

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



Mountain View Campus (MV):
2500 Grant Rd, 94040
Scheduling: (650) 940-7050 Fax: (650) 940-7134

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: _____

Patient Imaging appointment is scheduled on (date) _____ at (time) _____

Please arrive 15 minute early to prepare and register for your exam. **Bring a list of current medications.

CT Lung Nodule Screening Requisition Form

PHYSICIAN: Please answer the following questions. All questions must be answered prior to the patient's CT exam.

- ◆ Is the patient a current or former smoker? **YES** **NO *Contraindicated**
- ◆ Is the patient's age between 55 and 80 years of age? **YES** **NO *Contraindicated**
- ◆ Does the patient have a cigarette-smoking history of at least 30 "pack years"? **YES** **NO *Contraindicated**
* Packs per day _____ For how many years? _____
- ◆ Is the patient a current smoker? **YES** **NO**
- ◆ Did the patient quit smoking more than 15 years ago? **YES *Contraindicated** **NO**
- ◆ Does the patient have any signs or symptoms of lung cancer? **YES *Contraindicated** **NO**
- ◆ Has the patient been counseled on smoking cessation and/or tobacco abstinence?
 YES **NO *Contraindicated**
- ◆ Has shared decision making been discussed with the patient about the risks, benefits and potential harms of lung cancer screening and the importance of annual screening? **YES** **NO *Contraindicated**

If any contraindicated answer is checked, you should consider ordering a standard CT Chest instead. You may contact our office if you have further questions regarding the ordering of this exam.

Patient: This exam may not be covered by your insurance. If you choose to self-pay for this study, you will receive the discounted price of \$175.48. This price includes both the hospital and Radiologist fees.

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.

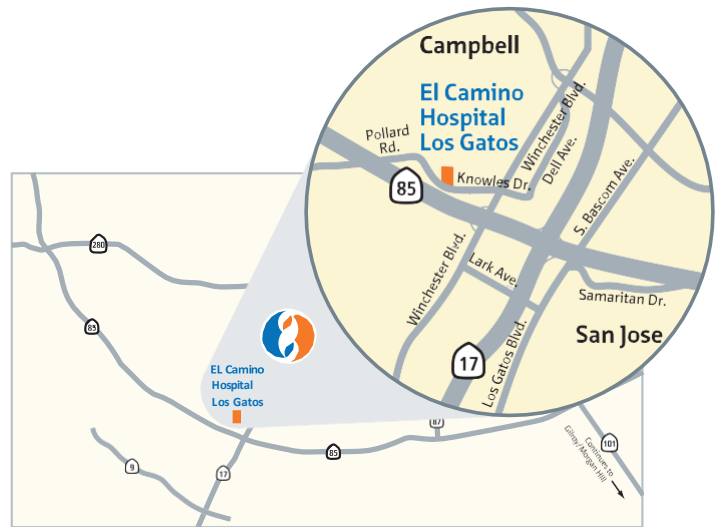
DIAGNOSTIC IMAGING

- 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.

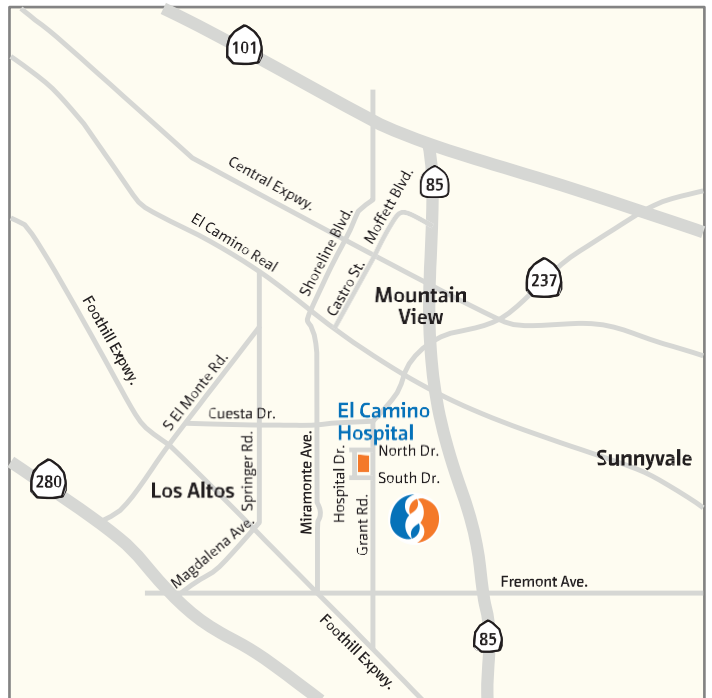


www.elcaminohospital.org/radiology

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