



PATIENT INFO		PHYSICIAN INFO		INSURANCE
PT. NAME: LAST	FIRST	DR. NAME:	DR. SIGN:	
PT. DOB:		DR. TEL:	ORDER DATE:	
PT. TEL:		DR. FAX:	INDICATION:	

NUCLEAR MEDICINE **PET-CT & CT (64 Slice)** **MRI / US / XR**

1. BONE SCAN
A. Whole Body B. Three-Phase C. SPECT
 Metastatic Disease Prosthetic Loosening
 Arthritis RSD Plantar Fasciitis Stress Frx.
 Diabetic Foot Osteomyelitis vs Cellulitis
 (combine w/ Gallium scan #4)
2. BRAIN SPECT
 Dementia/ Stroke DAT Scan for Parkinson's

3. CARDIAC STRESS TEST
Thallium / Technetium SPECT Pharma TMT
 Chest Pain CAD/ Stent/CABG Pre-op Eval.
 Dyspnea on Exertion Abn. Resting EKG

4. INFECTIONS Gallium Scan Infection

5. LIVER AND GALL BLADDER
A. HIDA (Hepato-Biliary) w/G.B. Ejection Fraction
 RUQ Pain Gall Stones / Cholelithiasis
B. Liver - Spleen Scan Cirrhosis Mass
C. RBC Blood Pool Study Hemangioma

6. MUGA SCAN (For Accurate L.V.E.F.)
 CHF Difficult Echo Pre & Post-Chemo LVEF

7. RENAL / KIDNEY
A. Renal Scan w/ Flow Differential Kidney Functn.
B. W / Captopril Renal Artery Stenosis - HTN

8. STOMACH - ESOPHAGUS
A. Gastric Emptying Diabetes Dyspepsia

9. THYROID SCANS
A. THYROID CANCER
 I-131 Whole Body Scan I-123 Whole Body Scan
 Thyrogen Injection I.M. WB FDG PET-CT Scan
 Post I-131 Rx Body Scan I-131 Thyroid Therapy _____ mCi
B. HYPERTHYROIDISM
 Thy. Uptake & Scan I-131 Thyroid Rx _____ mCi

10. PARATHYROID
 Adenoma ↑PTH ↑Ca++

11. BRAIN PET-CT
A. FDG Brain PET
Alzheimer's Disease Vs FrontoTemporal Dementia
 Short term Memory loss > 6 mos. **Pls Provide:**
 MMSE Score _____ TSH _____
 Head CT* or MRI* _____ B-12 _____
B. AMYLOID Brain PET
 Identify Alzhiemer's B-Amyloid Plaque burden
 * Head CT and/or MRI is required before Brain PETs

12. MEMORY LOSS DIAG. EVAL.
 Head CT or MRI/MRA, TCD, Amyloid PET, FDG Brain

13. CARDIAC PET-CT
A. RUBIDIUM Perfusion PET
 Chest Pain CAD SOB Pre-op Eval.
 Abn. Resting EKG Inconclusive SPECT
B. FDG Viability PET
 Infarct Vs Hibernating Myo. Vs Soft tissue atten.

14. ONCOLOGY PET-CT
For anatomical details, pls. include CT w/contrast
Please complete CT order (in Section 15)
 Breast Bladder Brain
 Bone Mets Colorectal Gastic/Esophagus
 Head-Neck/Thyroid Ca. Liver/Pancreatic Ca.
 Lung /Pulm. Nodule Prostate (post Dx)
 Lymphoma Renal Cell Ca.
 Ovarian/Cervix/Uterus Melanoma
 Other _____ Unknown Primary

15. CT SCANS
If ordering PET, please incude CT order as needed.
Contrast W/o W+W/o
Patients >60 yrs need BUN, Creatinine, GFR
Oral Diabetics: No oral meds 24h pre & 48h post cont.
 Head Knee High Res. CT
 Sinus Neck Liver 3 Phase
 Chest Abdomen Pelvis
 Shoulder Hip C-Spine
 CTA Runoff Ab/Pelvis T-Spine
 CTA Runoff Low Extermity L-Spine

17. MRI **3-TESLA**
A. HEAD/NECK **Contrast** W/o W+W/o
 MRI Brain Pituitary
 MRI Brain MRI Orbits
 MRI Neck/Carotid MRI Neck/Face
TIA/Stroke protocol
Includes all 3 above

B. BODY **Contrast** W/o W+W/o
 Abdomen Enterography
 Pelvis Chest/ Mediastinum
 MRCP / Biliary Brachial Plexus
 Breast Left Right

C. SPINE Cervical Thoracic Lumbar

D. JOINTS **Contrast** W/o W+W/o
 Shoulder Hip Left Right Bilat.
 Elbow Knee Please select location
 Wrist Ankle
 Hand Foot Other _____

E. MRA **Contrast** W/o W+W/o
 MRA Brain MRA Renal Arteries
 MRA Neck/Carotid Runoff Abdomen/Pelvis
 Thoracic Aorta Runoff Lower Extermity
 Abdominal Aorta

18. DOPPLER (Vascular)
A. Carotid Arteries
 Neck bruit TIA Syncope Prior CVA
B. Transcranial Doppler (TCD)
 Dizziness TIA Syncope Prior CVA
C. Abdominal Aortic Aneurysm Screen
 Hx. Smoking AAA Bruit >70 Yrs
D. Lower Extermity – Arterial w/ ABI
 Claudication Numbness PVD/PAD
E. Lower Extermity – Venous
 Pain / Redness / Swelling DVT Varicose

