

255 E. Bonita Avenue, Bldg. 3A
Pomona, CA 91767

Claremont Imaging Associates

Gary Jensen, M.D.
Tax ID# 20-0236047



Diagnostic Imaging Center

☐ STAT ☐ ASAP

Backline/cell # _____

Fax # _____

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

OUTPATIENT RADIOLOGY REFERRAL

To schedule an appointment: call 909/450-0393, fax 909/450-0394, or email imaging@casacolina.org

<input type="checkbox"/> Give patient CD images	Patient Name _____	DOB _____
<input type="checkbox"/> Call patient to schedule	Home Phone _____	Cell/Work Phone _____
	Insurance Carrier _____	ICD Code _____

EXAM REQUESTED

*For IV contrast exams, labs within 30 days required for patients 60 years or older. Please fax lab results to 909/450-0394

Radiology exams with contrast: Oral and IV contrast will be administered as per department contrast protocol.

MRI

- ☐ Without Contrast
☐ With Contrast*
☐ With and Without Contrast*

Head & Neck

- ☐ Brain ☐ Orbits ☐ IAC
☐ Angio Brain ☐ Angio Neck ☐ TMJ
☐ Pituitary ☐ Soft Tissue Neck
☐ Chest ☐ Brachial Plexus

Body/Trunk

- ☐ MRCP ☐ Pelvis
☐ Chest ☐ Angio Abdomen
☐ Enterography

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
☐ Humerus L/R ☐ Forearm L/R
☐ Femur L/R ☐ TibFib L/R
☐ Arthrogram _____ L/R

- ☐ Extremity: Upper/Lower

Other MRI

- ☐ Specify _____

INTERVENTIONAL

- ☐ Joint Injection _____

☐ PICC Line: Insertion/Replacement
☐ Other _____

CT

- ☐ Without Contrast
☐ With Contrast*
☐ With and Without Contrast*
☐ Oral ☐ IV ☐ Oral & IV

Head & Neck

- ☐ Brain ☐ Temporal Bones ☐ Neck
☐ Face/Mandible/Maxillofacial/Sinus
☐ Angio Brain ☐ Angio Neck

Body/Trunk

- ☐ Chest ☐ Abdomen ☐ Pelvis
☐ Abdomen & Pelvis
☐ Angio Pelvis ☐ Angio Chest
☐ Angio Abdomen ☐ Urogram
☐ Enterography

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

- ☐ Angio Lower Extremity Run-off

- ☐ Angio Aorta/Bilateral Run-off

- ☐ Sternum

Other CT

- ☐ Specify _____

**MAMMOGRAPHY-
3D TOMOSYNTHESIS**

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

ULTRASOUND

Abdomen & Pelvis

- ☐ Abdomen Complete
☐ Abd. Ltd. Specify _____
☐ Pelvis, Transabdominal only
☐ Pelvis, Transabd. & Transvag.
☐ Pelvis Ltd., Bladder only
☐ Kidney Bilateral ☐ Gallbladder
☐ Abdominal Aorta ☐ Liver
☐ Hernia, Specify: _____

Vascular

- ☐ Carotid ☐ Abdominal Doppler

Extremity Doppler

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

Breast

- ☐ Bilateral ☐ Unilateral L/R

Obstetrics

- ☐ OB Complete ☐ OB <14 wks
☐ OB Ltd., Specify _____

Other Ultrasound

- ☐ Thyroid ☐ Scrotum ☐ Prostate
☐ Head/Neck/Soft Tissue
☐ Soft Tissue, Specify _____
☐ Specify _____

XRAY

- ☐ UGI ☐ Esophagram
☐ Small Bowel
☐ Barium Enema
☐ Modified Barium Swallow Test/
Video w/Speech Therapy
☐ KUB/Abdomen 1 View / 2 View
☐ Scoliosis Series
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
Myelogram:
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ DXA Scan for Bone Density

☐ KUB
☐ Spine ☐ CSP ☐ TSP ☐ LSP
☐ Chest ☐ 1V ☐ 2V
☐ Shoulder ☐ L ☐ R ☐ B
☐ Elbow ☐ L ☐ R ☐ B
☐ Hand ☐ L ☐ R ☐ B
☐ Humerus ☐ L ☐ R ☐ B
☐ Radial/Ulnar ☐ L ☐ R ☐ B
☐ Pelvic
☐ Hip ☐ L ☐ R ☐ B
☐ Femur ☐ L ☐ R ☐ B
☐ TIB/FIB ☐ L ☐ R ☐ B
☐ Knee ☐ L ☐ R ☐ B
☐ Weight Bearing ☐ Non
☐ Foot ☐ L ☐ R ☐ B
☐ Weight Bearing ☐ Non
☐ Other, Specify Area/View _____

FOR SPECIALTY DIAGNOSTIC TESTING, SEE REVERSE SIDE

Physician Signature _____ (stamps not accepted) Phone _____ Fax: _____

Physician Name _____ Address _____

Date _____ City/State/Zip _____

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

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

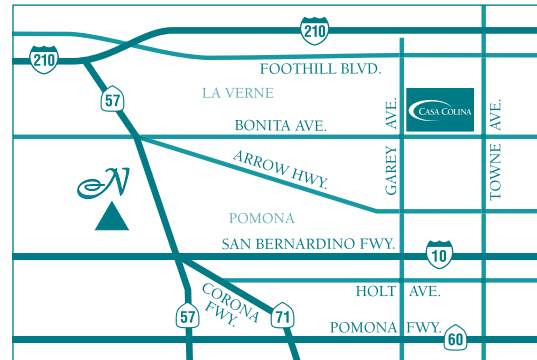


Diagnostic Imaging Center

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Pomona, CA 91769

Phone 909/450-0393 • Fax 909/450-0394



MRI (400-pound 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 (400-pound table weight limit)

IV CONTRAST EXAMS: Drink 32 ounces of water the morning of your exam. Please do not eat 4 hours 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 hours prior to your exam.

All other CT exams without contrast require normal diet.

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.

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) (350-pound table weight limit)

No calcium supplements for at least 24 hours before exam.
Sweat pants or clothing without zippers or any metal on clothing.

X-Ray (300-pound table weight limit)

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. Clothing without zippers preferred. Women who may be pregnant need to inform the technologist.

Ultrasound (450-pound table weight limit)

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

Fluoroscopy (300-pound table weight limit)

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 hour prior to exam for cramping.

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. 1 hour exam, 1 hour recovery time.