BEVERLY HILLS MEDICAL IMAGING

PROVIDING CLARITY

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PATIENT INFO	PHYSICIAN INFO		INSURANCE
PT. NAME: LAST FIRST	DR. NAME:	DR. SIGN:	
PT. DOB:	DR. TEL:	ORDER DATE:	
PT. TEL:	DR. FAX:	INDICATION:	

NUCLEAR MEDICINE

1. BONE SCAN
A. Whole Body **B. Three-Phase** **C. SPECT**
☐ Metastatic Disease ☐ Prosthethic Loosening
☐ Arthritis ☐ RSD ☐ Plantar Fascitis ☐ Stress Fx.
☐ Diabetic Foot ☐ Osteomyelitis vs Cellulitis (combine w/ Gallium scan #4)

2. BRAIN SPECT
☐ Dementia/ Stroke ☐ DAT Scan for Parkinson's

3. CARDIAC STRESS TEST
Thallium / Technetium SPECT ☐ Pharma ☐ TMT
☐ Chest Pain ☐ CAD/ Stent/CABG ☐ Pre-op Eval.
☐ Dyspnea on Exertion ☐ Abn. Resting EKG

4. INFECTIONS **Gallium Scan** ☐ Infection

5. LIVER AND GALL BLADDER
A. HIDA (Hepato-Biliary) **w/G.B. Ejection Fraction**
☐ RUQ Pain ☐ Gall Stones / Cholelithiasis
B. Liver - Spleen Scan ☐ Cirrhosis ☐ Mass
C. RBC Blood Pool Study ☐ Hemangioma

6. MUGA SCAN (For Accurate L.V.E.F.)
☐ CHF ☐ Difficult Echo ☐ Pre & Post-Chemo LVEF

7. RENAL / KIDNEY
A. Renal Scan w/ Flow ☐ Differential Kidney Functn.
B. W / Captopril ☐ Renal Artery Stenosis - HTN

8. STOMACH - ESOPHAGUS
A. Gastric Emptying ☐ Diabetes ☐ Dyspepsia

9. THYROID SCANS
A. THYROID CANCER
☐ I-131 Whole Body Scan ☐ I-123 Whole Body Scan
☐ Thyrogen Injection I.M. ☐ WB FDG PET-CT Scan
☐ Post I-131 Rx Body Scan ☐ **I-131 Thyroid Therapy** _____ mCi

B. HYPERTHYROIDISM
☐ Thy. Uptake & Scan ☐ **I-131 Thyroid Rx** _____mCi

10. PARATHYROID
☐ Adenoma ☐ ↑PTH ☐ ↑Ca++

NOTES

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24 Hr Cancellation Required

PET-CT & CT (64 Slice)

11. BRAIN PET-CT
A. FDG Brain PET
Alzheimer's Disease Vs FrontoTemporal Dementia
☐ **Short term Memory loss > 6 mos. Pls Provide:**
☐ MMSE Score _____ ☐ TSH _____
☐ Head CT* or MRI*____ ☐ B-12 _____
B. AMYLOID Brain PET
☐ Identify Alzhiemer's B-Amyloid Plaque burden
*** Head CT and/or MRI is required before Brain PETs**

12. MEMORY LOSS DIAG. EVAL.
☐ Head CT or MRI/MRA, TCD, Amyloid PET, FDG Brain

13. CARDIAC PET-CT
A. RUBIDIUM Perfusion PET
☐ Chest Pain ☐ CAD ☐ SOB ☐ Pre-op Eval.
☐ Abn. Resting EKG ☐ Inconclusive SPECT
B. FDG Viability PET
☐ Infarct Vs Hibernating Myo. Vs Soft tissue atten.

14. ONCOLOGY PET-CT
For anatomical details, pls. include CT w/contrast
Please complete CT order (in Section 15)

☐ Breast	☐ Bladder	☐ Brain
☐ Bone Mets	☐ Colorectal	☐ Gastic/Esophagus
☐ Head-Neck/Thyroid Ca.		☐ Liver/Pancreatic Ca.
☐ Lung /Pulm. Nodule		☐ Prostate (post Dx)
☐ Lymphoma		☐ Renal Cell Ca.
☐ Ovarian/Cervix/Uterus		☐ Melanoma
☐ Other_____		☐ Unknown Primary

15. CT SCANS
If ordering PET, please incude CT order as needed.

Contrast ☐ W/o ☐ W+W/o
***Patients >60 yrs** need BUN, Creatinine, GFR*
***Oral Diabetics:** No oral meds 24h pre & 48h post cont.*

☐ Head	☐ Knee	☐ High Res. CT
☐ Sinus	☐ Neck	☐ Liver 3 Phase
☐ Chest	☐ Abdomen	☐ Pelvis
☐ Shoulder	☐ Hip	☐ C-Spine
☐ CTA Runoff Ab/Pelvis		☐ T-Spine
☐ CTA Runoff Low Extermity		☐ L-Spine

