

255 East Bonita Avenue Bldg. 3A  
Pomona, CA 91769  
(Located in the Kittell Building)

All Contracts listed under:  
Claremont Imaging Associates  
Gary Jensen, M.D.  
Tax ID #: 20-0236047  
www.ClaremontImaging.com



**Diagnostic Imaging Center**  
www.CasaColina.org

☐ **STAT** ☐ **ASAP**

Backline /cell # \_\_\_\_\_

Fax # : \_\_\_\_\_

**Please call us first before sending the patient so we can assure the patient can be accommodated and is properly prepped.**

## OUTPATIENT RADIOLOGY REFERRAL

To Schedule an Appointment: (909) 450-0393 Mammography Scheduling: (909) 450-0398 Fax (909) 450-0394 email: [imaging@casacolina.org](mailto:imaging@casacolina.org)

### PATIENT INFORMATION

☐ Give patient CD images

☐ Call Patient to Schedule

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

(cell/work) \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Pre-Cert# \_\_\_\_\_ Benefits Phone \_\_\_\_\_

ATTN: PET/ Nuclear Patients: One (1) business day cancellation required or a charge for cost of isotope applies. Nuclear- up to \$750, PET- \$500

### EXAM REQUESTED

\*For IV contrast exams, labs within 30 days required for patients 60 yrs. or older. Please fax lab results to: (909) 450-0394

#### MRI

☐ Without contrast ☐ With contrast\*  
☐ With & Without contrast\*

##### Head & Neck

☐ Brain ☐ Orbits ☐ IAC  
☐ Angio Brain ☐ Angio Neck ☐ TMJ  
☐ Pituitary ☐ Soft Tissue Neck

##### Body/Trunk

☐ Brain ☐ Orbits ☐ MRCP  
☐ Pelvis ☐ Angio Abdomen

##### Spine

☐ Cervical ☐ Thoracic  
☐ Lumbar ☐ Sacrum

##### Extremity

☐ Shoulder L / R ☐ Hip L / R  
☐ Elbow L / R ☐ Knee L / R  
☐ Wrist L / R ☐ Ankle L / R  
☐ Hand L / R ☐ Foot L / R  
☐ Arthrogram

\_\_\_\_\_ L / R

☐ Extremity: Upper / Lower  
☐ Angio Lower Extremity

##### Other MRI

☐ Specify: \_\_\_\_\_

#### CT

☐ Without contrast ☐ With contrast\*  
☐ With & Without contrast\*

##### Head & Neck

☐ Brain ☐ Temporal Bones ☐ Neck  
☐ Face/Mandible/Maxillofacial/Sinus  
☐ Angio Brain ☐ Angio Neck  
☐ Angio Carotid Arteries

##### Body/Trunk

☐ Chest ☐ Abdomen ☐ Pelvis  
☐ Abdomen & Pelvis ☐ Angio Pelvis  
☐ Angio Chest ☐ Angio Abdomen  
☐ Urogram

##### Spine

☐ Cervical ☐ Thoracic  
☐ Lumbar ☐ Sacrum

##### Extremity

☐ Shoulder L / R ☐ Hip L / R  
☐ Elbow L / R ☐ Knee L / R  
☐ Wrist L / R ☐ Ankle L / R  
☐ Hand L / R ☐ Foot L / R  
☐ Arthrogram

\_\_\_\_\_ L / R

☐ Extremity: Upper / Lower  
☐ Angio Lower Extremity Run-Off  
☐ Angio Aorta/Bilateral Run-Off

##### Other CT

☐ Specify: \_\_\_\_\_

#### ULTRASOUND

##### Abdomen & Pelvis

☐ Abdomen Complete  
☐ Abd. Ltd. Specify \_\_\_\_\_  
☐ Pelvis, Transvaginal Only  
☐ Pelvis, Transabdominal Only  
☐ Pelvis, Transabd. & Transvag.  
☐ Pelvis Ltd., Bladder Only  
☐ Kidney Bilateral ☐ Gallbladder  
☐ Abdominal Aorta ☐ Liver

##### Extremity Doppler

☐ Venous ☐ Arterial  
☐ Lower L / R / B ☐ Upper L / R  
☐ Venous Lower Bilateral w/ Reflux

##### Breast

☐ Bilateral ☐ Unilateral L / R

##### Obstetrics

☐ OB Complete ☐ OB <14 Wks  
☐ OB Ltd, Specify \_\_\_\_\_

##### Other Ultrasound

☐ Thyroid ☐ Scrotum ☐ Carotid  
☐ Prostate ☐ Head/Neck/Soft Tissue  
☐ Soft Tissue, Specify: \_\_\_\_\_

☐ Specify: \_\_\_\_\_

#### PET/CT

☐ Whole Body ☐ Head to Thigh  
☐ Brain

#### NUCLEAR MEDICINE

☐ Cardiolite Stress ☐ Liver/Spleen  
☐ Parathyroid ☐ Gallbladder  
☐ Thyroid I-131 / I-123 / Scan Only  
☐ Bone Whole Body ☐ Bone 3 Phase  
☐ Bone Ltd., Specify \_\_\_\_\_  
☐ Renal, Diuretic: Y / N  
☐ Hepatobiliary, CCK: Y / N

#### DIGITAL X-RAY

☐ Specify Area(s) & Views

#### MAMMOGRAPHY

☐ Screening ☐ Diagnostic  
☐ Implants ☐ Unilateral L / R  
☐ Spot Compression  
(film and report required)

### WRITTEN DIAGNOSIS, SYMPTOMS, REASON FOR EXAM(S), SPECIFIC AREA(S) OF INTEREST, SPECIAL INSTRUCTIONS

Please list any signs/symptoms and fax all clinical information and prior studies which are pertinent to this exam to (909) 450-0394 If your study is not listed above please contact our office.

