

Patient Name: _____ Date of Birth: _____ SSN#: _____

Home Phone: _____ Work or Day Phone: _____ Alternate/Cell Phone: _____

Clinical History/Symptoms: _____ Appontment Date: _____ Appointment Time: _____

Referring Physician: _____ Referring Physician Phone: _____ Referring Physician Fax: _____

Physician Signature _____ Date: _____

Prior Studies: No Yes If yes, Exam/Location: _____ Release of Medical Records: _____
Patient Signature _____

Report Handling

- STAT
 Call Results: Phone # _____
 Fax Report: Fax # _____

Media

- CD
 Print (paper)
 Films

Delivery

- Patient to take films
 Deliver films by:
 Mail Report

MRI / MRA Contrast: with without Discretion of Radiologist

- | | | | | | |
|-------------------------------|--------------------------------|--------------------------------|--|---|---|
| Abdomen | Extremity | Spine | Head | Miscellaneous | MRA |
| <input type="radio"/> Liver | <input type="radio"/> Knee | <input type="radio"/> Cervical | <input type="radio"/> Brain | <input type="radio"/> Breast <input type="radio"/> Chest | <input type="radio"/> Carotids <input type="radio"/> Aorta |
| <input type="radio"/> Kidneys | <input type="radio"/> Shoulder | <input type="radio"/> Thoracic | <input type="radio"/> Internal Auditory Canals | <input type="radio"/> Pelvis <input type="radio"/> Arthrogram | <input type="radio"/> Intracranial <input type="radio"/> Renals |
| <input type="radio"/> MRCP | <input type="radio"/> Ankle | <input type="radio"/> Lumbar | <input type="radio"/> Pituitary | <input type="radio"/> Soft Tissue Neck | <input type="radio"/> Run off |
| | R L | | <input type="radio"/> Orbits | <input type="radio"/> Prostate | |

OTHER: _____

CT/CTA Contrast: with without Discretion of Radiologist

- Chest Abdomen Pelvis Head Sinus C-Spine T-Spine L-Spine 3D Reconstruction

CTA Specify: _____

OTHER: _____

PET, PET / CT

- FDG ONCOLOGIC Diagnosis Staging Re-staging
- | | | |
|----------------------------------|---|--|
| <input type="radio"/> Lung | <input type="radio"/> Esophageal | <input type="radio"/> Melanoma |
| <input type="radio"/> Colorectal | <input type="radio"/> Head & Neck (excluding CNS) | <input type="radio"/> Cervical / Uterine |
| <input type="radio"/> Lymphoma | <input type="radio"/> Breast | <input type="radio"/> Thyroid |
- Other: _____

- GA68 NEUROENDOCRINE (DOTATATE) AXUMIN DEMENTIA

Ultrasound Specify: _____

3D Mammography Screening Diagnostic Bilateral Unilateral: L R

DEXA Specify: _____

X-Ray Specify: _____

Pre-Appointment Do's & Don'ts

Carefully read the Do's and Don'ts for your exam below to help ensure a smooth and timely experience with us.

If your exam is not listed, Or you have any questions, call our office at 805.604.9500 or email info@palmsimaging.com.

Please arrive 15 minutes before your scheduled appointment time to allow for registration.

Inform our office immediately if you think you may be pregnant.

Mammography

Do inform our office of any previous mammograms you have had and where we may retrieve copies of the results.

Do wear a two-piece outfit for easy changing of upper garments.

Don't wear lotion, deodorant, or perfume on your breasts or underarms if possible.

MRI/MRA

Do inform our office at least 24 hours before your appointment if you:

- Are claustrophobic, or feel uncomfortable in enclosed spaces;
- Have a pacemaker, brain aneurism clip, artificial heart valve(s) or vascular stent(s), nerve stimulator, metal fragment in the eyes, or metallic imprints.

Do arrange to have a friend or family member drive you to and from your appointment if you are receiving sedation for your scan.

Do wear comfortable clothing without metal clips, buttons, or decorations.

Do take any medicines as prescribed.

Don't wear jewelry to your appointment.

CT with contrast or CTA

Do inform our office at least 24 hours before your exam if you:

- Are over 65 years old;
- Have a history of renal disease;
- Have diabetes;
- Have hypertension;
- Have severe allergies.

Do wear comfortable clothing.

Do take any medicines as prescribed.

Don't eat or drink anything except water during the four hours before your appointment.

PET/CT

Do take any medicines as prescribed as long as they can be taken without food.

Do inform our office at least 24 hours before your exam if you:

- Have diabetes;
- Are taking a prescribed oral medication;
- Need to reschedule or cancel your appointment.

NOTE: Failure to do so within 24 hours may result in a \$200 dose fee. Please call for details.

Do wear comfortable clothes.

Don't eat or drink anything during the six hours before your appointment. This includes chewing gum, chewing tobacco, hard candy, and mints. If necessary, you may drink water.

Don't exercise during the 24 hours before your appointment.

Ultrasound

Abdomen

Do take any medicines as described.

Don't eat or drink during the eight hours before your appointment.

Pelvis or Kidney

Do drink eight ounces of water every 15 minutes for a total of one hour before your appointment. (Should be a total of four, 8 oz. Glasses.)

All other exams

Don't empty your bladder for two hours before your appointment. This exam requires a full bladder.

There is no special preparation needed for all other types of exams. If you are unsure of the Do's and Don'ts of your exam, please call our office for assistance.

1901 Outlet Center Dr. Suite 120 Oxnard, CA 93036

We are in the building with the copper roof.



Tel: 805.604.9500 • Fax: 805.604.9559

