



INGLEWOOD IMAGING CENTER

211 North Prairie Ave #E  
Inglewood, CA 90301

phone: 310-672-9729  
fax: 310-672-9720

Please visit our website:  
www.inglewoodimaging.com

### SCHEDULING QUESTIONS

- |                 |                          |                          |
|-----------------|--------------------------|--------------------------|
|                 | <b>YES</b>               | <b>NO</b>                |
| IV Contrast OK? | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetic?       | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney Disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| Pregnant?       | <input type="checkbox"/> | <input type="checkbox"/> |

Left Right? (please circle)

### Send copy of report to:

Dr. \_\_\_\_\_  
PCP: \_\_\_\_\_  
FAX #: \_\_\_\_\_

## INGLEWOOD IMAGING CENTER • EXAM REQUISITION

- PET/CT     CT     CT ANGIO     MRI     MRI ANGIO

### CT & MR contrast exams require a 4-week or newer BUN & Creatinine lab

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Exam Requested: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Patient Instructions: \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Contrast and/or 3-D Reconstructions may be performed at the Radiologist's discretion



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**Note:** Please arrive 30 minutes prior to your exam. Please bring copies of your driver's license, insurance card, prior exams/history & exam pre-authorization (or pre-certification) with you. In case we do not contact you prior to your exam, please call our office by 3:00 pm one day prior at 310-672-9729.

## Come Prepared:

EXAM	FAST	INSTRUCTIONS
CT (Cat Scan)	6 hours	6 hour fasting (for contrast studies only). You may continue drink clear fluids.
MRI & MRA	none	No implantable electronic metal devices (i.e cochlear ear implant, pacemaker, tens unit, hearing aids, etc). Please wear comfortable clothes with no metal zippers or metal button for your exam
PET/CT	6 hours	Low-carbohydrate diet 24 hours prior with 6 hours fasting. No food of any kind during fasting period (including snacks, gum, mints). No strenuous exercise for 24 hours. <b>Diabetic Patients please call for special scheduling instructions.</b>