- ☐ Beverly Tower Wilshire Advanced
- ☐ Beverly Tower Women's Center
- ☐ Breastlink Women's Img Bev Hills
- ☐ Huntington Park Adv Saturn
- ☐ Huntington Park Adv Zoe
- ☐ Inglewood Advanced Img

RadNet

Imaging Request Los Angeles Locations

Scheduling Phone (310) 854-7722 | Fax (310) 854-0011

BeverlyTowerScheduling@Radnet.com

- ☐ Resolution Advanced Img
- ☐ WaveImaging Beach Cities
- ☐ WaveImaging Torrance Adv
- ☐ Westchester Advanced Img
- ☐ Wilshire Downtown Adv Img

Appointment Date: _____ **Appointment Time:** _____ **Today's Date:** _____

Patient's Name: _____ **Date of Birth:** _____

Clinical History/Reason for Exam: _____

Insurance Information: _____ **Patient's Phone:** _____

Referring Physician: _____ **Physician Signature:** _____

*Please send appropriate chart notes with your order

Phone: _____ ☐ **Patient to bring CD to Doctor** ☐ **STAT EXAM** ☐ **CALL** _____

MR

MRI

- ☐ With & Without Contrast
- ☐ Without Contrast
- ☐ Contrast, as Indicated
- ☐ 3D Recon
- ☐ Brain
  - ☐ w/special attention to IAC
  - ☐ w/special attention to Pituitary
  - ☐ NeuroQuant
- ☐ Orbits
- ☐ TMJ
- ☐ Neck - Soft Tissue
- ☐ Spine:
  ___Cervical __Thoracic__Lumbar
- ☐ Extremity: Joint__Left __Right
  Specify body part _____
- ☐ Extremity: Non-Joint__Left __Right
  Specify body part _____
- ☐ Breast ___CAD
  ___Mass__Implant
- ☐ MR Guided Breast Biopsy
- ☐ MR Enterography
- ☐ Chest
- ☐ Abdomen
  ___Adrenals ___MRCP
- ☐ Pelvis __Bony Pelvis __Soft Tissue
- ☐ Prostate
  ___Spectroscopy ___Bones add Nodes
- ☐ Other:_____

MR Angiography

- ☐ With & Without Contrast
- ☐ Without Contrast
- ☐ Contrast, as Indicated
- ☐ Brain
- ☐ Neck - Carotids
- ☐ Chest
- ☐ Abdomen
  ___Aorta ___Renal
- ☐ Aorta and runoff vessels
- ☐ Pelvis
- ☐ Extremity: __Left __Right
- ☐ Other:_____

MR Arthrography __Left __Right

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hip
- ☐ Knee
- ☐ Ankle
- ☐ Other:_____

CT

Screening CT

- ☐ Low-Dose Lung Cancer Screening

Diagnostic CT

- ☐ With & Without Contrast
- ☐ Without Contrast
- ☐ Contrast, as Indicated
- ☐ 3D Recon
- ☐ Brain
- ☐ Orbits
- ☐ IAC Middle Ear
- ☐ Maxillofacial - Facial Bones
- ☐ Sinus (Maxillofacial)
- ☐ Neck (soft tissue)
- ☐ Spine: __Cervical __Thoracic __Lumbar
- ☐ Extremity __Left __Right
  Specify body part_____
- ☐ Chest
- ☐ Abdomen (pelvis if indicated)
- ☐ Abdomen and Pelvis
- ☐ Urogram (abdomen/pelvis)
- ☐ Pelvis
- ☐ Treatment Plan:_____
- ☐ Biopsy_____
- ☐ CT Enterography
- ☐ Virtual Colonoscopy
- ☐ Other:_____

CT Dental

- ☐ Mandible
- ☐ Maxilla

CTA (angiography)

- ☐ Head
- ☐ Neck
- ☐ Extremity: __Upper __Lower
- ☐ Chest
- ☐ Aorta and runoff vessels
- ☐ Abdomen
- ☐ Pelvis
- ☐ Cardiac
  __Coronary__Calcium Score

Creatinine: _____

Lab Date: _____

DEXA

- ☐ Bone Density
  Reason for bone density: _____

_____

Date of last exam: _____

Ultrasound

- ☐ Abdomen_____
- ☐ Abdomen Limited
  __Liver __Gallbladder
  __Right Upper Quadrant
- ☐ Abdomen w/Doppler if indicated
- ☐ Renal _____
  - ☐ w/bladder
- ☐ Bladder_____
- ☐ Aorta/Retroperitoneal
- ☐ Pelvic Transvaginal
- ☐ Pelvic Transabdominal
- ☐ Pelvic Transvaginal and Trasabdominal
- ☐ Scrotum ___w/Doppler
- ☐ Thyroid
- ☐ Biopsy / Aspiration
  Area_____
- ☐ Extremity (Non-Vascular)
  __Upper__Lower__L __R__Bil
- ☐ Other_____