Referring Provider Signature (Stamps not Accepted)

Print or Stamp

Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please Include ICD Code(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Exam Preparations for all Patients

**You Must** bring the following with you:

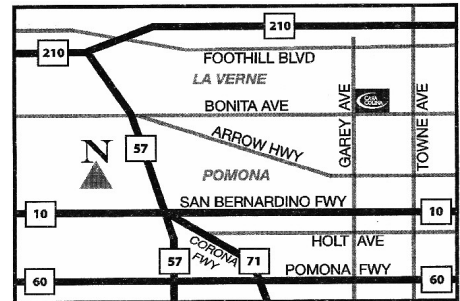
- This referral order
- Valid photo ID and health insurance card
- All prior related films/reports/CDs required at the time of service

- Insurance authorization you may have received
- Lab results, if necessary
- Co-payment or responsible share of deductible is required

CD OR FILM REQUESTS– Please allow 48 hours advance notice with written authorization.

Please inform our front desk staff or your technologist if you are currently pregnant or if you believe that you may be pregnant.

**255 East Bonita Avenue, Kittell Building 3A**  
**Pomona, CA 91769**  
**Phone- 909/450-0393, Fax- 909/450-0394**  
**Mammography Scheduling- 909/450-0398**



### MRI (450lb. table weight limit)

Wear loose fitting clothing without much metal, no jewelry.

If you have any of the following, please inform us and provide us with ID cards detailing specifics of the medical device: Pacemaker, Stents, Shunts, Metal Fragments (bullets, sheet-metal worker, etc.), Artificial cardiac valves, Bone or joint replacement, spinal rods or metal plates, Brain aneurysm clips, previous surgery.

Patients having **MRI Abdomen, MRCP** are asked to drink plenty of fluids but refrain from eating 4 hours prior to your exam.

For all other MRI studies, you may eat and drink normally and take your medications as usual. If your exam is in the afternoon please drink plenty of fluids.

### CT (450lb. table weight limit)

**IV CONTRAST EXAMS:** Drink 32 oz. of water the morning of your exam. Please do not eat 4 hrs immediately prior to your exam. Please inform us if you have any allergies, especially if you are allergic to iodine.

**NON-IV CONTRAST EXAMS:** For CT Abdomen or Pelvic exams, please see the Oral Contrast Preparations below.

**ORAL CONTRAST PREPARATIONS:** Please do not eat 4 hrs prior to your exam.

**Barium Oral Contrast:** Drink the 1st provided bottle the evening before your exam. The 2nd bottle must be FINISHED 1 hour prior to scheduled exam time.

**- All other CT exams require no preparation -**

## All MRI & CT Exams with IV Contrast

If you meet **any of the following qualifications** we require a recent blood test containing B.U.N. and Creatinine levels performed within 30 days from the date of your scheduled exam: **a) You are over 60 years of age b) You are diabetic c) You have a history of kidney disease, transplant or nephrectomy.**

**MRI–** Nothing to drink 8 hrs. prior to exam. **Patients on dialysis** must be dialyzed on the same day of your exam and no later than 24 hours from the time of your exam. Please coordinate with your dialysis center. Please provide us with confirmation of your dialysis appointment.

### Mammography

Please inform us of any family or personal history of breast cancer, prior surgeries, biopsies, implants or hormone use. Bring films/CD AND reports from previous mammograms or other breast procedures (biopsy, MRI, Ultrasound, etc). Women who may be pregnant or breastfeeding should always inform their technologist. Do not wear lotion, deodorant, perfume or powder under your arms or on your breasts the day of the exam.

### Bone Densitometry (DEXA) (300lb. table weight limit)

**No calcium supplements for at least 24 hours before exam.** Sweat pants or clothing with zippers on the sides are highly recommended. No buttons or zippers located in the low back. Patients will be required to change into a provided gown if clothing will affect the image.

### X-Ray

There are no preparations required for most x-ray exams. Please provide any prior films and reports for comparison if you have had a previous exam of the same area/body part. or if you've been diagnosed with possible fractures. **IVP–** nothing by mouth after midnight.

### Ultrasound (350lb. table weight limit)

Abdominal/ Gallbladder/ RUQ	Nothing by mouth 8 hrs prior to your exam. Medications may be taken with a sip of water.
Pelvic/ Bladder/ OB 1-7 months	You must drink 32 oz. of water 1 hour prior to your exam. DO NOT urinate prior to the completion of exam
OB 8-9 months	You must drink 32oz. of water 1 hour prior to your exam. DO NOT urinate prior to the completion of exam.
Breast	No prep. Bring previous ultrasound and/or mammogram films/CD.

### Fluoroscopy

**Esophagram, UGI–** Nothing by mouth 8 hours prior to appt. **Barium Enema–** Prep according to kit 2 days prior to appt. **Hysterosalpingogram–** Schedule 10 days after 1st day of menstrual cycle. Take Motrin or Tylenol 1 hr. prior to exam for cramping. **Angiogram–** Nothing by mouth 6 hours prior to appt. Required lab work to include: PT, PTT, INR, BUN & Creatinine. **Myelogram–** Bring prior imaging films/CD and reports. Required lab work to include: PT, PTT, INR and H&P. Must have a driver present to transport patient. 1hr. exam, 1hr. Recovery time.

## PET/CT and Nuclear Medicine Preparations

Please speak with us for exam preparations. Preparations are also available at:  
[www.ClaremontImaging.com](http://www.ClaremontImaging.com)