1v 2v	☐ Soft Tissue Head/Neck
☐ Cervical Spine	☐ Sinus (maxillofacial)	☐ Ribs L R Bi	☐ Soft Tissue Mass
☐ Thoracic Spine	☐ Neck (Soft Tissue)	☐ Abdomen/KUB	Specify location:
☐ Lumbar Spine	☐ Chest	☐ Cervical Spine v	☐ Breast
☐ Abdomen	☐ Chest (High Res)	☐ Thoracic Spine v	L R Bilateral
☐ Pelvis	☐ Chest (Low Dose)	☐ Lumbosacral v	☐ Renal (includes bladder)
☐ Shoulder L R	☐ Cervical Spine	☐ Scoliosis	☐ Bladder only
☐ Elbow L R	☐ Thoracic Spine	☐ Pelvis	☐ Pelvis (TA + TV)
☐ Wrist L R	☐ Lumbar Spine	☐ Shoulder L R Bi	☐ Pelvis (TA only)
☐ Hand L R	☐ Abdomen	☐ Elbow L R Bi	☐ Scrotum/Testicular
☐ Hip L R	☐ Pelvis	☐ Wrist L R Bi	☐ Inguinal (groin)
☐ Knee L R	☐ Abdomen & Pelvis	☐ Hand L R Bi	L R Bilateral
☐ Ankle L R	☐ Extremity L R	☐ Hip L R Bi	☐ Venous (Low Extremity)
☐ Foot L R	☐ Specify:	☐ Knee L R Bi	L R Bilateral
☐ Specify other:		☐ Ankle L R Bi	☐ OB Complete
		☐ Foot L R Bi	☐ OB Limited
		☐ Specify Other:	☐ Specify Other:
☐ MRA Brain			
☐ MRA Neck			

Comments:

Claustrophobic? Yes No Pregnant? Yes No
Please make sure to bring photo ID and insurance cards with you to the exam.

Physician's Signature (required):