ROSEVILLE DIAGNOSTIC IMAGING

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

Please fax this form and insurance information to
fax: **916-746-0113 if busy 510-223-5151**

Report Information:

☐ Routine ☐ STAT **IMAGE REQUEST:** ☐ FILM ☐ CD ☐ NONE

PHYSICIAN ORDER FORM

Patient Pregnant: ☐ Yes ☐ No

Today's Date:		☐ M ☐ F	
Patient Name:		DOB:	SSN:
Phone:		Insurance: / Attorney:	
Referring Physician:	Phone:	Auth #:	
Physician Address:	Fax:	Phone:	
CLINICAL INDICATIONS FOR VISIT:		Claim #:	
Was this due to an injury? ☐ No ☐ Yes Date of Injury (Required) _____		**ICD-10 Code(s) (Required):**	

If so, what kind? ☐ Motor Vehicle Accident ☐ Work Injury ☐ Sports Injury ☐ Other _____

PROCEDURE REQUESTED

MRI ☐ 1.5T MRI ☐ OPEN MRI ☐ with contrast ☐ Weight-Bearing	**CT** ☐ **with Contrast**	**X-RAYS** ☐ **Flex/Ext** ☐ **Weight Bearing**	**Ultrasound**
☐ Brain	☐ Cervical Spine	☐ Sinus Series	☐ Abdomen
☐ Cervical Spine	☐ Thoracic Spine	☐ Chest (____views)	☐ Thyroid
☐ Thoracic Spine	☐ Lumbar Spine	☐ Abdomen	☐ Carotid (vascular)
☐ Lumbar Spine	☐ Brain	☐ Hip R ☐ L ☐	☐ Pelvis
☐ Chest	☐ Sinuses	Spine	☐ Testicular
☐ Shoulder R ☐ L ☐	☐ Chest	☐ C-sp (___ views)	☐ Renal
☐ Elbow R ☐ L ☐	☐ Shoulder R ☐ L ☐	☐ T-sp (___ views)	☐ Bladder
☐ Wrist R ☐ L ☐	☐ Elbow R ☐ L ☐	☐ L-sp (___ views)	☐ Aorta
☐ Hip R ☐ L ☐	☐ Wrist R ☐ L ☐	☐	☐ Venous Extremity
☐ Knee R ☐ L ☐	☐ Hip R ☐ L ☐	Extremity	(specify _____)
☐ Ankle R ☐ L ☐	☐ Knee R ☐ L ☐	☐ Upper Extrem R ☐ L ☐	☐ **Obstetrics**
☐ Pelvis	☐ Ankle R ☐ L ☐	Specify:	(_____)
☐ Other _____	☐ Pelvis	☐ Lower Extrem R ☐ L ☐	
	☐ Abdomen	Specify:	
MRA ☐ **with contrast**	☐ Other _____	☐ Other _____	
☐ Brain	**Comments:**	**Tomosynthesis (3D XRAY)**	
☐ Neck		Specify body part:	
☐ Other _____			

Need BUN and Creat for patients that are having contrast who are diabetic or over 65.

Claustrophobic? ☐ Yes ☐ No

_____
Physician's Signature (required):

- Bring any previous x-rays with you
- Bring insurance cards with you
- Co-payment or deductible is expected at the time of service
- Notify the technologist if you think you are pregnant or you might be, or you are breast-feeding

1830 Sierra Gardens Drive #30 • Roseville CA 95661 • Phone: **916-746-0110** • Fax: **916-746-0113**

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WHAT TO BRING

Please bring this form with you for your outpatient services. Also, if you plan to file for insurance benefits, be sure to bring your insurance card. Co-payment and deductible are due at the time of service.

Please arrive 15 minutes before your scheduled appointment time.

TEST PREPARATIONS

MRI and X-RAY Examinations

No special preparation is required for an MRI or an X-Ray. You may eat and drink as you normally would prior to this appointment. Please be sure to wear comfortable loose clothing that does not contain metal for the appointment, as you will not be required to change. It is also important to remove all metal jewelry.

MRI

Please make sure to alert our staff IMMEDIATELY, if you have any of the following prior or current conditions. Not alerting our staff of these conditions could cause serious medical side effects or death. Your safety is our number one priority - please help us protect it! If you do not have any of these conditions listed below, then you are 100% ready to go with your MRI!

- Have you ever worked with metal either through a job or hobby?
- Do you have a pacemaker or neurostimulator?
- Do you have any shrapnel or bullets internally?
- Are you pregnant?
- Do you have any implants (IUD, drug infusion device, etc)?
- Do you have foreign metal in your eyes?
- Do you have permanent eyeliner?
- This is a painless method of diagnosis that can last anywhere from forty-five minutes or longer (depending on the number of studies).

CT SCANS

Abdomen and/or Pelvic

- DO NOT EAT OR DRINK anything 4 hours prior to the exam. Clear liquids OK.
- Non Contrast Diabetic patients may take medication with minimal food/liquid.
- Contrast Diabetic patients please call our office for instructions.

Ultrasound

The ultrasound process will take about an hour depending on what body part is being examined. The preparation also varies depending on what part of the body is being examined. Please refer to the following in order to appropriately prepare for your specific type of ultrasound.

Abdomen Ultrasound and Single Organ Ultrasound (Aorta, Kidneys, Gallbladder, etc)

Patient must be NPO (without having water or food) for at least eight (8) hours prior to the appointment. If the patient has medication that must be taken, they can do so with clear juice, tea or water, but cannot have any type of dairy.

Pelvic Ultrasound and Obstetric Ultrasound (under 30 weeks)

Patient must have a full bladder during the exam. Please drink at least thirty-two (32) ounces of water 45 minutes prior to your appointment without using the restroom.

There is no special preparation required for the following types of ultrasound:
Thyroid,
Testicle,
Carotid,
Extremity,
Miscellaneous (bump, mass, nodule, etc)