San Gabriel Valley
Diagnostic Center
Quality Medical Imaging Since 1985

1509 W. Cameron Ave., Suite D-100, West Covina, CA 91790
Tel 626.962.3525 Fax 626.962.0032
www.sgvdiagnostic.com

PHYSICIAN REFERRAL FORM

Patient Name: _____ Patient Phone: _____ Today's Date: _____

Date of Birth: _____ Date of Exam: _____ Time of Exam: _____

REPORT & IMAGE DELIVERY

❑ STAT Report
❑ CC Physician Report: _____
❑ CD of Images: Patient to carry
❑ CD of Images: Mail to _____

Person Scheduling Exam: _____
Office Number: _____
Fax Number: _____

Referring Physician: _____ (PRINT NAME)

Physician Signature: _____ (REQUIRED)

DIAGNOSIS / ICD-9: _____
(Please do not use "Rule-Out" as the primary diagnosis)

X-RAY EXAMS

❑ ABDOMEN - KUB
❑ ABDOMEN - KUB & UPRIGHT
❑ ABDOMEN - KUB, UP, PA CHEST
❑ A-C JOINTS. . . . . R L B
❑ ANKLE . . . . . R L B
❑ CALCANEUS/HEEL . . . . . R L B
❑ CERVICAL - AP & LAT
❑ CERVICAL - COMPLETE
❑ CHEST - PA & LATERAL
❑ CHEST - 1 VIEW
❑ CLAVICLE. . . . . R L B
❑ ELBOW . . . . . R L B
❑ FACIAL BONES
❑ FEMUR . . . . . R L B
❑ FINGER(S). . . . . R L B
❑ FOOT . . . . . R L B
❑ FOREARM . . . . . R L B
❑ HAND. . . . . R L B
❑ HIP - UNILAT . . . . . R L B
❑ HIP - BILAT & PELVIS . . . . . R L B
❑ HUMERUS . . . . . R L B
❑ KNEE . . . . . R L B
❑ LUMBAR - AP & LAT
❑ LUMBAR - COMPLETE
❑ MANDIBLE COMPLETE
❑ NASAL BONES
❑ NECK - SOFT TISSUE
❑ ORBITS
❑ PELVIS - AP ONLY
❑ RIBS . . . . . R L B
❑ RIBS PA CHEST. . . . . R L B
❑ SACRUM & COCCYX
❑ SCAPULA. . . . . R L B
❑ SHOULDER. . . . . R L B
❑ SI JOINTS
❑ SINUSES
❑ SKULL
❑ SCOLIOSIS SERIES
❑ STERNUM
❑ THORACIC - AP, LAT & SWIMMERS
❑ TIBIA - FIBULA (LOWER LEG) . R L B
❑ TOE(S) . . . . . R L B
❑ WRIST. . . . . R L B

INFANT X-RAY EXAMS

❑ PELVIS AND HIPS INFANT/CHILD
❑ UPPER EXT. INFANT 2 VIEWS . R L B
❑ LOWER EXT. INFANT 2 VIEWS R L B
❑ BONE AGE
❑ BONE SURVEY

BONE DENSITOMETRY

❑ DEXA - COMPLETE: SPINE & PELVIS
❑ DEXA - PERIPHERAL: RADIUS & WRIST

DOPPLER ULTRASOUND

❑ ARTERIAL DUPLEX
  ❑ LOWER EXTREMITY . . .R L B
  ❑ UPPER EXTREMITY . . . .R L B
❑ VENOUS DUPLEX
  ❑ LOWER EXTREMITY . . .R L B
  ❑ UPPER EXTREMITY . . . .R L B
❑ CAROTID DOPPLER

ULTRASOUND

❑ ABDOMINAL COMPLETE
❑ BREAST . . . . . R L B
❑ HEAD/NECK SOFT TISSUE - THYROID
❑ RENAL
❑ OB < 14 WEEKS
❑ OB > 14 WEEKS
❑ PELVIC (NON-OB) TRANSVAGINAL & TRANSABDOMINAL
❑ PELVIC TRANSVAGINAL (NON-OB)
❑ PELVIC TRANSABDOMINAL (NON-OB)
❑ SCROTUM
❑ EXTREMITY SOFT TISSUE . . . R L B

