

Please FAX a copy of the patient insurance card with this order.



www.elcaminohospital.org/radiology

TAX ID: 943167314

Mountain View Campus (MV):

2500 Grant Rd, 94040

Scheduling: (650) 940-7050 Fax: (650) 940-7134

Willow Pavilion (MV):

2480 Grant Rd, 94040 Scheduling: (650) 940-7050 Fax: (650) 9407134

Los Gatos Campus (LG):

815 Pollard Rd. Los Gatos, 95032

Scheduling: (408) 866-4075 Fax: (408) 866-4082

Patient Name: _____ Phone: _____ DOB: _____

Diagnosis/ICD-10: _____ Description: _____ STAT

Physician Signature: _____ Please Print Name: _____ Date/Time: _____

Physician Phone: _____ CC MDs: _____ Patient Insurance: _____ Authorization: _____

MRI/CT with Contrast Studies: Labs required for patients with renal insufficiency, diabetes or over 60 years old.

Serum Creatinine e/GFR within 30 days: _____ Date Drawn: _____ Lab: _____

Decision Support

ID: _____

*Lab values needed 48 hours prior to scheduled appointment.

Score: _____

Radiologist may modify the order per protocol to meet the clinical needs of the patient

MRI CT Nuclear Medicine

With IV Contrast No IV Contrast

With/Wo IV Contrast

MRI Head

MRA Head

MRA Neck w/contrast

MRI Abdomen

MRI Spine: (C) (T) (L)

MRI Pelvis Circle: Female Fibroids / MSK Bony

MRI Prostate

MRI Extremity (specify joint and side)

_____ Rt Lt

Other: _____

With IV Contrast No IV Contrast

W/Wo IV Contrast Oral Contrast

Head

Chest

Abdomen

Pelvis

Angio: Coronary Artery TAVR

Atrial Map AO

Spine: (C) (T) (L)

Calcium Score

IVP

Other: _____

Bone Scan Whole Body

Gastric Emptying Eval

Hepatobiliary Scan

w/ EF

Other: _____

PET/CT

NaF-18 Bone Scan for bone metastasis Skull base to mid-thigh Initial/Sub

NaF-18 Scan for bone metastasis Whole Body Initial/Sub

PET/CT Skull Base to mid-thigh

Initial treatment strategy

Subsequent treatment strategy

PET/CT Whole Body (melanoma)

Initial treatment strategy

Subsequent treatment strategy

Other: _____

Diagnostic Imaging / X-Ray

Chest 2View Ribs

Abdomen/KUB 1View 3View

Spine (C) (T) (L) Description: _____

Upper Extremity RT LT BIL

Lower Extremity RT LT BIL

Skull Sinuses

Other: _____

Fluoroscopy

Esophagram Barium Enema

Swallow Study w/ speech therapy

UGI w/ or w/o Small Bowel Series

Hystero—HSG Cysto—VCU

Arthrogram: _____

RT LT BIL w/ MRI to follow

Other: _____

Ultrasound

Aorta

Abdomen Complete

Abdomen Limited

Liver/GB/RUQ

Appendix

Hernia

Pyloric

Other: _____

Pelvic

Transabdominal Only

w/ Endovaginal

Obstetrical

1st Trimester

2nd/3rd Trimester

Kidneys & Bladder

Renal Arteries (RAS)

Scrotal/Testicles

Thyroid

Carotid/Duplex

Vein (DVT)

Upper Rt Lt

Lower Rt Lt

Venous Insufficiency Rt Lt

Arterial

Upper Rt Lt

Lower Rt Lt

Echo

Other: _____

Breast Health/Bone Density (Willow Pavilion)

Screening Mammo

w/ ABUS as indicated-Dense Tissue (MV ONLY)

Diagnostic Mammo (Ultrasound if indicated)

RT LT BIL

Breast US RT LT BIL

Breast MRI (MV ONLY)

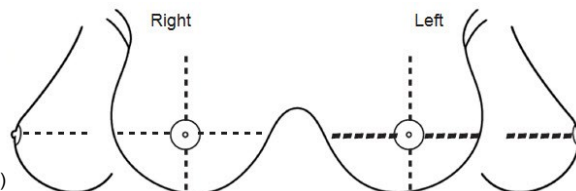
Needle Localization RT LT BIL

Image Guided Biopsy (per Radiologist, MV ONLY)

Other: _____

DEXA (Bone Density, MV ONLY)

Vertebral Fracture Assessment (MV ONLY)



SEE REVERSE SIDE FOR PATIENT PREPARATION INFORMATION

Ver. 02.06.2020

PREPARATIONS FOR IMAGING EXAMS

PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME TO PRE-REGISTER
IF NOT REGISTERED OVER PHONE
*BRING THIS ORDER WITH YOU

ULTRASOUND

- Abdomen** – Do not eat or drink anything after midnight before exam.
- Pelvic** – Empty bladder before drinking. Finish drinking 32 oz. of water 1 hour before exam. Do not empty bladder until completion of exam.
- Renal** – Empty bladder before drinking. Finish drinking 24 oz. of water 1 hour before exam. Do not empty bladder until completion of exam.
- Renal Arteries** – Do not eat or drink anything after midnight the night before exam.

