



Diagnostic Imaging Center

255 E. Bonita Avenue, Bldg. 3A
Pomona, CA 91767
Phone: 909/450-0393
Fax: 909/450-0394
Email: imaging@casacolina.org

OUTPATIENT RADIOLOGY REFERRAL

Claremont Imaging Associates

Professional Services: Gary Jensen, M.D.

Tax ID# 20-0236047

www.claremontimaging.com

STAT **ASAP**

Backline # _____

Fax # _____

Cell # _____

PATIENT INFORMATION:

Give patient CD images

Name _____ DOB _____

Home Phone _____ Cell/Work Phone _____

EXAM REQUESTED: _____

CPT Code _____ ICD Code _____

With Without With & Without Left Right Bilateral

SIGNS & SYMPTOMS _____

Mammography **Screening** **Diagnostic**

(initials) Upon review of bilateral screening mammogram, perform additional diagnostic mammogram if indicated by the interpreting physician.

(initials) Upon review of bilateral screening mammogram, perform additional diagnostic breast ultrasound if indicated by the interpreting physician.

REFERRING PHYSICIAN:

Print Name _____

Physician Signature _____

Date _____

CC report to: _____

PRINT OR STAMP
DOCTOR:
ADDRESS:
PHONE:



PLEASE BRING
THE FOLLOWING
ITEMS WITH YOU:

This referral slip

All prior related
x-rays and scans

Health insurance
card and picture ID

Authorization you
may have received

Required
co-payment

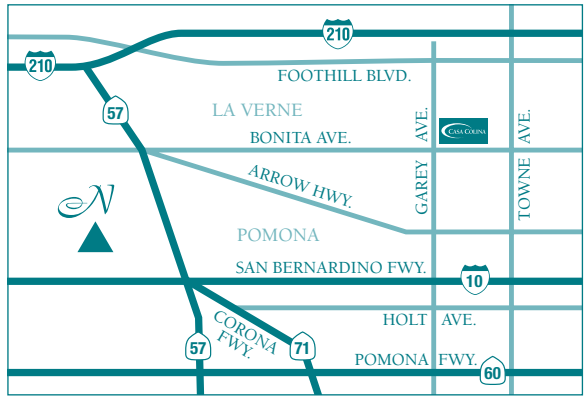
Necessary lab work
if you are diabetic,
60 years of age with
renal function issues

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Hours: Monday – Friday, 8 a.m. – 5 p.m.



FOR CD REQUESTS:

In person • ID required

EXAM PREPARATION:

Ultrasound Pelvic

Drink 20 ounces of water
one hour prior to appointment

Ultrasound Abdominal

Nothing by mouth 8 hours
prior to appointment

CT with Contrast

Nothing by mouth 4 hours
prior to appointment