ULTRA HIGH FIELD 3T MRI & OPEN MRI

GFR Lab Results
REQUIRED for ALL MRI Contrast Studies

❑ MRI ANKLE. . . . . R L B
❑ MRI BRAIN / HEAD
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI CERVICAL SPINE
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI ELBOW . . . . . R L B
❑ MRI FEMUR. . . . . R L B
❑ MRI FOOT . . . . . R L B
❑ MRI HAND . . . . . R L B
❑ MRI HIP . . . . . R L B
❑ MRI IAC (INTERNAL AUDITORY CANALS)
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI KNEE. . . . . R L B
❑ MRI LUMBAR SPINE
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI ORBIT / FACE / NECK
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI OTHER JOINT/EXTREMITY R L B
(Please specify _____)
❑ MRI PITUITARY W/ & W/O (SELLA)
❑ MRI PELVIS
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI SHOULDER . . . . . R L B
❑ MRI SOFT TISSUE NECK
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI THORACIC SPINE
  ❑ wo ❑ w ❑ w & wo contrast
❑ MRI WRIST . . . . . R L B

MRA ANGIO

❑ MRA CIRCLE OF WILLIS
❑ MRA CAROTID

CT SCANS

BUN & Creatinine Lab Results
REQUIRED for ALL CT Contrast Studies

CONTRAST

❑ CT BRAIN/HEAD . . . . . **wo / w & wo**
❑ CT IAC (INTERNAL AUDITORY CANALS)
❑ CT ORBITS
❑ CT TEMPORAL BONES
❑ CT FACIAL BONES
❑ CT SINUSES - COMPLETE
❑ CT SOFT TISSUE NECK. . . . . **wo / w**
❑ CT CERVICAL SPINE
❑ CT THORACIC SPINE
❑ CT LUMBAR SPINE
❑ CT CHEST . . . . . **wo / w / w & wo**
❑ CT ABDOMEN. . . **wo / w / w & wo**
❑ CT PELVIS. . . . . **wo / w / w & wo**
❑ CT EXTREMITY . . . . . R L B
(Please specify _____)

DIRECTIONS & SCHEDULING HOURS ON BACK

OTHER EXAM(S) / SPECIAL REQUEST: _____

IMPORTANT PATIENT INFORMATION

Patient: Please bring any previous X-Rays/Scans with you.
Please follow any special exam preparation/PREP instructions as required for your exam.
Please provide at least 48 hours advance notice if you need to reschedule your appointment.
Notify the technologist if you are pregnant or you think you might be, or if you are breast-feeding.

PATIENT INSTRUCTIONS

- Please bring this requisition, your doctor's order and any health plan authorization with you to your appointment.
- **We cannot perform any exam without a doctor's order or authorization.**
- Please bring your Insurance Cards, Health Plan Information and Photo ID.
- Please arrive 30 minutes before your scheduled exam time.
- If you cannot keep your appointment, please call our office at 626.962.3525, 48 hours prior, to reschedule.
- If your insurance co-pay or deductible has not been satisfied, payment is required at the time of service.
- Anyone accompanying the patient, adult or child, cannot be in the X-ray examination room.
- Please note that all children must be accompanied & supervised by a parent or legal guardian. (17 year old & below)
- If your specific exam is not listed below, no special preparation is required.

MRI EXAM PREPARATION

- Usually no preparation is required. You will be instructed of your arrival time when the appointment is made. This will allow ample time for necessary paperwork.
- Do not wear any eye make-up.
- You will be asked to remove your clothing and wear a gown.
- Lockers will be provided for your clothing and belongings.
- Any medication prescribed by your physician should be taken as directed.
- Leave jewelry and valuables at home. Jewelry cannot be worn during the exam.
- **If you have any of the following conditions or implants, please call us prior to your exam: *aneurysm clip, cardiac valve, ear implants, electronic devices, pacemaker, metal worker, pacemaker, pregnant, exceed 350 pounds.***

CT SCAN PATIENTS

Abdomen or Pelvis – Have nothing to eat or drink for the 4 hours prior to your exam. Also, you will need to drink an oral mixture before arriving for your appointment. If this mixture is not available at your physician's office, you may pick it up at our office. Any medication prescribed by your physician should be taken as directed.

ULTRASOUND PATIENTS

Abdomen – Do not eat or drink anything after midnight and do not eat or drink anything for 8 hours prior to your exam.

Pelvic/ OB – A full bladder is required. Drink 5, 8 oz. glasses (40 oz) of water, and finish drinking one hour prior to your exam. Do not empty your bladder. Example: If your appointment is at 9:00AM, you should finish drinking your water by 8:00AM.

