Grossman Imaging Centers TAX I.D. #95-3636521 • NPI #1366463572		Phone: 805	Phone: 805.988.0616 • Fax: 805.604.1722 www.grossmanimaging.com	
10 2001 N Solar Dr #135 - Ovnard		🗅 2705 Loma Vista Rd., #100 - Ventura	□ 2900 Loma Vista Rd #101 - Ventura	
		e of BirthTo		
		_ Day Phone Patient		
Referring Physician Signature (F	Required)	Phone	Fax	
Describe reason and specific body pa	rt for requested exam / What are you loo	oking for (Required: please describe for IC	D-10 Compliance) 1.	
			2.	
Clinical History / Symptoms / Possible	e diagnosis / Does patient have any spe	cial needs:		
1				
3.				
REPORT RESULTS: C Routine		Traumatic Non-Traumatic Initial Subsequent Sequ	ela (Late effect)	
	our scans requested below:Wit		Contrast at Radiologists Discretion	
MRI	СТ	BREAST IMAGING	Interventional Radiology	
Abdomen-Attn:		Screening Mammogram	Hysterosalpingogram (HSG)	
Liver Spleen Kidneys	CT Bone Density - Thoracolumbar	LeftRightBilateral		
Pancreas Adrenal Glands		Diagnostic Mammogram with US	Port Placement/Removal	
<ul> <li>Abdomen (MRCP)</li> <li>Brachial PlexusLeftRight</li> </ul>	Brain	at Radiologist's Discretion	Vertebroplasty	
Brain	☐ Chest	LeftRightBilateral	Balloon Kyphoplasty	
Brain Spectroscopy	Coronary Calcium Scoring	Breast Ultrasound	Varicose Vein Procedure	
Breast MRI - Bilateral with contrast	Mastoid Temporal Bones – IAC's	Left Right Bilateral	Upper GI	
Cardiac	Facial Bones - Mandible with 3D	Breast Biopsy - MRI Guided		
Chest-Attn:	Facial Bones - Maxillofacial with 3D	LeftRight	US Guided Prostate bx	
IAC's	Low Dose Chest Lung Screening	Breast Biopsy - Stereotactic	Other:	
<ul> <li>Liver with Eovist</li> <li>Neck – Soft Tissue</li> </ul>	G Sinuses with 3D	LeftRight	ULTRASOUND	
Orbits	□ Spine	Breast Biopsy - Ultrasound	Abdomen	
Pelvis:BonySoft Tissue	CervicalThoracicLumbar	LeftŘight Date last mammogram:	Abdomen with Doppler Aorta	
Pituitary	Myelogram:	Dette last mainingirani.	Biopsy / Aspiration / Injection	
Prostate - Pelvis w/ Dynamic Contrast				
Enhancement (DCE) of Prostate	CervicalThoracicLumbar	DEXA Bone Density	BreastLeftRightBilateral	
CervicalThoracicLumbar	Treatment Plan	BONE SCAN	Extremity	
Extremity (Joint) Left Right	Neck-Soft Tissue	Bone Scan F18 (PET)	UpperLowerLRBilateral	
Specify Joint Extremity (Non-Joint)LeftRight	Orbits with 3D	PET/CT	□ Renal □ with Bladder	
Specify body part	☐ Abdomen ☐ Pelvis ☐ Both (Abd/Pel)	PET/CT - Head to Thigh 78815	Grotum Grote with Doppler	
TMJ	Urogram (Abdomen/Pelvis) w/contrast	□ PET/CT – For Melanoma Head-Toe 78816	Soft Tissue Neck	
□ Other:	Urogram (Stone Protocol) w/o contrast	PET/CT – Brain	<ul> <li>Sonohysterogram (HSS)</li> <li>Thyroid</li> </ul>	
MR Angiography (MRA)		PET Bone Scan – (F18)	Transvaginal	
Abdominal Aorta with 3D	CT Angiography (CTA)	X-RAY	Wellness Screening	
□ Brain (COW) with 3D	Abdomen and Pelvis	Chest	☐ Other:	
Carotid/Neck with 3D	Abdominal Aorta with Runoff	🖵 KUB	Vascular Studies	
Pelvis with 3D	Aorta with 3D:Abdominal	Post Myelo Flexion Extension Views	Arterial DopplerLR-Up Ext	
Renal with 3D		IVP Ø Tomo	Arterial Doppler w/ABI_L _R-Low Ext	
Runoff – Abdomen & Bilateral Extremities with 3D	ThoracicBoth	Other:	□ Venous DopplerLR - Upper Ext	
□ Subclavian with 3D	Brain/Cow with 3D		□ Venous Doppler _L_R - Lower Ext	
Thoracic Aorta (Aortic Arch) with 3D	Carotid-Neck with 3D	Biopsies with Imaging Guidance	☐ CarotidLeftRight ☐ Other:	
Venogram with 3D	☐ Chest	CT CT Fluoroscopy Ultrasound		
□ Other:	Coronary Angio (CTA)	☐ KidneyLeftRight	OB Ultrasound	
MR Arthrography	Extremity w/ 3D:UpperLower	☐ Liver ☐ Lung	<ul> <li>Nuchal Tranlucency w/ Bloodwork</li> <li>OB &lt; 14 Wks w/ Transvaginal</li> </ul>	
🖵 Left 🛛 Right	Pulmonary Artery with 3D	Thyroid Core Biopsy	□ OB < 14 Wks w/ Transvaginar	
Specify Joint		Thyroid Fine Needle Aspiration	OB Ultrasound2nd3rd Trimester	
With Steroid Injection	Renal Arteries with 3D	Other:	□ Other:	

