

South Valley Imaging Center

Imaging Requisition

Please fax insurance information

Tax ID 71-0936580

8359 Church Street, Gilroy, CA 95020 • Tel 408.842-0855 • Fax 408 842-0854 • www.southvalleyimaging.com

Today's Date: _____ Appt Date/Time: _____ Send CD Phone Rpt CC:

Name: _____ DOB: _____

Day Phone: _____ Alt Phone: _____

ICD-9 Code/Symptoms: _____

Exam Prescribed
(or select from list): _____

REFERRING PHYSICIAN

Name: _____

Day Phone: _____

Physician's Signature (required)

MRI Without Contrast W/WO Contrast With Contrast If Radiologists Recommends

Brain Brain MRA Carotids MRA

Spine C T L

Shoulder R / L

Knee R / L

Abdomen Pelvis

Pituitary Orbits IACs

Soft Tissue Neck

OTHER: _____

CT Without Contrast W/WO Contrast With Contrast With Contrast If Radiologists Recommends

HEAD Sinuses Facial Bones

SPINE C T L

CHEST Hi-Res CHEST/LUNG

ABDOMEN & PELVIS Abdomen only

Renal Stone Protocol Pelvis only

CT-IVP (Painless Hematuria Protocol)

Temporal Bones Orbits

Soft Tissue Neck IACs

Coronary Artery Calcium Scoring

Tri-phasic Liver

Tri-phasic Pancreas

OTHER: _____

CT ANGIOGRAPHY (with 3-D Reformations)

Pulmonary Arteries Cerebral Carotids

Renal Arteries Thoracic Aorta

Abdominal Aorta

Abdominal Aorta and Leg Arteries

X-RAY

Chest, PA & Lateral

Chest, PA only

C-Spine L-Spine

w/ obliques

w/ flexion & extension

Shoulder R / L

Elbow R / L

Wrist R / L

Hand R / L

Finger R / L _____

Hip R / L

Knee R / L

Ankle R / L

Foot R / L

Toe R / L _____

Thoracic Spine

Sinuses (paranasal)

Abdomen, 1 view (KUB)

Abdomen Series, Complete

Pelvis

OTHER: _____

ULTRASOUND

Abdomen

Limited Abdomen (RUQ only)

Kidneys & Bladder

Pelvis

Carotid Doppler

Appendix

Abdominal Aorta

Thyroid

OB 1st Trimester

OB 2nd or 3rd Trimester

Leg Doppler Venous R / L

Leg Doppler Arterial R / L

Soft Tissue Mass

Testicular

Targeted Breast R / L

OTHER: _____

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 60 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 history of allergic reaction to contrast dye, asthma requiring regular medication, or other serious allergies.

Abdominal Ultrasound:

- Nothing by mouth except water or meds 6 hours before the exam.

Pelvic or Kidney Ultrasound:

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