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Patient Name _____ Phone _____

Diagnosis _____ D.O.B _____

Referring Physician _____ Phone _____

MRI
Superconducting
Open MRI

High Field 1.5
MRI

Exam Without Contrast

- Brain
- Pituitary
- IAC's
- Soft Tissue Neck
- Breast
- Abdomen
- Pelvis Chest

Exam With and Without Contrast

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Extremity Rt./Lt
- Shoulder Knee
- Ankle Foot
- Wrist Hand

- Other MRI _____
- MR Angio Brain
- MR Angio Carotid
- MR Arthrogram
- Shoulder Rt/Lt
- Knee Rt/Lt

PET
PET/CT
Fusion

- Diagnosis
- Lung Cancer
- Breast Cancer
- Lymphoma
- PSMA Prostate Cancer**

- Initial Staging
- Solitary Lung Nodule
- Colorectal Cancer
- Head & Neck Cancer
- Melanoma

- Restaging
- Brain: Seizures/Alzheimer's
- Esophageal Cancer
- Other _____

CT
Multi Detector

- B.U.N** _____ **CREATININE** _____ **DATE:** _____
- Exam Without Contrast
 - Chest
 - Abdomen
 - Pelvis
 - Soft Tissue Neck
 - Exam With Contrast
 - Brain
 - Sinuses
 - Facial Bones
 - Cervical Spine Thoracic Spine Lumbar Spine
 - Other CT _____
 - CT Angiography of
 - Brain Carotid Chest

Bone Scan **SODIUM FLUORIDE WHOLE BODY BONE SCAN WITH CT FUSION**

Fluoride-18 PET/CT Bone scan

- STAT
- Call in STAT Results
- Send CD with Patient

Previous Film (Y) (N) Location: _____ Additional Report to _____

THIS EXAM IS MEDICALLY NECESSARY FOR THIS PATIENT

Physician Signature: _____ **Date:** _____