



SOL RADIOLOGY

760-494-1621 Scheduling

760-273-4465 Fax

Imaging Requisition

Today's Date

PLEASE BRING THIS FORM, YOUR INSURANCE CARD AND PHOTO ID TO YOUR APPOINTMENT

Patient's Name: Appointment Date:

DOB: Patient's Daytime Phone:

Clinical History/Reason for Exam: ICD10 Code:

Insurance: Policy #: Auth #:

Referring Physician: Physician Signature:

Phone: Fax:

CC: Physician CC: Physician

Is Patient Pregnant? Y N LMP

STAT Results Requested: to Fax#: Phone#:

MR

- MRI
With & Without Contrast
Without Contrast
3D Recon if Indicated
Brain
Orbits
TMJ
Neck - Soft Tissue
Brachial Plexus
Spine: Cervical Thoracic Lumbar
Sacrum & Coccyx
Breast: CAD Mass Implant
MR Guided Breast Biopsy
Chest
Abdomen: MRCP Adrenals
Urogram
Pelvis: Bony Soft Tissue
Prostate
Extremity: Left Right Hip Elbow Knee Wrist Foot Ankle Shoulder
Other:

- MR Angiography
Brain
Neck - Carotids
Chest
Abdomen: Aorta Renal
Aorta and runoff vessels
Pelvis
Extremity: Left Right
Specify body part
Other:

- MR Arthrography
Left Right
Shoulder Hip
Elbow Ankle
Foot Wrist
Other:

CT

- Screening CT
Lung Cancer Screening (Low Dose)
Diagnostic CT
With & Without IV Contrast
With IV Contrast
Without IV Contrast
3D Recon if Indicated
Head
Orbits
IAC Middle Ear (Temporal Bones)
Sinus (Maxillofacial)
Neck (soft tissue)
Spine: Cervical Thoracic Lumbar
Extremity: Left Right
Specify body part
Chest
HRCT Chest
Abdomen
Adrenal w/wo IV
Liver w/ IV (if prior surgery, add w/o)
Pancreas w/wo IV
Renal w/wo IV
Pelvis
Abdomen/Pelvis: Routine (pain, infection, etc.)
Renal Stone (w/o contrast)
CT Urography
Enterography
Other:

- CTA (Angiography)
Cerebral Angiography
Head Neck (Head + Neck)
Extremity
Upper Lower
Chest
Aortic Aneurysm/Dissection +3D
Pulmonary Emboli +3D
Abdomen/Pelvis +3D
Pelvic w/&w/o IV Contrast - ED Protocol
Runoff +3D (ABD/Pelvis + B/L Lower Extremities.)
Other:

ULTRASOUND

- Abdomen Complete (Pancreas, Liver, Gallbladder, Kidneys, Spleen)
Abdomen Limited
Liver (HCC Screening)
RUQ
RLQ (Appendicitis)
Hernia
Aorta
Bladder
Breast: Right Left Bilateral
Pelvis Transvaginal
Pelvis Transabdominal Only
Pelvis (TA + TV)
Renal + Bladder
Scrotum w/Doppler
Soft tissue Head/Neck
Thyroid
Include Parathyroid
Extremity (Non-Vascular)
Upper Lower
Left Right
Specify body part:
Other:

- OB Ultrasound
Weeks Gestation <14wks >14wks
OB Complete-Transvaginal (if indicated)
OB Limited (Viability, Heart Beat, Position, Fluid, Placental Location)
Other:
Vascular Studies
Arterial Abdominal
Carotid Renal
Venous
Acute (DVT) Chronic (Reflux)
Extremity
Upper Lower
Left Right
Ankle-Brachial Index (ABT)
Other:

- US Guided Biopsies
Thyroid FNA # of sites:
Lymph Node FNA # of sites:

X-RAY

- Head: Skull Orbits
Chest: PA PA/LAT
Sinus
Spine: Cervical Thoracic Lumbar
Extremity: Left Right Bilateral
Shoulder Hip
Elbow Knee
Ankle Foot Wrist
Ribs w/PA: Left Right Bilateral
KUB (1 view)
Abdomen (2 view)
Pelvis
Hips: Left Right
Sacrum & Coccyx
Scoliosis
Bone Age
Other:

