

patient name \_\_\_\_\_ dob \_\_\_\_\_ Appt Date \_\_\_\_\_  
 cell phone# \_\_\_\_\_ phone# \_\_\_\_\_ insurance \_\_\_\_\_  
 referring physician \_\_\_\_\_ physician phone# \_\_\_\_\_ Time \_\_\_\_\_

**CLINICAL INDICATIONS**

\_\_\_\_\_

**SPECIAL INSTRUCTIONS / NOTES :**

\_\_\_\_\_

**MRI**

CONTRAST:  without contrast  with/without contrast  IV Sedation

<b>Head / Neck</b>	<b>MRA - Vascular</b>	<b>Ortho</b>
<input type="checkbox"/> Brain	<input type="checkbox"/> MRA - Brain	<input type="checkbox"/> Shoulder R L
<input type="checkbox"/> Orbits	<input type="checkbox"/> MRA - Neck & Arch	<input type="checkbox"/> Elbow R L
<input type="checkbox"/> Pituitary	<input type="checkbox"/> MRA - Thoracic Aorta	<input type="checkbox"/> Wrist R L
<input type="checkbox"/> IAC	<input type="checkbox"/> MRA - Abdominal Aorta	<input type="checkbox"/> Hand R L
<input type="checkbox"/> TMJ	<input type="checkbox"/> MRA - Mesenteric	<input type="checkbox"/> Hip R L
<input type="checkbox"/> Soft tissue neck	<input type="checkbox"/> MRA - Renal	<input type="checkbox"/> Pelvis
	<input type="checkbox"/> MRA - Runoff	<input type="checkbox"/> Knee R L
		<input type="checkbox"/> Ankle R L
		<input type="checkbox"/> Foot R L
<b>Spine</b>	<b>Body</b>	
<input type="checkbox"/> Cervical		
<input type="checkbox"/> Thoracic		
<input type="checkbox"/> Lumbar	<input type="checkbox"/> Chest	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Sacrum, Coccyx	<input type="checkbox"/> Abdomen	<input type="checkbox"/> MRCP

**ULTRASOUND**

**General**

Abdominal  Gallbladder  Liver  
 Obstetrical  Renal/Bladder  Testicular  
 Thyroid  
 Pelvic:  
 Transvaginal / Transabdominal

**Vascular**

Venous Duplex - Extremity  
*Select one from each line:*  
 Lower  Upper  
 Right  Left  Bilateral  
 Arterial Duplex - Extremity - Bilateral  
 Lower  Upper  
 Carotid Duplex  
 Aorta  Renal Duplex  Abdominal Duplex

**CT MultiSlice/Multi-Planar/3D**

CONTRAST:  without IV contrast  without oral contrast  
 with/without IV contrast  with oral contrast

<input type="checkbox"/> Brain	<input type="checkbox"/> Temporal bone	<input type="checkbox"/> Chest
<input type="checkbox"/> Sinus	<input type="checkbox"/> IAC	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Cervical spine	<input type="checkbox"/> Soft tissue neck	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Thoracic spine		
<input type="checkbox"/> Lumbar spine	<input type="checkbox"/> Extremity _____	

**SPINE INTERVENTION**

<input type="checkbox"/> Cervical	<input type="checkbox"/> facet joint block _____
	<input type="checkbox"/> epidural injection _____
<input type="checkbox"/> Thoracic	<input type="checkbox"/> selective nerve root block (SNRB/PRT) _____
	<input type="checkbox"/> discogram _____
<input type="checkbox"/> Lumbar	<input type="checkbox"/> vertebroplasty / sacroplasty _____
	<input type="checkbox"/> dynamic lumbar myelogram _____
	<input type="checkbox"/> notes / other : _____

**BIOPSY - BODY PART**

\_\_\_\_\_

(We recommend direct discussion with radiologist)

**CONSULTATION**

spine consultation  
 evaluate & treat spine

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

Stat - Call Dr. Cell Phone # \_\_\_\_\_  Report Only  Report w/ Image on CD  Report w/ Film

## Directions to Oak Tree Medical Center



### From 210 East Fwy:

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 210 West Fwy:

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 110 Fwy:

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 134 Fwy:

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
<b>Biopsy</b>	<b>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.</b>
<b>CT Body</b> Abdominal / Pelvis, Kidneys and Retroperitoneal	<b>All Scans:</b> If possible, drink plenty of fluids starting 24 hours before your exam. <b>CT with contrast:</b> Patients 65 or older must have Creatinine and BUN labs performed prior to exam. NPO (nothing by mouth) 4 hours prior to your exam. <b>CT non-contrast:</b> No preparation necessary.
<b>CT</b> Brain, Head, Neck, Chest and Extremities	NPO (nothing by mouth) 4 hours prior to your exam. You may take medications if necessary. Some CT scans (with or without contrast) require you to drink an oral contrast 2 hours prior to your arrival.
<b>CT Spine</b> Cervical, Thoracic, Lumbar	No preparation necessary.
<b>FNA</b> Fine Needle Aspiration	<b>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. .</b>
<b>MRI</b> Magnetic Resonance Imaging	<b>All Scans: PATIENTS WITH PACEMAKERS CANNOT HAVE MRI STUDIES</b> <b>MRI with contrast:</b> Patients 65 or older must have Creatinine and BUN labs performed prior to exam. <b>MRI non-contrast:</b> No preparation necessary.
<b>Sedation</b>	<b>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. Bring a driver.</b>
<b>Spine Procedure</b>	<b>Stop taking Aspirin</b> (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. <b>Do not eat or drink four (4) hours prior to your appointment.</b> 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. <b>Stop taking Plavix, and Coumadin or Warfarin for 5 days</b> before the appointment. Bring your MRI or CT films/CD and reports. <b>You must bring a driver.</b>
<b>Ultrasound</b> Vascular, Thyroid, Etc.	No preparation necessary. Allow 30 minutes to an hour for the procedure
<b>Ultrasound</b> Obstetrical and Pelvic	Patients need to have full bladder for the exam. Drink 48 oz. of water 1.5 hours prior to your exam. <b>DO NOT EMPTY YOUR BLADDER</b>
<b>Ultrasound</b> Abdominal	No solids or dairy products 6 hours prior to your exam. You may drink clear fluids. Diabetics, may take medication as normal.

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