



Today's Date: ___/___/___ Appointment Date: ___/___/___ Appointment Time: _____

*Patient Name: _____ *Patient DOB: _____

*Diagnosis/Reason for Exam: _____

Referring Physician (Print): _____ *Physician Signature: _____

Office Phone: (_____) _____ - _____ Office Fax: (_____) _____ - _____

MRI

MRI

- With & Without Contrast
 - Without Contrast
 - 3D Recon if Indicated
 - Brain:
 - w/special attention to IAC
 - w/special attention to Pituitary
 - w/DTI and SWAN
 - Trigeminal
 - Orbits TMJ Sinus/Maxillofacial
 - Soft Tissue Neck
 - Spine
 - Cervical Thoracic Lumbar
 - Sacrum & Coccyx
 - Plexus
 - Brachial Lumbosacral
 - Breast:
 - CAD Mass Implant
 - Chest
 - Abdomen:
 - Liver Pancreas Renal
 - MRCP
 - Enterography
 - Urogram
 - Pelvis:
 - Bony Soft Tissue
 - Prostate (Multiparametric)
 - Extremity: Left Right
 - Shoulder Hip
 - Humerus Femur
 - Elbow Knee
 - Forearm Tib-Fib
 - Wrist Ankle
 - Hand Foot
- MRA (Angiography)**
- Brain
 - Neck-Carotid
 - Abdomen
 - Aorta Renal
 - Aorta and runoff vessels
 - Other: _____
- MR Arthrogram** Left Right
- Shoulder Hip
 - Elbow Ankle
 - Foot Wrist
 - Other: _____

CT

Screening CT

- Low Dose Lung Cancer Screening
 - Baseline Annual Follow-up

Diagnostic CT

- With & Without Contrast
- With Contrast
- Without Contrast
- 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
 - Calcium Scoring (No CCTA)
- Abdomen
 - Adrenal W/WO IV
 - Liver W/IV
 - Pancreas W/WO IV
 - Renal W/WO IV
- Pelvis
 - Abdomen + Pelvis
 - Routine (pain, infection, etc)
 - Renal Stone (W/O Contrast)
 - Urogram
 - Enterography
 - Other: _____

CTA (Angiography)

- Cerebral Angiography
 - Head Neck (Head + Neck)
- Extremity
 - Upper Lower
- Chest
 - Aortic Aneurysm/Dissection +3D
 - Pulmonary Embolism +3D
 - Abdomen/Pelvis +3D
- Pelvic w/& w/o IV Contrast
- Runoff +3D (Abd/Pelvis + B/L Lower Extremities)
- CCTA (Cardiac CT Angiography)
 - if clinically indicated proceed with FFR and/or Quantitative Coronary Plaque Analysis
 - Calcium Scoring
- Other: _____

ULTRASOUND

- Abdomen Complete (Pancreas, Liver, Gallbladder, Kidneys, Spleen)
 - Abdomen Limited:
 - Liver (HCC Screening)
 - RUQ
 - RLQ (Appendicitis)
 - Hernia
 - Aorta
 - Bladder
 - Pelvis Transvaginal
 - Pelvis Transabdominal Only
 - Pelvis (TA + TV)
 - Renal + Bladder
 - Scrotum w/Doppler
 - Soft tissue Head/Neck
 - Soft tissue other: _____
 - Thyroid Include Parathyroid
 - Extremity (Non-Vascular)
 - Upper Lower
 - Left Right
 - Specify body part: _____
 - Elastography (Fibroscan Included)
 - Other: _____
- OB Ultrasound**
- Weeks Gestation
- <14 Weeks >14 Weeks
 - OB Complete-Transvaginal (if indicated)
 - OB Limited (Viability, Heart Beat, Position, Fluid, Placental Location)
 - Other: _____

Vascular Studies

- Abdominal Aorta Vein mapping
- Carotid Renal Doppler
- Arterial
 - Ankle-Brachial Index (ABI)
 - Extremity
 - Upper Lower
 - Left Right
- Venous
 - DVT Reflux (Insufficiency)
 - Extremity
 - Upper Lower
 - Left Right
- Other: _____

X-RAY

- Head:
 - Sinus Nasal Bones TMJs
 - Facial Bones Mandible
 - Skull Orbits
- Chest:
 - PA PA/LAT Decubitus
- Spine:
 - Cervical Thoracic Lumbar
- Extremity:
 - Left Right Bilateral
 - Shoulder Femur
 - Humerus Knee
 - Elbow Tib/Fib
 - Forearm Ankle
 - Wrist Heel/Calcaneus
 - Hand Foot
 - Fingers Toes
 - Weight Bearing
- Ribs
 - Left Right Bilateral
- KUB (1 view)
- Abdomen (2 view)
- Pelvis
- Hips: Left Right
- Sacrum & Coccyx
- Scoliosis
- Bone Age
- Leg Length
- Other: _____

BREAST IMAGING

Screening (no new symptoms)

- 3D Scening Mammogram
 - (If clinically indicated, proceed with diagnostic mammogram and/or breast ultrasound)
- *Date of last Exam: _____

Diagnostic (for symptomatic patients)

- Left Right Bilateral
- 3D Diagnostic Mammogram (and Ultrasound, if indicated)
- Breast Ultrasound (and Mammogram, if indicated)
 - Left Right Bilateral

Breast MRI

- Bilateral with and without contrast
- Bilateral without contrast for breast implant integrity

Breast Procedures

- Left Right
 - Ultrasound-guided core needle biopsy
 - Stereotactic core needle biopsy
 - Cyst Aspiration

FLUOROSCOPY

- Arthrography Left Right
 - Specify joint: _____
- Steroid Injection Left Right
 - Specify joint: _____
- Esophagram
- SBFT
- Catheter Removal
- UGI w/Esophogram
- UGI w/SBFT
- Other: _____

DEXA

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

PET/CT

- FDG Skull Base to Mid-Thigh
- FDG Whole Body (Melanoma or Multiple Myeloma)
- FDG Brain Scan
- Amyloid Brain Scan
- Ga-68 PSMA
- F-18 PSMA
- Ga-68 Dotatate
- CU 64 Dotatate
- NaF F-18 Bone, Whole Body

Thank You!

FOR TRUSTING US WITH YOUR IMAGING NEEDS

For everyone's safety, children under 18 may not accompany patients into procedures.

Office Locations

SOL MEDICAL IMAGING & BREAST CENTER

12490 Business Center Dr, Suite 200
Victorville, CA 92395

Monday to Saturday 7:00 am to 7:30 pm
Main Phone 760-728-1900

SOL MEDICAL IMAGING - SUNVIEW

13010 Hesperia Rd, Suite 600
Victorville, CA 92395

Monday to Saturday 7:30 am to 8:00 pm
Main Phone 760-728-1900

SCHEDULING: 760-494-1621 | FAX: 760-273-4465 | EMAIL: SCHEDULING@SOLRADIOLOGY.COM

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.

MRI (Magnetic Resonance Imaging) / MRA (Magnetic Resonance Angiography): MRI/MRA exams can be performed on patients with pacemakers, with special accommodations arranged. MRI/MRA exams cannot be done on patients with 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.

PET Studies (Positron Emission Tomography): Patients will be given specific instructions at scheduling, please call our office for questions regarding your procedure or preparation 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.

Patient Day of Exam Reminders

- 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.

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.**