

1325 N. Rose Drive • Suite 101 • Placentia, CA 92870 • plhxr.com

PATIENT INFORMATION

Last Name: _____ First: _____ MI: _____ Date of Birth: _____

Home Phone: _____ Other Phone: _____

Appointment: Date: _____ / _____ Time: _____ : _____ AM PM

MRI *(Patients over 50 require Labs for contrast exams – see back side for specifics)

<input type="checkbox"/>	Brain	70551
<input type="checkbox"/>	Brain w+ w/o Contrast	70553
<input type="checkbox"/>	IAC w+ w/o Contrast	70553
<input type="checkbox"/>	Pituitary w+ w/o Contrast	70553
<input type="checkbox"/>	Soft Tissue Neck w+ w/o Contrast	70543
<input type="checkbox"/>	C-Spine	72141
<input type="checkbox"/>	C-Spine w+ w/o Contrast	72156
<input type="checkbox"/>	T-Spine	72146
<input type="checkbox"/>	T-Spine w+ w/o Contrast	72157
<input type="checkbox"/>	L-Spine	72148
<input type="checkbox"/>	L-Spine w+ w/o Contrast	72158
<input type="checkbox"/>	MRI Abdomen	74181
<input type="checkbox"/>	MRI Abdomen w+ w/o Contrast	74183
<input type="checkbox"/>	MRCP (Gallbladder)	74181
<input type="checkbox"/>	Pelvis	72195
<input type="checkbox"/>	Pelvis w+ w/o Contrast	72197
<input type="checkbox"/>	Shoulder R L	73221
<input type="checkbox"/>	Upper Extremity Joint	73221
<input type="checkbox"/>	Upper Extremity Joint w+ w/o Cont	73223
<input type="checkbox"/>	Knee R L	73721
<input type="checkbox"/>	Lower Extremity Joint	73721
<input type="checkbox"/>	Lower Extremity Joint w+ w/o Cont	73723
<input type="checkbox"/>	Upper Extremity Non-Joint	73218
<input type="checkbox"/>	Upper Extremity Non-Joint w+ w/o Contrast	73220
<input type="checkbox"/>	Lower Extremity Non-Joint	73718
<input type="checkbox"/>	Lower Extremity Non-Joint w+ w/o Contrast	73720
<input type="checkbox"/>	Bilateral Breast w+ w/o	77059
<input type="checkbox"/>	Bilateral Breast w/o	77059

MR ANGIOGRAPHY

<input type="checkbox"/>	MRA Head (COW)	70544
<input type="checkbox"/>	MRA Neck (Carotids)	70547

MRI ARTHROGRAMS

<input type="checkbox"/>	Shoulder	73222, 23350 & 77002
<input type="checkbox"/>	Elbow	73222, 24220 & 77002
<input type="checkbox"/>	Wrist	73222, 25246 & 77002
<input type="checkbox"/>	Knee	73722, 27370 & 77002
<input type="checkbox"/>	Hip	73722, 27093 & 77002
<input type="checkbox"/>	Ankle	73722, 27648 & 77002

Report Preference: _____

STAT - Call Dr. w/report in 2-4 hrs.

Phone # _____

ULTRASOUND

<input type="checkbox"/>	Thyroid/Soft Tissue Neck	76536
<input type="checkbox"/>	Pelvic Complete/Transvaginal	76856 & 76830
<input type="checkbox"/>	Abdomen Complete	76700
<input type="checkbox"/>	Abdomen**Limited	76705
<input type="checkbox"/>	Transabdominal OB<14 Wks and Transvaginal	76801 76817
<input type="checkbox"/>	Transabdominal OB> 14 Wks	76805
<input type="checkbox"/>	Scrotum/Testicular	76870
<input type="checkbox"/>	Renal	76770
<input type="checkbox"/>	Gallbladder	76705
<input type="checkbox"/>	Limited OB	76815
<input type="checkbox"/>	Complete OB	76805
<input type="checkbox"/>	Breast U.S. Bilateral	76641
<input type="checkbox"/>	Breast U.S. Uni. _____ R / _____ L	76641
<input type="checkbox"/>	Venous Doppler Bilateral	93970
<input type="checkbox"/>	Venous Doppler Unilateral	93971

