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Clinically Based Imaging Options

Patient Name: _____ Date: _____
 Phone: _____ D.O.B. _____
 Diagnosis: _____
 Symptoms, Clinical Impression: _____
 Known Allergies: _____
 Creatinine: _____ BUN: _____ Date: _____
 Referring Physician: (Please Print): _____
 CC: _____

To optimize coronary images, IV Beta Blockers are used to obtain heart rates of 55-65.
 Is there any reason that we should avoid using Beta Blockers on your patient? Yes No
 Allergic To Iodine/Gadolinium Diabetes Pacemaker/ICD Kidney Disease
 Cerebral Aneurysm Surgery Aortic Stent Other Devices

Modality	Body Part					
CT (3D Rendering) <input type="radio"/> With Contrast <input type="radio"/> Without Contrast	<input type="radio"/> Brain	<input type="radio"/> Sinus/Facial Bones	<input type="radio"/> Chest	<input type="radio"/> Coronary Calcium	<input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Urogram (Abdomen/Pelvis) <input type="radio"/> Other _____	<input type="radio"/> Neck <input type="radio"/> C-Spine <input type="radio"/> T-Spine <input type="radio"/> L-Spine
CT Angiography (CTA)	<input type="radio"/> Coronary <input type="radio"/> Chest	<input type="radio"/> Brain <input type="radio"/> Carotid/neck	<input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Lower extremity	<input type="radio"/> Venous lower extremity evaluation (DVT) <input type="radio"/> Abdomen w/ lower extremity runoff		
MRI <input type="radio"/> With Contrast <input type="radio"/> Without Contrast <input type="radio"/> Left <input type="radio"/> Right	<input type="radio"/> Cardiac MRI <input type="radio"/> Function <input type="radio"/> Viability <input type="radio"/> w/stress <input type="radio"/> Brain <input type="radio"/> Pituitary <input type="radio"/> Orbits <input type="radio"/> IAC's	<input type="radio"/> Shoulder <input type="radio"/> Wrist <input type="radio"/> Hip <input type="radio"/> Knee <input type="radio"/> Ankle <input type="radio"/> Chest <input type="radio"/> Other _____	<input type="radio"/> Abdomen <input type="radio"/> Pelvis (soft tissue) <input type="radio"/> Pelvis (bony) <input type="radio"/> MRCP	<input type="radio"/> Neck <input type="radio"/> C-spine <input type="radio"/> T-spine <input type="radio"/> L-spine <input type="radio"/> S-spine	<input type="radio"/> Prostate <input type="radio"/> Breast- Parenchyma <input type="radio"/> Breast- Implant Assessment	
MR Angiography (MRA)	<input type="radio"/> Brain <input type="radio"/> Carotids/neck <input type="radio"/> Chest <input type="radio"/> Upper extremity	<input type="radio"/> Venous lower extremity evaluation (DVT) <input type="radio"/> Abdomen w/ lower extremity runoff	<input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Lower extremity <input type="radio"/> Other			
Screening CT	<input type="radio"/> CT coronary angiography <input type="radio"/> Coronary calcium (no lung over-read) <input type="radio"/> Coronary calcium and chest	<input type="radio"/> Chest (full lung scan) <input type="radio"/> Virtual colonography <input type="radio"/> Whole body CT				
Screening MRI	<input type="radio"/> Whole Body MRI	<input type="radio"/> Brain MR	<input type="radio"/> Abdomen/pelvis MR	<input type="radio"/> Breast MR		
PET Cardiac	<input type="radio"/> Cardiac Stress Rubidium	<input type="radio"/> Cardiac Viability FDG				
PET Body <input type="radio"/> Initial Treatment Strategy (diagnostic/staging) <input type="radio"/> Subsequent Treatment (restaging/monitoring)	<input type="radio"/> FDG Whole Body <input type="radio"/> Diagnostic CT <input type="radio"/> Brain <input type="radio"/> Chest	<input type="radio"/> FDG Limited <input type="radio"/> Body Part _____ <input type="radio"/> Abdomen <input type="radio"/> Pelvis				
Nuclear Cardiology	<input type="radio"/> Stress Cardiolite	<input type="radio"/> Adenosine Cardiolite				
Echocardiography	<input type="radio"/> 2D with Doppler	<input type="radio"/> Stress Echo				
Duplex Ultrasound	<input type="radio"/> Carotid	<input type="radio"/> Arterial	<input type="radio"/> Venous	<input type="radio"/> Body Part: _____		
Ultrasound	<input type="radio"/> Abdomen <input type="radio"/> Thyroid <input type="radio"/> Pelvis	<input type="radio"/> Specify Body Part/Exam Type: _____				