See reverse side for maps and instructions PLEASE BRING THIS FORM AND YOUR INSURANCE CARD WITH YOU ON THE DAY OF YOUR EXAM

# PLEASE BRING THIS FORM AND YOUR INSURANCE CARD WITH YOU ON THE DAY OF YOUR EXAM FOR ALL STUDIES:

Unless otherwise instructed, please arrive 30 minutes before your study to complete the necessary paper work.

## MRI CHECKLIST

- <u>The Following Conditions May Prevent You From</u> Having An MRI Exam
  - 1. Cardiac Pacemaker. 2. Cerebral Aneurysm Clips.
  - 3. Metal fragments in the eyes. 4. Pregnancy.
- Please wear comfortable clothing.
- Abdomen or MRCP or Contrast Studies Nothing to eat or drink 4 hours prior to your study.
- Head and Neck

No eye makeup for neck & head studies.

Remember to bring: 1. Health Insurance Information 2. Recent X-ray Studies 3. Previous MRI Studies 4. Mammography films if having breast MRI

## **PET/CT INSTRUCTIONS**

Please allow up to 3 hours for your scan. No food for 6 hours prior to your scan. Please drink at least 24oz. of PLAIN water before your exam. You may empty your bladder.

## MAMMOGRAPHY INSTRUCTIONS

Do not use any powders, talcs, sprays or deodorants on your breast or underarm area before your exam. Prior to your exam, please arrange to have your previous mammography films and reports sent to our office, or bring them with you on the day of your exam.

## **VENTURA OFFICES**

## DIRECTIONS

Take 101 freeway to Main Street exit, go West one mile to Loma Vista Rd., turn sharp right 1 block to to 2705 Loma Vista Rd., Suite #100.

For second Ventura office, continue down Loma Vista Rd. to 2900 Loma Vista Rd., Suite 101.

#### DIRECCIONES

Tome el autopista 101 hasta la salida de Main St., vaya

al sur una milla a Loma Vista Road. una cuadra a 2705 Loma Vista Road., Suite #100. (oficina) Cerca de hospital Community Memorial.



## ULTRASOUND CHECKLIST

- Abdomen Nothing to eat or drink 6 hours prior to exam
- Pelvis / OB □ <u>Kidney / Bladder</u> 1 hour prior to exam time - drink 32 oz fluids do not empty bladder.
- Ultrasound Wellness Screening Nothing to eat or drink 6 hours prior to exam

## CT SCAN INSTRUCTIONS

IV Contrast - Have nothing to eat 4 hours prior to exam. Drink 28 oz of water 2 hours prior to exam. You may continue taking your regularly prescribed medications and/or vitamins. You may empty bladder if necessary.

Abdominal/Pelvis Studies - Have nothing to eat for 4 hours prior to the procedure. You may drink water or barium if instructed, but NOT BOTH.

IMAGING TIME APPROXIMATELY 15-30 MINUTES.

**Contraindications** - Pregnancy

For Coronary Angiography (CT Angiogram) or PET/ CT - Please obtain brochure with instructions from referring physician or Grossman Imaging at least 2 days prior to study.

## DEXA INSTRUCTIONS

Do not take calcium supplements 24 hours prior to your scan. If you have had any x-rays using contrast such as barium, IV contrast or any nuclear medicine studies, please wait one week before having a DEXA scan. If any of these tests are scheduled for the same day as your DEXA scan, the DEXA must be performed first.

## **OXNARD OFFICES**

#### **DIRECTIONS - SOLAR OFFICE**

Take 101 freeway to Rice Road exit, go south 1 block to Gonzales Road, turn right 1 block to Solar Drive, turn right to 2001 N. Solar Drive, Suite #135. GONZALES OFFICE - Take 101 freeway to Rice Road exit, go south 1 block to Gonzales Road, turn right 2 blocks to 2151 Gonzales

#### Rd. Suite 101. DIRECCIONES

Tome el autopista 101 hasta la salida 2151 Gonzales Rd. de Rice Road, Suite 101 vaya al sur una cuadra a Gonzales свс Х Road, una cuadra después doble a la derecha a Solar Drive, doble a la derecha a 2001 N. Solar Drive, Suite #135. (oficina) (Gonzales Oficina - Mirar El Mapa)