Specify: _____ R / _____ L

CT *(Pts. over 50 require Labs for contrast exams)

<input type="checkbox"/>	Head/Brain	70450
<input type="checkbox"/>	Head/Brain w+ w/o Contrast	70470
<input type="checkbox"/>	Sinus	70486
<input type="checkbox"/>	Neck with Contrast	70491
<input type="checkbox"/>	Chest	71250
<input type="checkbox"/>	Chest with Contrast	71260
<input type="checkbox"/>	Abdomen	74150
<input type="checkbox"/>	Abdomen with Contrast	74160
<input type="checkbox"/>	Abdomen w+ w/o Contrast	74170
<input type="checkbox"/>	Abdomen + Pelvis w+ w/o Contrast	74178
<input type="checkbox"/>	Pelvis with Contrast	72193
<input type="checkbox"/>	Abdomen + Pelvis combined w/o Contrast	74176
<input type="checkbox"/>	Abdomen + Pelvis combined w/Contrast	74177
<input type="checkbox"/>	CT Upper Extremities _____ R / _____ L	73200
Specify: _____		
<input type="checkbox"/>	CT Lower Extremities	73700
Specify: _____		
<input type="checkbox"/>	CT 3D Rendering	76377
<input type="checkbox"/>	Stone Survey	76856 & 74150
<input type="checkbox"/>	CT Pelvis w/o	72192

CT ANGIOGRAPHY

<input type="checkbox"/>	CTA Pulmonary Arteries/Chest	71275
<input type="checkbox"/>	CTA w/Lower Extremity _____ R / _____ L	73706
<input type="checkbox"/>	CTA w/Upper Extremity _____ R / _____ L	73202
<input type="checkbox"/>	CTA w/Abdomen	74175
<input type="checkbox"/>	CTA w/Pelvis	72191

X-RAY

<input type="checkbox"/>	Sinuses, Complete	70220
<input type="checkbox"/>	Shoulder, Comp. _____ R / _____ L	73030
<input type="checkbox"/>	Clavicle _____ R / _____ L	73000
<input type="checkbox"/>	Humerus _____ R / _____ L	73060
<input type="checkbox"/>	Elbow Complete _____ R / _____ L	73080
<input type="checkbox"/>	Forearm, 2 View	73090
<input type="checkbox"/>	Wrist, Complete _____ R / _____ L	73110
<input type="checkbox"/>	Hand, Complete _____ R / _____ L	73130
<input type="checkbox"/>	Fingers _____ R / _____ L	73140
<input type="checkbox"/>	Chest, 2 View _____ R / _____ L	71020
<input type="checkbox"/>	Ribs, Unilateral _____ R / _____ L	71100
<input type="checkbox"/>	Acute Abdomen Series	74022
<input type="checkbox"/>	KUB (Abd. 1 View)	74000
<input type="checkbox"/>	Cervical Spine, Complete	72050
<input type="checkbox"/>	Thoracic Spine, Complete	72072
<input type="checkbox"/>	Lumbar Spine, Complete	72110
<input type="checkbox"/>	Sacrum & Coccyx	72220
<input type="checkbox"/>	Hip, Unilateral 2-3V _____ R / _____ L	73502
<input type="checkbox"/>	Femur, 2 View _____ R / _____ L	73550
<input type="checkbox"/>	Knee, Complete _____ R / _____ L	73564
<input type="checkbox"/>	Tib/Fib, 2 View _____ R / _____ L	73590
<input type="checkbox"/>	Ankle, Complete _____ R / _____ L	73610
<input type="checkbox"/>	Foot, Complete _____ R / _____ L	73630

BONE DENSITY TESTING

<input type="checkbox"/>	Bone Densitometry	77080
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SCREENING MAMMO (Asymptomatic)

<input type="checkbox"/>	2D Screening	G0202 / 77052
<input type="checkbox"/>	3D* Screening with Tomo	G0202 / 77063
<input type="checkbox"/>	Perform Diagnostic Mammogram &/or Breast US if medically necessary	
<input type="checkbox"/>	Implants	

