

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



TAX ID: 943167314

- 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
- Sobrato Pavilion (MV): 2500 Grant Rd, 94040 Scheduling: (650) 940-7050 Fax: (650) 940-7134

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
- DaTscan
- 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

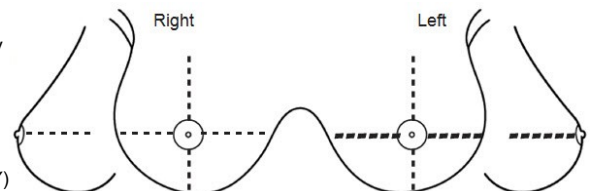
- Esophagram Barium Enema
- Swallow Study w/ speech therapy
- UGI w/ or w/o Small Bowel Series
- Hystero—HSG Cysto—VCU
- Arthrogram: _____
 RT LT BIL w/ MRI to follow
- Other: _____

Ultrasound

- Aorta Pelvic Scrotal/Testicles Arterial
- Abdomen Complete Transabdominal Only Thyroid Upper Rt Lt
- Abdomen Limited w/ Endovaginal Carotid/Duplex Lower Rt Lt
- Liver/GB/RUQ Obstetrical Vein (DVT) Other: _____
- Appendix 1st Trimester Upper Rt Lt
- Hernia 2nd/3rd Trimester Lower Rt Lt
- Pyloric Kidneys & Bladder Venous Insufficiency Rt Lt
- Other: _____ Renal Arteries (RAS)

Breast Health/Bone Density (Sobrato 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

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.

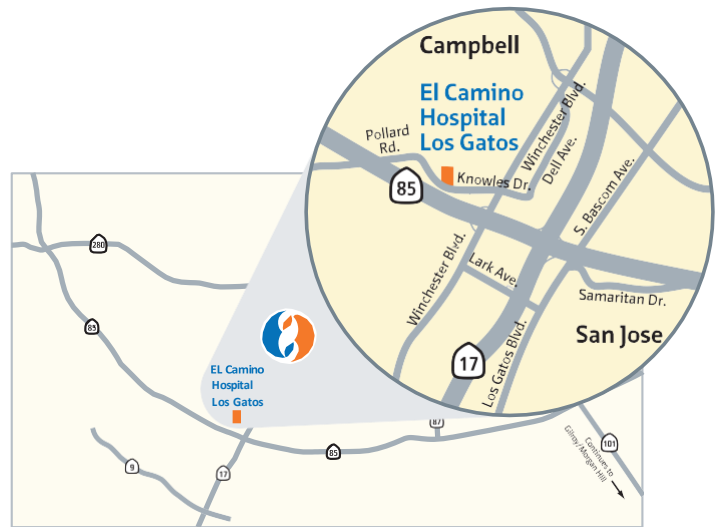
DIAGNOSTIC IMAGING

- 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.

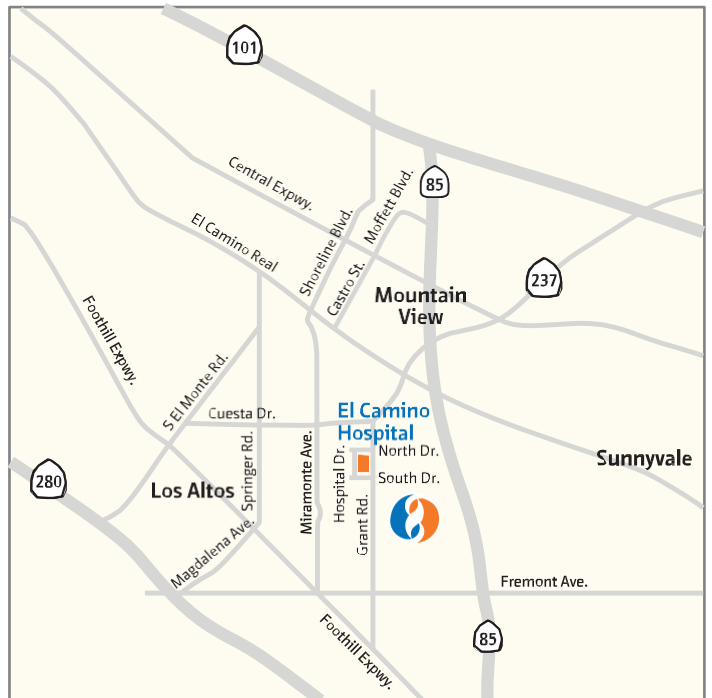


www.elcaminohospital.org/radiology

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Mountain View Campus: 2500 Grant Rd Mt. View, 94040
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***BIOPSIES/CT
MYELOGRAPHY/ANESTHESIA CASES
Please call our office for preparation.**