

*** Requesting MD cell number for STAT calls*** _____

Today's Date _____ Next Office Visit: _____ Spanish Speaking Only

Patients Name: _____ Date of Birth: _____ Sex: M _____ F _____

Primary Phone: _____ Secondary Phone: _____

Clinical History/Signs & Symptoms/ICD-10 Codes: _____

*** ATTACH AUTHORIZATION *** ATTACH CLINICAL/OFFICE NOTES *** ATTACH INSURANCE CARDS ***
If an exam requires authorization, authorization must be obtained before the patient's appointment.

Referring Physician: _____ Phone: _____ Fax: _____

Physician Signature: _____

STAT Call Results Report ASAP **PREVIOUS FILMS (Y) (N)** Location: _____
 Additional Report to: _____ Other _____

MRI

- Without Contrast
- Without & With Contrast
- Abdomen
 - MRCP
- Brain/Head
 - w/ special attention to IAC
 - w/ Neuroquant (Volumetric)
 - w/ special attention to Pituitary
- Orbits
- Breast Bilateral
 - w/ implants
- Chest
- Extremity: Joint ___R ___L
Specify body part _____
- Extremity: Non-joint ___R ___L
Specify body part _____
- Foot ___Hind ___Fore
- Hip ___R ___L
- Neck - Soft Tissue
- Pelvis ___Bony ___Soft Tissue
- Prostate (Contrast Required)
- Spine:
 - ___Cervical ___Thoracic ___Lumbar
- TMJ ___R ___L ___Bilateral
- Other: _____

MR Angiography (MRA)

- Without Contrast
- With IV Contrast & 3D Recon
- Abdomen/Pelvis
- AIF Runoff
- Aorta ___Renal Arteries
- Brain/Head
- Chest
 - ___Arch ___Thoracic Aorta
- Neck/Carotids
- Upper Extremity ___R ___L
- Other: _____

Arthrography

- MR CT
- Including CT Guidance Injections
- Elbow ___R ___L
- Hip ___R ___L
- Knee ___R ___L
- Shoulder ___R ___L
- Wrist ___R ___L
- Other: _____

CT

- Without Contrast
- Without & With Contrast
- Abdomen
- Abdomen and Pelvis
- Brain/Head
- Chest
- Enterography
- Extremity ___R ___L
Specify body part _____
- IAC/Temporal Bone
- Lumbar Tap
must include lab instructions
- Maxillofacial - Facial Bones
- Neck (Soft Tissue);
___Max. ___Mand.
- Orbits
- Pelvis
- Sinus
- Spine:
 - ___Cervical ___Thoracic ___Lumbar
- Urogram (Abdomen/Pelvis)
- Other: _____

CT Angiography
With IV Contrast

- Abdomen/Pelvis
- AIF Runoff
- Brain/Head
- Coronary Arteries (IW only)
- Chest
- Extremity ___Upper ___Lower
- Neck/Carotids

If Diabetic and having a CT with Contrast, please include:

BUN: _____
Creatinine: _____
GFR: _____
Lab Date: _____
Is patient on Dialysis? _____

Additional Comments/Instructions: _____

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Ultrasound

- Abdomen
- Abdominal Hernia
- Aorta
- Arterial
 - Upper (Arm) ___R ___L
 - Lower (Leg) ___R ___L
- Breast ___R ___L
- Carotid
- Elastography (FibroScan)
- Extremity ___R ___L
Specify body part _____
- Gallbladder
- Liver
- Neck & Soft Tissue
- Nuchal Translucency
- OB/Fetal LMP ___ EDD ___
 w/ Endovaginal
- Pelvic
 - w/ Endovaginal
- Renal
- Renal/Bladder Combo
- Scrotal (Testicular)
- Thyroid
- Urinary Bladder
- Venous Doppler
 - Upper (Arm) ___R ___L
 - Lower (Leg) ___R ___L
- Other: _____

Therapeutic Injections

- Foot ___R ___L
- Hip ___R ___L
- Knee ___R ___L
- Shoulder ___R ___L
 - AC Joint - Acromioclavicular Joint
 - Glenohumeral Joint
 - Subacromial Bursa/ space Injection
- Spine (Facets)
 - ___Cervical ___Thoracic ___Lumbar
- Spine (Epidural)
 - ___Lumbar
- Wrist ___R ___L
- Other: _____

