CALIFORNIA MEDICAL IMAGING

Visalia	Porterville	Tulare
3610 W. Packwood Avenue	462 W. Putnam Avenue	875 E. Merritt Avenue
Visalia, CA 93277	Porterville, CA 93257	Tulare, CA 93274
559.713.6050	559.475.9091	559.366.7665
FAX: 559.713.6321	FAX: 559.475.9092	FAX: 559.366.7772

NAME: ______________________ DATE OF BIRTH: ____ /____ /____

REPORTING INSTRUCTIONS:

❑ Routine Report ❑ STAT Report

❑ Fax # ______________________ ❑ Patient to return with CD

SYMPTOMS/DIAGNOSIS: ______________________ **ICD-10:** __________

IV CONTRAST STUDIES: BUN/CREATININE REQUIRED FOR ALL PATIENTS 65+, DIABETIC, OR HX OF RENAL DISEASE 30 DAYS PRIOR TO EXAM.

MRI

❑ **PATIENT CLAUSTROPHOBIC**

❑ Study With IV Contrast

❑ Study With & Without IV Contrast

NEUROLOGIC

❑ BRAIN ❑ ORBITS/NECK/FACE ❑ IAC

❑ PITUITARY ❑ SOFT TISSUE NECK

SPINE

❑ CERVICAL ❑ THORACIC ❑ LUMBAR

BODY

❑ ABDOMEN ❑ RENAL ❑ PELVIS

❑ MRCP

EXTREMITY	**RT**	**LT**	**BILAT**
❑ SHOULDER	❑	❑	❑
❑ ELBOW	❑	❑	❑
❑ WRIST	❑	❑	❑
❑ HIP	❑	❑	❑
❑ KNEE	❑	❑	❑
❑ ANKLE	❑	❑	❑
❑ FOOT	❑	❑	❑
❑ OTHER MRI	______________________		

MR ANGIOGRAM (MRA)

❑ BRAIN ❑ CAROTID ❑ RENAL

DIGITAL MAMMOGRAPHY & BREAST ULTRASOUND

MAMMOGRAPHY - VISALIA • PORTERVILLE

❑ SCREENING

❑ DIAGNOSTIC ❑ RT ❑ LT ❑ BILAT

ULTRASOUND

❑ BREAST ❑ RT ❑ LT ❑ BILAT

X-RAY

Use this box to indicate X-Ray type or other exams not listed.

❑ X-RAY ❑ OTHER ______________________

____

PAIN MANAGEMENT INJECTIONS

❑ HIP ❑ SHOULDER ❑ KNEE

CT

❑ Study Without IV Contrast

❑ Study With & Without IV Contrast

NEUROLOGIC

❑ HEAD ❑ TEMPORAL BONES

❑ SOFT TISSUE NECK ❑ SINUSES

SPINE

❑ CERVICAL ❑ THORACIC ❑ LUMBAR

BODY

❑ CHEST ❑ ABDOMEN ❑ PELVIS

❑ PE STUDY ❑ 3-PHASE LIVER

❑ CT IVP (CT Urogram)

❑ CT RENAL STONE STUDY (Abd/Pelvis without contrast)

❑ EXTREMITY: ______________________

MYELOGRAM

❑ CERVICAL ❑ THORACIC ❑ LUMBAR

CT W/3D RECONSTRUCTION

❑ MAXILLO FACIAL ❑ SINUSES ❑ ORBITS

❑ SPINE: ______________________

❑ EXTREMITY: ______________________

CT ANGIOGRAM W/3D RECONSTRUCTION

❑ BRAIN (Circle of Willis) ❑ NECK (Carotids)

❑ CHEST ❑ RENAL ❑ THORACIC ANGIO

❑ ABDOMINAL (for aortic aneurysm or renal arteries)

❑ ABDOMINAL WITH RUN OFF

❑ OTHER CT: ______________________

ULTRASOUND

❑ ABDOMEN COMPLETE ❑ ABDOMINAL AORTA

❑ THYROID ❑ RENAL/BLADDER ❑ PELVIS COMPLETE

❑ PELVIS W/TRANSVAGINAL

❑ OB EDC: __________ LMP: __________

❑ TESTICULAR/SCROTAL

VASCULAR	**RT**	**LT**	**BILAT**
❑ ARTERIAL			
❑ CAROTID DOPPLER			
❑ SMALL PARTS / SOFT TISSUE	❑	❑	❑
❑ UPPER EXTREMITY-NON VASCULAR	❑	❑	❑
❑ LOWER EXTREMITY-VENOUS DOPPLER	❑	❑	❑

Based Upon This Patient's Symptoms & Diagnosis, I Have Requested The Above Procedure(s).

Provider Signature: ______________________ Date: __________

Provider Name: ______________________ Phone: __________

VISALIA

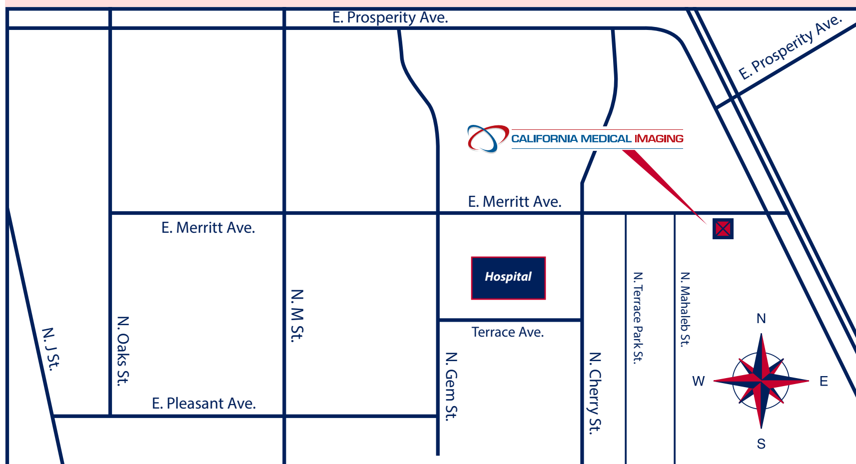
3610 W. Packwood Avenue • Visalia, CA 93277
559.713.6050 FAX: 559.731.6321
Review our cash pricing: Calrads.com/cashpricing

PORTERVILLE

462 W. Putnam Avenue • Porterville, CA 93257
559.475.9091 FAX: 559.475.9092

TULARE

875 E. Merritt Avenue • Tulare, CA 93274
559.366.7665 FAX: 559.366.7772



California Medical Imaging Associates is a sub-specialty radiology medical group dedicated to providing the highest level of diagnostic accuracy and personalized service to our partner hospitals, referring physicians and patients; quality, compliance, relationships and service above all else.

administrator@calrads.com • calrads.com