Vascular Studies

- ☐ Carotid Doppler (Duplex)_____
- ☐ Venous Mapping
- ☐ Extremity:
  __Arterial __Venous
  __Upper__Lower__L __R__Bil
- ☐ Other_____

OB Ultrasound

- ☐ OB Ultrasound (TV if indicated)
- ☐ Limited (Viability, Heart Beat, Position, Fluid, Placental Location)
  _____
- ☐ Follow-up (specify documented problem)_____

Fluoroscopy

- ☐ Arthrography
  Specify body part:_____
- ☐ IVP
- ☐ Esophagram
- ☐ Hysterosalpingogram (HSG)
- ☐ UGI
- ☐ UGI w/SBFT
- ☐ Small Bowel
- ☐ Barium Enema
- ☐ Other: _____

Breast Imaging

- ☐ Screening **3D TOMO** Mammogram
  - ☐ 2D Screening
- ☐ Diagnostic **3D TOMO** Mammogram
  - ☐ 2D Diagnostic
- ☐ Breast Ultrasound
  __Left __Right __Bilateral
- ☐ Stereotactic Breast Biopsy
- ☐ Other_____

Date last mammogram: _____

X-Ray

- ☐ Head:
  __skull__orbits__sinuses
- ☐ Spine:
  __cervical__thoracic__lumbar
- ☐ Chest: __PA ____PA/LAT
- ☐ Ribs:
  __Unilateral__Bilateral__w/PA Chest
- ☐ Abdomen: __KUB __Two Views
- ☐ Pelvis
- ☐ Hips w/AP pelvis, bilateral
  __Unilateral __Left __Right
- ☐ Extremity:
  __Left __Right __Bilateral
  Specify Body Part _____
- ☐ Other:_____

_____

PET/CT

- ☐ PET/CT, Skull Base to Mid-thigh
- ☐ PET/CT, Whole Body (Melanoma)
- ☐ PET/CT, Brain
- ☐ PET/CT, Amyloid
- ☐ PET/CT, Axumin
- ☐ F-18 PSMA/PyL (Prostate Cancer – Initial Staging/Recurrence)

CONNECT PATIENT PORTAL

To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:

RadNetConnectCA.com

Please bring - this form, your insurance card & I.D., with you on the day of your exam.

LOCATIONS & SERVICES

				3D Screening Mammography	MRI	CT	Nuclear Medicine	X-Ray	Ultrasound	3D Diagnostic Mammography	Stereotactic & US Breast Biopsy	Arthograms	DEXA	PET/CT	Flouroscopy
1	Beverly Tower Wilshire Advanced	8750 Wilshire Blvd, Suite 100, Beverly Hills, CA 90211	310-689-3100		■✦	●		●	●			●		●	●
2	Beverly Tower Women's Center (Relocating to Breastlink Soon)	465 N. Roxbury Dr., Ste. 101, Beverly Hills, CA 90210	310-385-7747	●					●	●	●		●		
3	Breastlink Women's Imaging Beverly Hills	8750 Wilshire Blvd, Suite 200, Beverly Hills, CA 90211	310-385-7747	●					●	●	●		●		
4	Huntington Park Advanced Imaging	2680 Saturn Ave., Suite 100,Huntington Park, CA 90255	323-584-3333		●	●									
5	Huntington Park Advanced Imaging	2679 Zoe Ave., Huntington Park, CA 90255	323-584-3333					●	●						
6	Inglewood Advanced Imaging	211 N. Prairie Ave, Suite E, Inglewood, CA 90301	310-672-9729	●	■	●		●	●	●			●	●	
7	Resolution Advanced Imaging	2428 Santa Monica Blvd, Lower Level, Santa Monica, CA 90404	310-315-1000	●	✦	●		●	●			●	●		
8	WaveImaging Beach Cities	510 N. Prospect Ave., Suite 101, Redondo, CA 90277	310-265-3100		■	●		●	●			●			
9	WaveImaging Torrance Advanced	23441 Madison Street, Suite 100, Torrance CA 90505	310-373-0000		✦										
10	Westchester Advanced Imaging	8540 S Sepulveda Blvd., Ste. 111 & 112, Los Angeles, CA 90045	310-645-9050	●▲O		●		●	●	●		●			
11	Wilshire Downtown Advanced Imaging	3055 Wilshire Blvd., Ste. 150, Los Angeles, CA 90010	213-487-4077		■	●		●	●						

▲ 1.2T ■ 1.5T ✦ 3.0T O Open

*Plain film X-Ray are taken on a "Walk-in basis"

**Diagnostic X-Ray procedures require a scheduled appointment

For X-Ray hours please visit: xrayhours.com

Scheduling: Phone: (310) 854-7722 | Fax: (310) 854-0011