Biopsies

- Liver
- Prostate (MRI Only)
- Soft Tissue Mass
- Thyroid (FNA)
- Other: _____

PET/CT

- TAX ID # 33-0900766**
- F-18 NaF Bone
 - FDG-18 (Skull Base to Mid Thigh)
 - FDG-18 Melanoma/Sarcoma (Vertex Skull to Toes)
 - FDG-18 Myocardial Viability
 - FDG-18 Brain
 - .Ga 68 Dotatate (Netspot)
 - Axumin Scan
 - Amyvid Brain
 - Other: _____

Screening Procedure
Not covered by Insurance

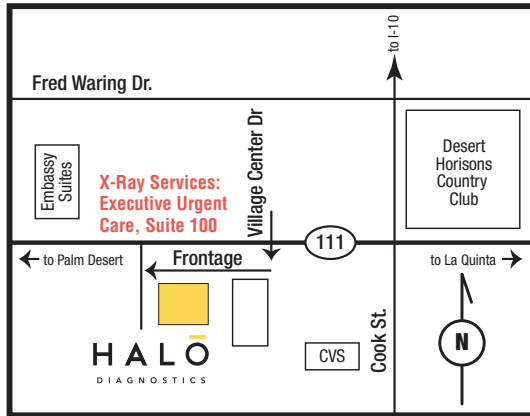
- CT Coronary Angiography*
 - CT Coronary Calcium Score*
 - CT Lung Screening* (Imbio)
 - CT Virtual Colonography*
 - CT Whole Body Scan
 - MRI Whole Body Scan
- * May be covered by insurance with specific diagnosis*

- 3D Model (Orthopedic & Spine only)
- SELF PAY
- BILL INSURANCE

See reverse for X-Ray services.

Indian Wells

(Hi-Field MRI, 64 Slice CT, Ultrasound and PET/CT)
74-785 Highway 111, Suite 101
Wall Street West Building Indian Wells, CA 92210
Tel: (760) 776-8989



Locations and Preparation Instructions

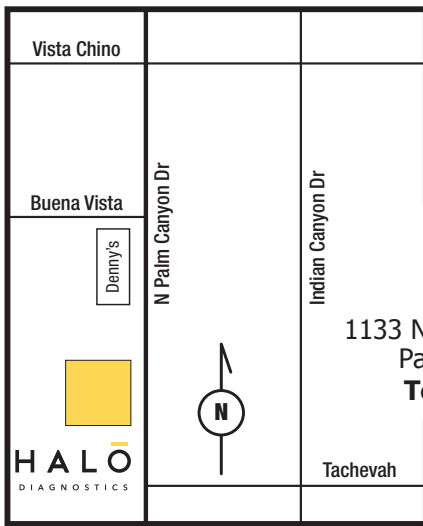
Please call us if you have any questions regarding your procedure or preparation for your procedure. Study times vary in length. Bring your insurance card and a picture I.D. with you on the day of your exam.

- MRI Scan:** Please inform us if you have a pacemaker or any metal in your body at time of scheduling. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled.
- CT Scan:** Some CT's require contrast, please inform us if you are allergic to iodine.
- Ultrasound (Abdomen, Gallbladder, Aorta):** No food or drink 8 hours prior to your exam.
- Ultrasound (Renal/Bladder Combo):** Nothing to eat 4 hours prior. Please drink 32 ounces of fluids to be completed one hour before your exam. Do not empty your bladder before your exam.
- Ultrasound (Pelvic or Bladder):** To fill your bladder, please drink 32 ounces of fluids to be completed one hour before your exam. Do not empty your bladder before your exam.
- Ultrasound (OB):** To fill your bladder, please drink 32 ounces of fluid to be completed one hour before your exam. Do not empty your bladder before your exam.

After the Exam: Your exam will be read by a board-certified, licensed Radiologist with specialty training. The results of your exam will be sent to your physician. You will receive your results from your physician.

Billing Information: If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If your exam requires authorization, we will obtain the authorization before we schedule your exam. Deductibles and co-insurance will be collected at time of service. If you have any billing questions please call our Billing Department at 760-836-3835.

- For your safety, children may not accompany patients into procedures. If it is necessary to bring children to the appointment, please bring appropriate adult supervision to watch your children during the scan.
- If scheduled for a CT or MRI exam, please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.



Palm Springs

(Hi-Field Open MRI, CT and Ultrasound)
1133 N. Palm Canyon Dr., Suite B
Palm Springs, CA 92262
Tel: (760) 322-8883

Indio

(Hi-Field Open MRI, CT and Ultrasound)
81-800 Dr. Carreon Boulevard, Suite C
Indio, CA 92201
Tel: (760) 863-4085

