

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

APPOINTMENT
 Date _____
 Time _____

DIAGNOSIS / SYMPTOMS / REASON FOR EXAM

SPECIAL INSTRUCTIONS / NOTES / HAND WRITTEN PROCEDURE: IV Sedation Ambulatory Assistance

MRI

CONTRAST: without contrast with & without contrast

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

ULTRASOUND

General

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

Vascular

Venous Duplex - Extremity
Select one from each line:
 Lower Upper
 Right Left Bilateral

Arterial Duplex - Extremity - Bilateral
 Lower Upper

Carotid Duplex

Renal Duplex Abdominal Duplex

CT

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

ORAL CONTRAST without with

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

OTHER - INTERVENTION

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

_____ (Body Part)

SPINE INTERVENTION

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

CONSULTATION

Evaluate & Treat
 Consult for spine / interventional procedure
 Consult to determine optimal imaging

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 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)	
	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. 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. Stop taking Plavix, and Coumadin or Warfarin for 5 days before the appointment. Bring your MRI or CT films/CD and reports. You must bring a driver.
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	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.
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. You may drink clear fluids. Diabetics, may take medication as normal.
Renal	May eat regular diet. Drink 48 oz. Of water 1.5 prior to exam. Please arrive with a full bladder.
INTERVENTION	
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.