BREAST IMAGING

- 3D Screening Mammogram (Diagnostic Mammo and/or Ultrasound if indicated)
3D Diagnostic Mammogram (Ultrasound if indicated) Left Right Bilateral
Screening Bilateral Breast Ultrasound
Diagnostic Breast Ultrasound Limited Left Right Bilateral
Other:
Breast MRI
With & without contrast (Screening/Staging)
Without contrast (Breast Implant Integrity)
Procedures
Left Right Bilateral
Cyst Aspiration
Ultrasound Guided Core Needle Biopsy Stereotactic
Core Needle Breast Biopsy (Galactogram)
Ductogram

Symptoms:

FLUOROSCOPY

- Arthrography Left Right
Specify joint:
Esophagram SBFT
Catheter Removal
UGI w/SBFT
UGI w/Esoophagram
Other:

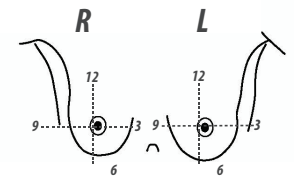
DEXA

- Bone Density
Reason for Bone Density:
Date of Last Exam:


PET/CT

Advanced PET/CT Coming This Summer!


INDICATE AREA OF INTEREST




Office Locations

 **Sol Medical Imaging & Breast Center**
12490 Business Center Dr, STE 200, Victorville, CA 92395
Monday To Friday 7:00 AM To 5:00 PM
Main Phone : 760-728-1900

 **Sol Medical Imaging Center | Sunview**
13010 Hesperia RD, Suite 600, Victorville, CA 92395
Monday To Friday 7:30 AM To 4:00 PM
Main Phone : 760-728-1900

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*Take advantage of our user-friendly patient & clinician portal to securely submit order requests, access reports, and view images from any modern web browser.
Please visit solradiology.com for more information.*

Patient Preparation Instructions

Please call us if you have any questions regarding your procedure or preparation for your procedure. Study times vary in length. Bring this form, your insurance card and identifications with you on the day of your exam.

MRI (Magnetic Resonance Imaging) / MRA (Magnetic Resonance Angiography): MRI/MRA exams cannot be done on patients with pacemakers, certain cerebral aneurysm clips, certain heart valves, certain neurostimulators, cochlear or ossicular implants. Patients whose occupational history includes working with metal (welders, metal workers, etc.) and patients with large metallic implants or shrapnel wounds will be carefully screened. Patients who experience claustrophobia may require sedation as ordered by their doctor.

CT Studies (Computed Tomography): Some studies require oral, or I.V. contrast material. If you are a diabetic taking Glucophage or a combination drug containing Metformin such as Glucovance, Glucophage or a derivative, please call our office for special instructions.

Ultrasound:

- Pelvis: Drink 24-32 oz. (as long as bladder is full) of fluid 1 hour before study, to be completed 45 minutes before the appointment. Do not empty bladder
- Obstetrical: Drink fluid 1 hour before study, 32oz. for 1st trimester, 24 oz. for 2nd and 3rd trimesters to be completed 1/2 hour before your appointment. Do not empty bladder
- Abdomen (including liver, gallbladder, pancreas and spleen) or Retroperitoneal Aortal: No food or drink 8 hours before exam except prescribed medication.
- Retroperitoneal: Drink 20 oz. of fluid 30 min prior to your exam.

Mammography: No underarm deodorants, powders, or perfumes should be used on the day of the exam. All previous deodorants should be washed off. Please notify staff if you have breast implants. **If you are new to our facility and/or have prior mammography exams elsewhere please obtain prior images and bring to your exam.**

Preparation for Breast Biopsy: - No aspirin or "blood thinner" one week prior to biopsy. - Please consult your physician prior to discounting medications. **NO PREP NEEDED FOR BREAST ULTRASOUND OR CYST ASPIRATION.**

Upper G.I. Series, Esophagram and Small Bowel Study: No food or drink after midnight the night before the study. Prescribed medication can be taken with small amount of water. Do not chew gum or smoke prior to exam.

DEXA: No calcium supplement 24 hours before exam.

After the Exam: Your exam will be read by a board-certified, licensed physician with specialty training and certification in radiology. The results of your exam will be sent to your physician and will be available to you via our patient portal. **You will receive your result from your physician.**

***for Patient Portal login assistance, please visit solradiology.com or contact our main office at (760) 728-1900.**

- Please bring this form, your insurance card & photo ID to your appointment.
- For your safety, children may not accompany patients into procedures. If it is necessary to bring children to the appointment, please bring appropriate adult supervision to watch your children during your exam.
- Please bring prior films.
- Please leave valuables at home.
- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.
- Minors must be accompanied by a parent or guardian.