Inglewood Imaging Center, LLC

211 N. Prairie Ave, Suite E;
Inglewood, CA 90301
inglewoodimaging.com

Scheduling: 310-672-9729
Fax: 310-672-9720
Tax ID: 20-5049084

No wonder people love IIC

Patient Name: _____ **Date of Birth:** _____ **Phone:** _____

Requesting Physician: _____ **Phone:** _____ **Fax:** _____

Clinical Indication (ICD-10 Code): _____ **Authorization #:** _____

Requesting Physician Signature: _____ **Today's Date:** _____

Special Instructions: _____

☐ **Phone Order: Requesting Physician Approval:** _____ **Staff Initials:** _____ **Date:** _____

☐ **STAT** ☐ **ROUTINE**

Phone # for Results: _____

CC Physician(s): _____

_____

Check here for CD: ☐

MRI

☐ Without Contrast
☐ With Contrast
☐ With/Without Contrast

- ☐ 5th Cranial Nerve
- ☐ Abdomen
- ☐ Brachial Plexus
- ☐ Brain
- ☐ Cervical Spine
- ☐ Chest
- ☐ Enterography
- ☐ IACs
- ☐ Lumbar Spine
- ☐ MRCP
- ☐ Orbits
- ☐ Pelvis
- ☐ Pituitary
- ☐ Posterior Fossa
- ☐ Prostate
- ☐ Sacrum/Coccyx
- ☐ Sinus/Face
- ☐ Soft Tissue Neck
- ☐ Thoracic Spine
- ☐ TMJ Bilateral
- ☐ Ankle R ☐ L ☐
- ☐ Elbow R ☐ L ☐
- ☐ Femur/Thigh R ☐ L ☐
- ☐ Foot R ☐ L ☐
- ☐ Forearm R ☐ L ☐
- ☐ Hand/Finger/Thumb R ☐ L ☐
- ☐ Hip R ☐ L ☐ B ☐
- ☐ Humerus/Upper Ext R ☐ L ☐
- ☐ Knee R ☐ L ☐
- ☐ Lower Leg/Tib Fib R ☐ L ☐
- ☐ Shoulder R ☐ L ☐
- ☐ Trigeminal
- ☐ Wrist R ☐ L ☐
- ☐ Other: _____

- ☐ MRA Abdomen
- ☐ MRA Abdomen w/Bilateral lwr Extremities
- ☐ MRA Aorta Runoff
- ☐ MRA Aortic Arch (Chest)
- ☐ MRA Head (COW)
- ☐ MRA Neck
- ☐ MRA Head/Neck/Chest (Arch)
- ☐ MRA Renal
- ☐ MRA Lower Extremity R ☐ L ☐ B ☐
- ☐ MRA Upper Extremity R ☐ L ☐ B ☐

CT

☐ Without Contrast
☐ With Contrast
☐ With/Without Contrast

GFR/Creatinine is required for patients over the age of 70, have diabetes, have kidney disease and/or are currently taking medication for high blood pressure.

- ☐ Abdomen Only
- ☐ Abdomen w/Pelvis
- ☐ Brain/Head
- ☐ Bony Pelvis/Sacrum
- ☐ Cardiac Score
- ☐ Cervical Spine
- ☐ Chest w ☐ w/o ☐
- ☐ CTA Runoff
- ☐ High Res Chest
- ☐ Enterography
- ☐ Facial Bones
- ☐ IVP
- ☐ Lung Cancer Screening (asymptomatic only)
- ☐ Lumbar Spine
- ☐ Orbits
- ☐ Pelvis Only
- ☐ Sinus
- ☐ Soft Tissue Neck
- ☐ Temporal Bones/IAC
- ☐ Thoracic Spine
- ☐ Whole Body
- ☐ Other: _____
- ☐ Ankle (Hindfoot) R ☐ L ☐
- ☐ Elbow R ☐ L ☐
- ☐ Foot (Mid/Fore) R ☐ L ☐
- ☐ Hand/Finger R ☐ L ☐
- ☐ Hip R ☐ L ☐
- ☐ Knee R ☐ L ☐
- ☐ Shoulder R ☐ L ☐
- ☐ Wrist R ☐ L ☐

- ☐ CTA Abdomen
- ☐ CTA Brain/Head
- ☐ CTA Carotid/Vertebral (Arch/Neck)
- ☐ CTA Chest for PE
- ☐ CTA Neck/Carotid
- ☐ CTA Pelvis
- ☐ CTA Renal
- ☐ CTA Thoracic Aorta (Chest)