Renal – You must drink 4, 8oz glasses (32 oz) of water one hour prior to your exam. Do not urinate.

SCHEDULING HOURS

BONE DENSITY / DEXA
MONDAY - FRIDAY 8:00AM - 6:00PM SATURDAY 8:00AM - 3:00PM

SPIRAL CT
MONDAY - FRIDAY 9:00AM - 6:00PM

ULTRA HIGH FIELD 3T MRI
MONDAY - FRIDAY 8:00AM - 8:00PM SATURDAY 8:00AM - 4:00PM

OPEN MRI
MONDAY - FRIDAY 8:00AM - 8:00PM SATURDAY 8:00AM - 4:00PM

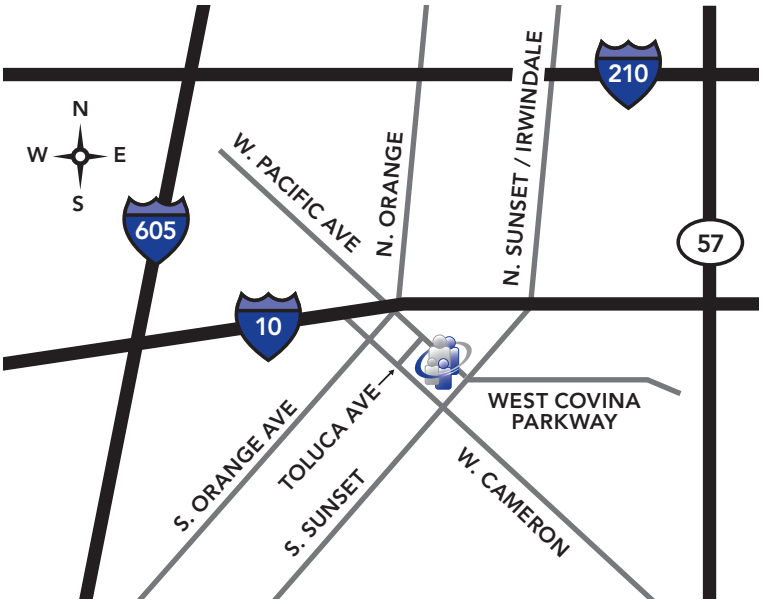
DOPPLER ULTRASOUND
MONDAY - FRIDAY 8:00AM - 7:00PM SATURDAY 8:00AM - 6:00PM

GENERAL ULTRASOUND
MONDAY - FRIDAY 8:00AM - 7:00PM SATURDAY 8:00AM - 6:00PM

DIGITAL X-RAY
No Appointment Required/Walk-Ins Welcome

MONDAY - FRIDAY 8:00AM - 6:00PM SATURDAY 8:00AM - 3:00PM

MAP & DIRECTIONS



(Map not to scale)

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FROM THE 10 FWY HEADING EAST
10 FWY, EXIT WEST COVINA PARKWAY/PACIFIC AVENUE
STAY IN THE RIGHT LANE (EXIT FORKS)
MERGE ONTO ORANGE AVENUE
LEFT ON CAMERON AVENUE
END AT 1509 W. CAMERON AVENUE
ON THE LEFT-HAND SIDE.

FROM THE 10 FWY HEADING WEST
10 FWY, EXIT WEST COVINA PARKWAY
RIGHT ON TO WEST COVINA PARKWAY
RIGHT ON TOLUCA STREET
LEFT ON CAMERON AVENUE
END AT 1509 W. CAMERON AVENUE ON THE LEFT-HAND SIDE.

FROM THE 210 FWY HEADING EAST
210 FWY EXIT IRWINDALE AVENUE
RIGHT ON IRWINDALE
AFTER BADILLO STREET, IRWINDALE BECOMES SUNSET AVENUE
RIGHT ON CAMERON AVENUE
END AT 1509 W. CAMERON AVENUE
ON THE RIGHT-HAND SIDE.

FROM THE 210 FWY HEADING WEST
210 FWY EXIT IRWINDALE AVENUE
LEFT ON IRWINDALE
AFTER BADILLO STREET, IRWINDALE BECOMES SUNSET AVENUE
RIGHT ON CAMERON AVENUE
END AT 1509 WEST CAMERON AVENUE
ON THE RIGHT-HAND SIDE.

Please visit our website at sgvdiagnostic.com for more information