

- Multi-lingual Staff
- Spanish
  - Vietnamese
  - Sign Language

# South Valley Imaging Center

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Imaging Requisition

Please fax insurance information

Tax ID 71-0936580

Send Films  Send CD  Phone Rpt

CC:

Today's Date: \_\_\_\_\_ Appt Date/Time: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

ICD-9 Code/Symptoms: \_\_\_\_\_

Exam Prescribed (or select from list): \_\_\_\_\_

## REFERRING PHYSICIAN

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature (required)

## MRI

- WITHOUT CONTRAST
- W/NO CONTRAST
- WITH CONTRAST IF RADIOLOGIST RECOMMENDS

- Brain  Brain MRA  Carotids MRA
- Pituitary  Orbits  IACs
- Spine **C T L**  Soft Tissue Neck
- Shoulder **R / L**
- Knee **R / L**  OTHER: \_\_\_\_\_
- Abdomen  Pelvis

## CT

- WITH CONTRAST
- WITHOUT CONTRAST
- W/NO CONTRAST
- WITH CONTRAST IF RADIOLOGIST RECOMMENDS

- HEAD**  Sinuses  Facial Bones  Temporal Bones  Orbits
- Spine **C T L**  Soft Tissue Neck  IACs
- CHEST**  Hi-Res CHEST/LUNG  Coronary Artery Calcium Scoring w/Non-Con Chest
- ABDOMEN & PELVIS**  Abdomen Only  Bi-phasic Liver
- Renal Stone Protocol  Pelvis Only  Bi-phasic Pancreas
- CT-IVP (Painless Hematuria Protocol)  OTHER: \_\_\_\_\_

### CT ANGIOGRAPHY (with 3-D Reformations)

- Pulmonary Arteries  Cerebral  Carotids  Abdominal Aorta
- Renal Arteries  Thoracic Aorta  Abdominal Aorta and Leg Arteries

## ULTRA-SOUND

- Abdomen  Appendix  Hips (Pediatric)
- Kidneys & Bladder  Abdominal Aorta  Testicular
- Pelvis  Thyroid  Breast R / L
- OB 2nd or 3rd Trimester  OB 1st Trimester
- Carotid Doppler  Leg Doppler Venous R / L  OTHER: \_\_\_\_\_
- Leg Doppler Arterial R / L

12.06

## Preparation Instructions

### CT Scan With Contrast:

- Recent BUN & Creatinine labs are required for patients who are diabetic, have a history of renal insufficiency/failure, or are 65 years of age or older.
- Nothing by mouth except sips of water or meds 4 hours before the exam.
- Please notify us if you have a history of allergic reaction to contrast dye, asthma requiring regular medication, or other serious allergies.

### Abdominal Ultrasound:

- Nothing by mouth except water or meds 8 hours before the exam.

### Pelvic or Kidney Ultrasound:

- Drink 32 oz. of water 1 hour before exam, and do not empty your bladder.

