

PLCCMM - San Pedro  
1300 West 7th Street  
San Pedro, CA 90372



Imaging & Breast Center  
1360 West 6th Street  
San Pedro, CA 90372

## IMAGING ORDER FORM

Please fax this form prior to the patients visit.

**Patient Name:** \_\_\_\_\_ **Date of Scheduled Exam:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Time of Scheduled Exam:** \_\_\_\_\_ am pm

**Confirmed Diagnosis/Sign/Symptom: (required)** \_\_\_\_\_

**ICD-9/ICD-10 Code (optional):** \_\_\_\_\_

**IPA:** \_\_\_\_\_ **Insurance Type:** \_\_\_\_\_ **Authorization #:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Physician:** Print or Stamp

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

- Radiology**
- LEFT  RIGHT  BILATERAL
- Chest xray 2 View
  - Abdomen KUB 1 View
  - Cervical Spine
  - Thoracic Spine
  - Lumbar Spine
  - Upper GI
  - Small Bowel Series
  - Esophagram
  - Hysterosalpingogram
  - Modified Barium Swallow (with speech therapy)
  - Other \_\_\_\_\_
- Shoulder
  - Femur
  - Elbow
  - Forearm
  - Wrist
  - Hand
  - Cystogram
  - Voiding Cystourethrogram(VCUG)
- Hip
  - Humerus
  - Tibia/Fibula
  - Knee
  - Ankle
  - Foot

- Ultrasound**
- US Abdomen (Liver, GB, Pancreas, Kidney, Spleen)
  - US Abdomen Limited
  - US Aorta
  - US Kidney
  - US Bladder
  - US Thyroid
  - US Appendix
  - US Paracentesis
  - US Thoracentesis
  - US Soft Tissue \_\_\_\_\_ (specify area)
  - US Guided Biopsy \_\_\_\_\_ (specify area)
  - Other \_\_\_\_\_
- US Pelvis/Transvaginal
  - US Pelvis/Transabdominal
  - US OB/Transvag/<14 weeks
  - US OB/>14 weeks
  - US Amniotic Fluid Index (AFI)
  - US Biophysical Profile
  - OB Limited
  - US Testes with doppler

- MRI**
- LEFT  RIGHT  BILATERAL
- WITH AND WITHOUT CONTRAST  WITHOUT CONTRAST
- MRI Cervical Spine
  - MRI Thoracic Spine
  - MRI Lumbar Spine
  - MRI Shoulder
  - MRI Neck Soft Tissue
  - MRI Knee
  - MR Arthrogram \_\_\_\_\_ (specify)
  - MR Angiogram \_\_\_\_\_ (specify)
  - Other \_\_\_\_\_
- MRI Brain
  - MRI Inner Auditory Canal (IAC)
  - MRI Breast
  - MRI Abdomen
  - MRCP
  - MRI Pelvis

- Nuclear Medicine**
- NM Bone Whole Body  Three Phase Bone  SPECT
  - NM Cardiolute Stress Test:
    - Pharmacological
    - NM V/Q Lung
    - NM Parathyroid
    - NM Thyroid Whole Body
    - NM Thyroid Uptake and Scan
    - NM Thyroid Ablation
    - NM Liver-Spleen
    - NM Liver Hemangioma
    - Other \_\_\_\_\_
  - Exercise (must specify)
  - NM MUGA
  - NM Renal
  - NM Lasix Renal
  - NM Captopril Renal
  - NM Baseline Renal Function
  - NM HIDA
  - NM HIDA with Ejection Fraction

- CT**
- WITH IV CONTRAST  WITHOUT IV CONTRAST
- WITH ORAL CONTRAST  WITHOUT ORAL CONTRAST
- WITH AND WITHOUT IV CONTRAST
- CT Brain
  - CT Sinus
  - CT Chest
  - CT Abdomen
  - CT Pelvis
  - CT Extremity \_\_\_\_\_ (specify)
  - CT Angiogram \_\_\_\_\_ (specify area)
  - Other \_\_\_\_\_ (specify)
- CT Neck Soft Tissue
  - CT Renal Stone Survey
  - CT Urogram
  - CT Cervical
  - CT Lumbar

- Special Procedures**
- Gastrostomy
  - Porta Cath
  - Tunneled Dialysis
  - Other \_\_\_\_\_
- PICC Line
  - Lumbar Puncture
  - IVC Filter

## Welcome to **Providence Little Company of Mary Imaging Services.**

We are committed to making your outpatient visit as convenient and easy for you as possible.

Please read the following instructions to ensure you are appropriately prepared.

### General Patient Instructions:

- Arrive 30 minutes prior to your appointment time
- Bring this form with you
- Bring your insurance information and your Driver's license or ID
- Bring any authorizations
- If you are pregnant or may be pregnant, please inform the Technologist
- Note: We are unable to provide child care

**Labwork** is required within 45 days prior to your appointment if you are receiving contrast for a CT or MRI and:

- are 60 years or older
- are diabetic
- have Abnormal kidney function or have had kidney surgery

### CT Special Instructions

#### Abdomen and/or Pelvis

- Pickup the oral contrast at least one day prior to your exam. No food or drink 4 hours prior to exam. If necessary take medications with a sip of water.

#### Enterography

- Arrive 2 hours prior to appointment time. No food or drink 4 hours prior to exam. If necessary take medications with a sip of water.

### MRI Special Instructions

If you have any one of the following please contact your Ordering Physician as it may not be safe for you to have an MRI.

- Pacemaker or Cardiac Defibrillator/Valve
- Infusion Pump
- Biostimulator
- Any metal in or on your body
- History of Cerebral Aneurysm Surgery
- Neurostimulator
- Are Pregnant

### US Special Instructions

#### Abdomen, Aorta

No food or drink after midnight

#### Prostate

Fleet enema 1 hour prior to exam

#### Kidney only

Be well hydrated. Drink as much water as is comfortable throughout the day of your exam.

#### Pelvic, Bladder, OB, Sonohysterogram

Finish drinking 32 oz of water 1 hour prior to appointment- do not empty bladder

### Radiology Special Instructions

#### Upper GI, Esophagram, Small Bowel Series

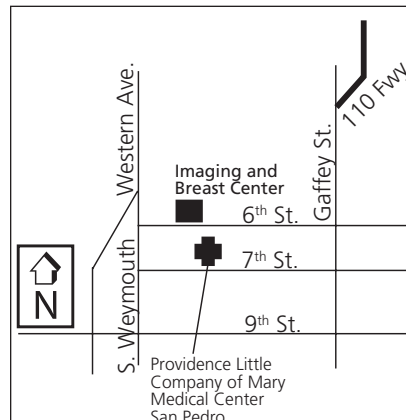
No food or drink after midnight (including water)

#### Barium Enema

Has a 24 hour prep – obtain instructions from Scheduling at 855-353-3940 or at Imaging Department 310-514-5277

If you have questions or need any information regarding your visit please call us at **310-303-6500.**

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Imaging & Breast Center  
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