DIAGNOSTIC MAMMO (Symptomatic)

<input type="checkbox"/>	2D Diagnostic	
<input type="checkbox"/>	Bilateral	G0204 / 77051
<input type="checkbox"/>	Unilateral _____ R / _____ L	G0206 / 77051
<input type="checkbox"/>	3D* Diagnostic	
<input type="checkbox"/>	Bilateral	G0204 / 77062
<input type="checkbox"/>	Unilateral _____ R / _____ L	G0206 / 77061
<input type="checkbox"/>	Perform with Breast US if medically necessary	
<input type="checkbox"/>	Implants	

*Additional fees may apply for 3D Tomo procedures. Checking with the patient's insurance provider will be required.

- Report Only
- Report w/image on CD
- Report w/Film
- JUST FAX: 714-961-5997

(Location Directions on Reverse Side)

OTHER: _____

DIAGNOSIS: _____

CLINICAL HISTORY: _____

Print Physician's Name: _____

X _____ Physician's Signature _____ Date _____ Fax Number _____

MRI

CT SCAN

MRCP - NPO 8 Hours prior

All other exams - No prep required.

MRI cannot be performed on patients with Cardiac Pacemakers, some Cardiac Valves and Stents, Otologic Implants, Implanted Neurostimulators, Aneurysm Clips in the head, and pregnancy in some cases. Leave jewelry, hair pins and any metallic objects at home. Notify the technologist of any prior surgeries or injuries where metal may be inside the body. Please bring any relevant outside x-rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI exams.

Patients Requiring contrast:

1. Labs for Contrast Exams are required for patients over 50 or as directed by physician.
2. Labs for Contrast Exams include BUN & Creatine.
3. Labs for Contrast Exams are to be drawn and to be no older than 30 days.

Chest - No food or drink 4 hours prior, bring recent chest x-rays for correlation and planning.

Abdomen (Oral Prep Only) - Pick up oral contrast prep from the Imaging Center and drink prep one hour prior to the scheduled procedure time.

Abdomen (Oral Prep and I.V. Contrast) - No food or drink 4 hours prior to exam. Pick up oral prep from the Imaging Center and drink it one hour prior to the appointment time.

Pelvis (Oral Only) - Pick up two bottles of oral contrast from the Imaging Center and drink one bottle two hours prior to the appointment and the second bottle one hour prior to the appointment time.

Pelvis (Oral and I.V. Contrast) - No food or drink 4 hours prior to the exam. Pick up two bottles of oral contrast from the Imaging Center and drink one bottle two hours prior to the appointment and the second bottle one hour prior to the appointment time.

Abdomen and Pelvis (Oral and I.V. Contrast) - No food or drink 4 hours prior to the exam. Pick up two bottles of oral contrast from the Imaging Center and drink one bottle two hours prior to the appointment and the second one hour prior to the appointment time.

CTA's - No food or drink 4 hours prior to examination.

ULTRASOUND

Abdominal (Gallbladder) - No food or drink 4 hours prior to the examination. Preferably no food or drink after midnight the day prior to the procedure.

Pelvic - Drink two 16 oz. glasses of water one hour prior to the examination. **Hold bladder full, No voiding.**

Renal (Kidney) - Drink two 16 oz. glasses of water one hour prior to the examination. **The patient may void anytime.**

MAMMOGRAPHY

- Physician order required.
- Wash all deodorant and/or powder off the breast and underarms prior to your exam.
- If your previous films are not available the day of your exam, the reading of mammogram will be delayed.

HOSPITAL IMAGING SERVICES

Imaging Services performed at the Hospital: **Fluoroscopy, IVP's, CT Biopsies and Invasive Procedures.**

To schedule your appointment please call **714-961-5990** or Fax **714-961-5997**.
www.placentialinda.com

We Offer Pre-Authorization Services!

Rose Plaza representatives will initiate and obtain Prior-Authorization* for patients with PPO insurance (*Some exceptions apply for MRI and CT only)

Please fax:

1. Doctor's signed order
2. Clinicals pertaining to exam ordered
3. Patient demographics (contact info, DOB, etc.)
4. Copy of insurance card (front/back)

