

patient name _____ dob _____
phone# _____ insurance _____ auth# _____
referring physician _____ physician phone# _____

APPOINTMENT	
Date	_____
Time	_____

DIAGNOSIS / SYMPTOMS / REASON FOR EXAM

HAND WRITTEN PROCEDURE / SPECIAL INSTRUCTIONS / NOTES:

IV Sedation Ambulatory Assistance

STAT - Dr. Cell Phone # _____ Report Only Report w/ CD Report w/ Film

MRI

CONTRAST: without contrast with & without contrast

Head / Neck

- Brain
- Orbits
- Pituitary
- IAC
- TMJ
- Soft tissue neck

MRA - Vascular

- MRA - Brain
- MRA - Carotids
- MRA - Thoracic Aorta
- MRA - Abdominal Aorta
- MRA - Renal
- MRA - Runoff

Ortho R L

- Shoulder
- Elbow
- Wrist
- Hand
- Hip
- Pelvis
- Knee
- Ankle
- Foot

Spine

- Cervical
- Thoracic
- Lumbar

Body

- Chest
- Pelvis
- Abdomen

ULTRASOUND

General

- Abdominal Aorta Gallbladder
- Liver Obstetrical Renal/Bladder
- Testicular Thyroid
- Pelvic/Transab EndoVag/Transab

Vascular

- Venous Duplex - Extremity
 - Lower Upper
 - Right Left Bilateral
- Arterial Duplex - Bilateral
 - Lower Extremity Upper Extremity
- Carotid Duplex
- Renal Duplex Abdominal Duplex

CT

CONTRAST: **IV CONTRAST** **ORAL CONTRAST**
 with without without with
 with & without

- Brain Chest Temporal bone
- Sinus Abdomen IAC
- Cervical spine Pelvis Soft tissue neck
- Thoracic spine
- Lumbar spine Extremity R L _____

X-RAY

No Appointment Necessary: 9am-5pm

- CXR Abdominal series KUB Ribs
- Cervical Thoracic Lumbar Limited
 Complete
- Extremity R L _____
- Joint R L _____
- Sinus series
- Other Exam: _____

SPINE INTERVENTION

- | | | | |
|-----------------------------------|--------------------------------------|------------------------------------|---|
| AREA | <input type="checkbox"/> Facet Joint | <input type="checkbox"/> Epidural | <input type="checkbox"/> Nerve Root |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Myelogram | <input type="checkbox"/> Rhizotomy | <input type="checkbox"/> Vertebroplasty |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Blood Patch | ** Levels: _____ ** | |
| <input type="checkbox"/> Lumbar | | | |

OTHER - INTERVENTION

- Biopsy Aspiration (FNA) Drainage
- Ablation Arthrogram Hip Injection
- Joint Other

SPINE CONSULTATION

- Spine Evaluate & Treatment
(Imaging (MRI/CT) and/or Injection at discretion of radiologist)

(Body Part)

Please fax request to : **imaging (626) 577 - 2986** **surgical (626) 577 - 2995**

Directions to Oak Tree Medical Center

			210 FWY		
	Walnut Ave.	Oak Knoll Ave.			
			COLORADO BLVD.		
	Green St.		Hudson Ave.	LAKE AVE.	Hill Ave.
	Cordova St.	★			
	DEL MAR BLVD.				

From the 210 (Foothill) East freeway traveling West:

Exit LAKE AVE.
 Turn Left on N LAKE AVE - go .7mi
 Turn Right on CORDOVA ST - go .1mi
 Arrive at 751 CORDOVA ST, PASADENA, on the Right

From the 210 (Foothill) West freeway traveling East:

Exit LAKE AVE.
 Turn Right on N LAKE AVE - go .6 mi
 Turn Right on CORDOVA ST - go .10mi
 Arrive at 751 CORDOVA ST, PASADENA, on the Right

From the 110 (Harbor) freeway traveling North:

Take freeway until ends and becomes ARROYO PARKWAY
 Continue straight - go 1.03 mi
 Turn Right on CORDOVA ST - go .7mi
 Arrive at 751 CORDOVA ST, PASADENA, on the Left

From the 134 (Ventura) freeway traveling East:

Merge onto I-210 E - go .4 mi
 Take exit LAKE AVE
 Turn Right on N LAKE AVE - go .6 mi
 Turn Right on CORDOVA ST - go .1 mi
 Arrive at 751 CORDOVA ST, PASADENA, on the Right

Patient Preparation for Diagnostic and Minimally Invasive Procedures

Procedure	Preparation
SPINE PROCEDURE (CT or Fluoro Guided)	You must bring a driver . Bring your MRI or CT films/CD and reports . Do not eat or drink four (4) hours prior to your appointment , please inform the scheduler if you are diabetic. Stop taking Plavix, and Coumadin or Warfarin for 5 days before the appointment. Stop taking Aspirin (Anacin, Bufferin, Ecotrin, Excedrine) or any medication containing Aspirin for 3 days. Do not take any Non-Steroidal Anti-Inflammatory (NSAIDS) medications for twenty-four (24) hours prior to appointment.
MRI	
All Studies	All Scans: PATIENTS WITH PACEMAKERS CANNOT HAVE MRI STUDIES MRI with contrast: Patients 65 or older must have Creatinine and BUN labs performed prior to exam. MRI non-contrast: No preparation necessary.
Sedation	Bring a driver. Do not eat or drink four (4) hours prior to your appointment. If you are diabetic, we recommend that you take your insulin if your blood sugar level, four (4) hours before your appointment, is greater than 200 mg/dL.
CT	
Brain, Head, Neck, Chest and Extremities	CT with contrast: Patients 65 or older must have Creatinine and BUN labs performed prior to exam. NPO (nothing by mouth) 4 hours prior to your exam. CT non-contrast: No preparation necessary.
Abdominal / Pelvis, Kidneys and Retroperitoneal	All Scans: If possible, drink plenty of fluids starting 24 hours before your exam. CT with contrast: Patients 65 or older must have Creatinine and BUN labs performed prior to exam. NPO (nothing by mouth) 4 hours prior to your exam. CT non-contrast: No preparation necessary.
Cervical, Thoracic, Lumbar	No preparation necessary.
ULTRASOUND	
Vascular, Thyroid, Etc.	No preparation necessary. Allow 30 minutes to an hour for the procedure
Obstetrical and Pelvic	Patients need to have full bladder for the exam. Drink 48 oz. of water 1.5 hours prior to your exam. DO NOT EMPTY YOUR BLADDER
Abdominal	No solids or dairy products 6 hours prior to your exam. Diabetics, may take medication as normal.
Renal	May eat regular diet. Drink 48 oz. Of water 1.5 hours prior to exam. Please arrive with a full bladder.
INTERVENTION	PLEASE CALL FOR INSTRUCTIONS
Biopsy	Stop taking Aspirin or Plavix 7 days prior to your examination. If you are going to have IV sedation, Do not eat or drink four (4) hours prior to your appointment.
Fine Needle Aspiration	Stop taking Aspirin or Plavix 7 days prior to your examination. If you are going to have IV sedation, Do not eat or drink four (4) hours prior to your appointment. .

If you have any questions about your preparation, please call us at (626) 577-2424.