99 N. LA CIENEGA BLVD. SUITE 103 BEVERLY HILLS, CA 90211
PH 310-623-1150 FAX 310-388-1251

Patient Name:________________________ D.O.B.____________ Date:__________

Phone:____________ Cell:______________ Email:________________

Symptoms, Clinical Impression: ______________________________

Known Allergies: ______________ BUN: ________Creatinine: ________ Date: ________

Referring Physician: ______________________ CC: ______________________

To optimize coronary images, IV Beta Blockers are used to obtain heart rates of 55-65. Does your patient have any of the following? O Yes O No

O Allergic To Iodine/Gadolinium O Diabetes O Pacemaker/ICD O Kidney Disease or Dialysis
O Cerebral Aneurysm Surgery O Aortic Stent O Other Devices

Screening / Wellness Studies

O Coronary Calcium Score
O CT Coronary Angiogram
O Whole Body CT

O Whole Body CT
O Virtual CT Colonography
O Lung Scan
O Corotid Plaque (High Resolution) MRI

O Brain MRI (No Contrast)
O Breast MRI
O Abdomen/Pelvis MRI

Modality	Body Part

CT

O With Contrast
O Without Contrast

O Brain
O Sinus/Facial Bones
O Chest
O Coronary Calcium

O Abdomen
O Pelvis
O Urogram (Abdomen/Pelvis)
O Other ______________

O Neck
O C-Spine
O T-Spine
O L-Spine

CT Angiography (CTA)

O Coronary
O Chest

O Brain
O Carotid/neck

O Abdomen
O Pelvis
O Lower extremity arterial

O Lower extremity venogram (DVT), edema
O Abdomen w/lower extremity arterial runoff

MRI

O With Contrast
O Without Contrast

O Left
O Right

O Cardiac MRI
- O Function
- O Viability
- O w/stress

O Brain
O Pituitary
O Orbits
O IAC's

O Shoulder
O Wrist
O Hip
O Knee
O Ankle
O Chest
O Other ______________

O Abdomen
O Pelvis (soft tissue)
O Pelvis (bony)
O MRCP

O Neck
O C-spine
O T-spine
O L-spine

O Prostate
O Breast-Parenchyma
O Breast- Implant Assessment

MR Angiography (MRA)

O Brain
O Carotids/neck
O Chest
O Upper extremity

O Lower extremity venogram (DVT), edema
O Abdomen w/lower extremity arterial runoff

O Abdomen
O Pelvis
O Lower extremity arterial
O Other

Nuclear Cardiology

O Cardiac Stress (Rubidium) PET
O Treadmill Cardiolite SPECT

O FDG PET Cardiac Viability
O Adenosine Cardiolite SPECT

PET Body

O Initial Treatment Strategy (diagnostic/staging)
O Subsequent Treatment (restaging/monitoring)

O FDG Whole Body
O Diagnostic CT
- O Brain
- O Chest
- O Abdomen
- O Pelvis

O FDG Limited
O Body Part ______________

Nuclear Cardiology

O Stress Cardiolite
O Adenosine Cardiolite

Echocardiography

O 2D with Doppler
O Stress Echo

Ultrasound

O Carotid
O Abdomen
O Thyroid
O Pelvis

O Arterial O Venous O Body Part:______________
O Lower Extremity Venus Reflux
O Specify Body Part/Exam Type:______________