NUCLEAR MEDICINE

- Gastric Emptying Scan** – Nothing to eat or drink for 12 hours before exam time.
- Hepatobiliary Scan** – Nothing to eat or drink after midnight.
- PET/CT** – No food after midnight, drink 32oz of water in the a.m. (Please contact our office for additional information)
- Renal Scan** – Drink 36oz of water 2 hours before exam time, may void anytime.
- Thyroid Uptake and Scan** – Nothing to eat or drink after midnight.

MRI

- If you have the following: Pacemaker, heart or gastric or any implanted devices, please inform your physician or call the MRI Center before your exam.
- MRI Prostate** – Light meal the evening before exam, no food except for water, no caffeine (coffee, tea, energy drinks) 4 hours before exam, Fleet enema the 2-3 hours prior to exam (MV Only)
- MRI ERCP** – Do not eat or drink 12 hours before exam time.

CT

- READI-CAT** oral prep can be picked up at Imaging Services.
- with IV contrast** – Nothing to eat 3 hours before exam. Clear liquids OK.
- CT Calcium Heart Scoring** – No caffeine 8 hours prior to appointment. No lotion, powder or perfume on the chest and abdomen area.
- CT Enterographic with IV contrast** – Do not eat or drink 4 hours before exam. Arrive 75 minutes early.
- CT IVP** – Do not void 1 hour before exam. Do not eat 3 hours before exam. Clear liquids OK

MAMMOGRAPHY

Do not use any deodorants, perfumes or powders on your underarms or on your breast. Bring your outside films for comparison. Please contact the Breast Health Center for biopsy preparation information.

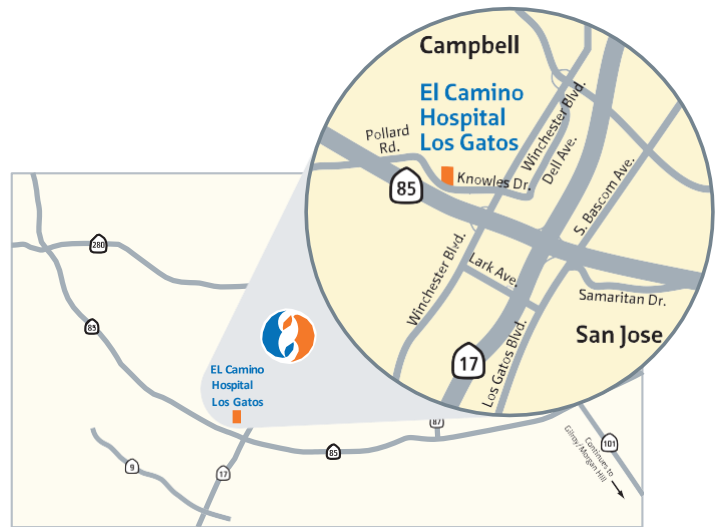
DIAGNOSTIC IMAGING

- Esophagram with video** – Do not eat or drink after midnight before exam.
- Upper GI and/or Small bowel study** – Do not eat or drink after midnight before exam.
- Hysterosalpingogram** – Apt. must be within 10 days after onset of menstrual cycle.
- Lumbar puncture** – Do not eat or drink after midnight before exam.

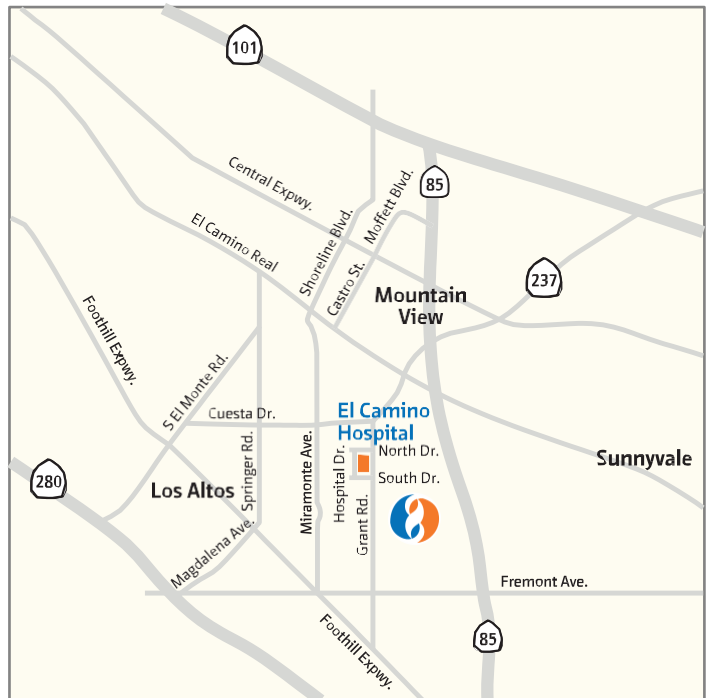


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***BIOPSIES/CT
MYELOGRAPHY/ANESTHESIA CASES
Please call our office for preparation.**