19. ECHOCARDIOGRAPHY *No Stress Echo*
Resting 2D Echo LVH CHF Valve Dx
 Hypertension Cardiomyopathy

NOTES

Printed Feb 2019 **24 Hr Cancellation Required**

16. INTERVENTIONAL RADIOLOGY
A. Joint Injections: Arthrogram Therapeutic Inj.
 Hip Shoulder Knee Other _____
B. Varicose Veins' Ablation:
 Right leg Left Leg Both legs
C. Epidural Spinal Injections (Need < 6 mo old MRI)
 Low back Pain Sciatica Spinal stenosis
D. Stem Cell Therapy Consultation

20. ULTRASOUND
 Abdomen - Limited Complete
 Pelvis - Limited Complete
 Other _____ Reason _____

21. X-RAY
 Chest - AP Lat Spine _____
 Shoulder Hips Knees Ankle
 Other _____

CHECKLIST / GENERAL INSTRUCTIONS

- **Bring your ID and health insurance cards.**
- **Wear warm and comfortable clothing.**
- **Arrive 15 minutes before your appointment.**
- **Bring ALL medicines with you.**
- **If diabetic, bring insulin with you.**

If you are a diabetic on insulin, ask for afternoon appointment. Bring insulin along. If you have special requirements such as children, transportation, a time constraint, upcoming doctor's appointment, large wheel chair, stroke or difficult venous access, please notify us before.

DUE TO TIME SENSITIVE MEDICINES 24 HOUR NOTICE REQUIRED FOR ALL CANCELLATIONS OR RESCHEDULING REQUESTS. PLEASE SEE GRAY BOX ON BOTTOM. CARDIAC STRESS TEST / THALLIUM / RUBIDIUM SCANS

- Do not eat or drink at least 4 hours prior to scan.
- **No caffeine 24 hours before scan.** No soda, no coffee, no tea, no chocolate
- You will lie with arms above your head on the scanning table for 15 minutes each time for the two studies.
- Images may be repeated if they are not satisfactory.
- You may be asked to have food either before or after the first images, so please bring a snack or a meal with you.
- Do not take Beta blockers such as Atenolol, Propranolol, Metopro, Inderal, lol, etc. 24 hours before.
- Please bring all your medications and inhalers with you.
- If you are a male patient, your chest may be shaved at some places to put the EKG leads on.
- Wear warm and loose clothes and tennis shoes for the treadmill exercise test. If you are not able to exercise on the treadmill, you will be given a chemical stress test.
- An informed consent for the procedure will be obtained. Usual time to complete test: 2 - 3 hours.

PET-CT PATIENT PREPARATION

- Nothing by mouth (NPO) except water for 6 hours prior to your appointment
- Patient CAN drink water that morning.
- Take all necessary medicines only with water.
- Low carbohydrate diet during prior night's meal.
- Refrain from exercise for 24-48 hours prior to test.
- If you are diabetic, and on insulin, ask for an afternoon appointment.(to have early breakfast)
- Bring insulin and all medicines to the clinic.
- Please inform us if you are claustrophobic. Bring a ride/driver along
- Although the actual scan time is typically 20 minutes, expect to spend approximately 2 to 3 hours at our facility for your PET-CT scan.
- Wear warm clothes, since the scanner room is cold.

CT SCAN PREPARATION

- Special preparation is NOT required for most CT Scans.
- Wear comfortable and loose-fitting two-piece clothing for your exam.
- Remove metallic clothing or jewelry that may interfere with X-Rays (no belts, earrings, underwire bras, dentures, hairpins, etc.)
- You may be asked to change into a gown.
- For IV contrast for CT, we need renal function tests if you are >65 years of age or have kidney disease or recent infection or hospitalizations.
- For oral contrast, you'll receive detailed instructions at the time of your appointment. Exams of the abdomen and pelvis may require an oral contrast agent as a drink which is given 1-2 hours prior to your scan.
- For abdomen and/or pelvis CT scan, refrain from eating after midnight before the exam. Fluids in moderation are encouraged before the exam.
- **Take plenty of fluids after a contrast exam**
- **Discontinue oral diabetic medication such as Metformin 24 hours before and 48 hours after contrast.**
- **Continue to take all medication ordered by your doctor.**



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MRI PREPARATION

- **Inform us if you have a pacemaker, heart valve, aneurysm clip or cochlear implant. Inform us if you've had brain, heart, eye, or ear surgery. Inform us if you have any metallic objects or implants.**
- In preparation for your MRI you may be asked to remove make-up and dentures depending on the study. You may also be asked to wear a hospital gown to avoid magnetic interference from buckles, zippers etc
- Continue to take medication prescribed by your doctor unless directed.
- If you are having a MRI of the abdomen you will be asked not to eat or drink 4 hours prior to the exam
- Fluids in moderation are encouraged before the exam.
- If you have a history of kidney disease or kidney failure and your exam is scheduled with contrast, please notify us so a technologist can determine whether contrast should be used.
- Once you are situated on the table, make sure you are comfortable so that it is easy to keep still. Breathe normally. There is nothing about the procedure to make you uncomfortable. Once the exam is over, the technologist will assist you out of the scan room.

ULTRASOUND PATIENT PREPARATION

- **Abdomen:** Nothing by mouth (NPO) for 6 hours before your appointment.
- **Pelvis:** The patient may only drink water (32 ounces).

We need to order special medical isotopes for your type of test. These isotopes are expensive, and usually expire on the same day and can not be used again.

IT IS VERY IMPORTANT THAT YOU RESCHEDULE YOUR APPOINTMENT OR CANCEL BEFORE 4:30 PM THE DAY BEFORE. IF NOT, YOU MAY BE RESPONSIBLE FOR THE COST OF THESE EXPENSIVE MEDICINES.

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