ULTRASOUND

- ☐ Abdomen Complete
- ☐ Abdomen Limited: _____
- ☐ Arterial Segmental Pressures
- ☐ Dplx Carotid
- ☐ R ☐ L ☐ B
- ☐ R ☐ L ☐ B
- ☐ R ☐ L ☐ B
- ☐ R ☐ L ☐ B
- ☐ R ☐ L ☐ B
- ☐ Aorta
- ☐ Axilla R ☐ L ☐ B ☐
- ☐ Bladder Only
- ☐ Breast R ☐ L ☐ B ☐
- ☐ Dplx Renal
- ☐ Dplx Venous Lwr Ext
- ☐ Dplx Arterial Lwr Ext
- ☐ Dplx Venous Upr Ext
- ☐ Dplx Arterial Upr Ext
- ☐ Echocardiogram
- ☐ Infant Hip
- ☐ Infant Spine
- ☐ Neck Soft Tissue/Thyroid
- ☐ OB less than 14 Weeks: TA & TV
- ☐ OB less than 14 Weeks: TV Only
- ☐ OB less than 14 Weeks: TA Only
- ☐ OB more than 14 Weeks
- ☐ Pelvic: TA Only
- ☐ Pelvic: TA & TV
- ☐ Renal and Bladder
- ☐ Renal Only
- ☐ Soft Tissue: _____
- ☐ Testicular/Scrotal
- ☐ Transvaginal Only
- ☐ Other: _____

Ultrasound Guided Biopsy

- ☐ Breast R ☐ L ☐ B ☐

PET / CT

- ☐ FDG: Brain
- ☐ FDG: Skull to Mid-Thigh
- ☐ FDG: Whole Body*

*For multiple myeoma, myeloma, bone mets, masses or tumors on extremities, merkel cell carcinoma, and/or sarcoma ONLY.

- ☐ Axumin: Skull to Mid-Thigh Fluciclovine-18
- ☐ Beta Amyloid-Brain
- ☐ Ga-68 Dotatate (skull to mid thigh)

X-RAY

Select Laterality:

☐ Right
☐ Left
☐ Both

- ☐ Abdomen Series (3v)
- ☐ AC Joints (4v Both)
- ☐ Bone Length Bilat
- ☐ Bone Survey
- ☐ Cervical Spine (3v)
- ☐ Chest (1v)
- ☐ Chest (2v)
- ☐ Facial Bones (3v)
- ☐ KUB (1v)
- ☐ Heel
- ☐ Lumbar (3v)
- ☐ Mandible (4v)
- ☐ Mastoids
- ☐ Nasal Bones (3v)
- ☐ Neck/Soft Tissue
- ☐ Orbits (4v)
- ☐ Pelvis (1v)
- ☐ Sacrum/Coccyx (3v)
- ☐ SC Joints (2v Both)
- ☐ Scoliosis (2v)
- ☐ SI Joints (3v Both)
- ☐ Sinus (3v)
- ☐ Skull (4v)
- ☐ Sternum (2v)
- ☐ TMJ
- ☐ Thoracic Spine (2v)
- ☐ Thoracolumbar (2v)
- ☐ Waters view only
- ☐ Other: _____
- ☐ Ankle (3v)
- ☐ Bone Age (1v)
- ☐ Clavicle (2v)
- ☐ Elbow (3v)
- ☐ Femur (2v)
- ☐ Finger (3v)
- ☐ Foot (3v)
- ☐ Forearm (2v)
- ☐ Hand (3v)
- ☐ Hip (3v)
- ☐ Humerus (2v)
- ☐ Knee (4v)
- ☐ Ribs (3v)
- ☐ Scapula (2v)
- ☐ Sesamoid (3v)
- ☐ Shoulder (3v)
- ☐ Thumb (3v)
- ☐ Tib/Fib (2v)
- ☐ Toes (3v)
- ☐ Wrist (3v)

MAMMOGRAPHY

- ☐ **Screening Mammo, Bilateral w/CAD + 3D Tomo**
- ☐ **Screening Mammo, Unilateral w/CAD + 3D Tomo**
- ☐ **Diagnostic Mammo, w/CAD + tomo (uni or bilateral)**

BONE DENSITY

- ☐ Bone Density DEXA*

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Patient Preparation Notes

All exams

- Please Arrive 15-minutes early with a current License or ID and insurance card.
- Patients please bring prior exam CD, wear comfortable clothing (such as sweats) and leave valuables at home.
- Please confirm your test the previous day by 3:00 PM by calling the office.
- Contrast MRI and CT exams require Medical Labs (called BUN and Creatinine) 4-weeks or newer for safety reasons.

MRI Exams

- You get music during your exam, so tell your MRI technologist your favorite musician.
- Please remove ALL metal before the exam including:
  keys, metal implants, cell phones, jewelry, wigs, hair pins, pocket knives, wallet, purse, hearing aids, artificial limbs, etc.

CT Exams

- Contrast Exams: Drink only water after midnight the day before your exam. No eating the day of your test (only water).
- Contrast CT for Diabetic Patients: Please stop using your Metformin or Glucophage the day of the exam.

Mammograms

- Please bring prior mammograms (performed at other locations) with you for comparison.
- Don't use deodorant or lotion the day of the exam.

Ultrasounds

Most ultrasounds don't require special preparation except:

- Liver, spleen, gallbladder, kidneys, pancreas, abdominal aorta, biliary system: Do not eat or drink eight hours before exam.
- Bladder: Drink 32 ounces of water 1-hour before your exam.
- Transvaginal: Drink 32 ounces of water 1-hours before your exam. (Do not urinate before the exam – exam is better with a full bladder.)

PET Scan

Please call the office to schedule. (Glucose below 150 & no strenuous exercise).

IIC is located on Prairie (at Regent) two blocks North of the Inglewood Stadium complex & Forum.

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