

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

*Patient Name: _____ *Patient DOB: _____ *PatientPhone: _____

*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) (75574)
 - ___ if clinically indicated proceed with
 - FFR (75580)
 - Plaque Analysis (75577)
 - Calcium Scoring (75571)
- 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 (A9552)
- Amyloid Brain Scan (Q9982)
- F-18 PSMA (A9595) Pylarify
- GA68 PSMA (A9552) illuccix
- Ga-68 Dotatate (A9587)
- CU 64 Dotatate (A9592)
- NaF F-18 Bone, Whole Body (A9580)

Thank You!

FOR TRUSTING US WITH YOUR IMAGING NEEDS

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

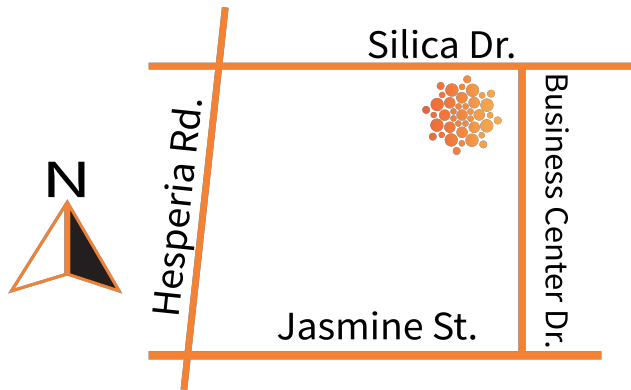
Office Locations



SOL MEDICAL IMAGING AND BREAST CENTER

12490 Business Center Dr., Suite 200
Victorville, CA 92395

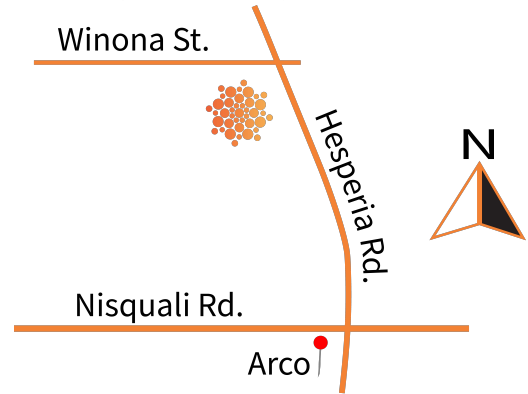
Monday to Saturday 7:00 am to 7:30 pm



SOL MEDICAL IMAGING - SUNVIEW

13010 Hesperia Rd., Suite 600
Victorville, CA 92395

Monday to Saturday 7:30 am to 8:00 pm



SCHEDULING: 760-728-1900 | FAX: 760-273-4465 | EMAIL: SCHEDULING@SOLRADIOLOGY.COM

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.