16. INTERVENTIONAL RADIOLOGY
A. Joint Injections: ☐ **Arthrogram** ☐ **Therapeutic Inj.**
☐ Hip ☐ Shoulder ☐ Knee ☐ Other_____
B. Varicose Veins' Ablation:
☐ Right leg ☐ Left Leg ☐ Both legs
C. Epidural Spinal Injections (Need < 6 mo old MRI)
☐ Low back Pain ☐ Sciatica ☐ Spinal stenosis
D. ☐ **Stem Cell Therapy Consultation**

MRI / US / XR

17. MRI — 3-TESLA

A. HEAD/NECK — **Contrast** ☐ W/o ☐ W+W/o
☐ MRI Brain
☐ MRA Brain
☐ MRA Neck/Carotid
TIA/Stroke protocol Includes all 3 above
☐ Pituitary
☐ MRI Orbits
☐ MRI Neck/Face

B. BODY — **Contrast** ☐ W/o ☐ W+W/o
☐ Abdomen
☐ Pelvis
☐ MRCP / Billary
☐ Enterography
☐ Chest/ Mediastinum
☐ Brachial Plexus
☐ Breast ○ Left ○ Right

C. SPINE ☐ Cervical ☐ Thoracic ☐ Lumbar

D. JOINTS — **Contrast** ☐ W/o ☐ W+W/o

☐ Shoulder	☐ Hip	○ Left ○ Right ○ Bilat.
☐ Elbow	☐ Knee	*Please select location*
☐ Wrist	☐ Ankle	
☐ Hand	☐ Foot	Other _____

E. MRA — **Contrast** ☐ W/o ☐ W+W/o
☐ MRA Brain
☐ MRA Neck/Carotid
☐ Thoracic Aorta
☐ Abdominal Aorta
☐ MRA Renal Arteries
☐ Runoff Abdomen/Pelvis
☐ Runoff Lower Extremity

18. DOPPLER (Vascular)
A. Carotid Arteries
☐ Neck bruit ☐ TIA ☐ Syncope ☐ Prior CVA
B. Transcranial Doppler (TCD)
☐ Dizziness ☐ TIA ☐ Syncope ☐ Prior CVA
C. Abdominal Aortic Aneurysm Screen
☐ Hx. Smoking ☐ AAA ☐ Bruit ☐ >70 Yrs
D. Lower Extremity – Arterial w/ ABI
☐ Claudication ☐ Numbness ☐ PVD/PAD
E. Lower Extremity – Venous
☐ Pain / Redness / Swelling ☐ DVT ☐ Varicose

19. ECHOCARDIOGRAPHY *No Stress Echo*
Resting 2D Echo ☐ LVH ☐ CHF ☐ Valve Dx
☐ Hypertension ☐ Cardiomyopathy

20. ULTRASOUND
☐ Abdomen - ○ *Limited* ○ *Complete*
☐ Pelvis - ○ *Limited* ○ *Complete*
☐ Other_____ Reason _____

21. X-RAY
☐ Chest - ○ AP ○ Lat ☐ Spine_____
☐ Shoulder ☐ Hips ☐ Knees ☐ Ankle
☐ Other_____

CHECKLIST / GENERAL INSTRUCTIONS

- **Bring your ID and health insurance cards.**
- **Wear warm and comfortable clothing.**
- **Arrive 15 minutes before your appointment.**
- **Bring ALL medicines with you.**
- **If diabetic, bring insulin with you.**

If you are a diabetic on insulin, ask for afternoon appointment. Bring insulin along. If you have special requirements such as children, transportation, a time constraint, upcoming doctor's appointment, large wheel chair, stroke or difficult venous access, please notify us before.

DUE TO TIME SENSITIVE MEDICINES 24 HOUR NOTICE REQUIRED FOR ALL CANCELLATIONS OR RESCHEDULING REQUESTS. PLEASE SEE GRAY BOX ON BOTTOM.

CARDIAC STRESS TEST / THALLIUM / RUBIDIUM SCANS

- Do not eat or drink at least 4 hours prior to scan.
- **No caffeine 24 hours before scan.** No soda, no coffee, no tea, no chocolate
- You will lie with arms above your head on the scanning table for 15 minutes each time for the two studies.
- Images may be repeated if they are not satisfactory.
- You may be asked to have food either before or after the first images, so please bring a snack or a meal with you.
- Do not take Beta blockers such as Atenolol, Propranolol, Metopro, Inderal, lol, etc. 24 hours before.
- Please bring all your medications and inhalers with you.
- If you are a male patient, your chest may be shaved at some places to put the EKG leads on.
- Wear warm and loose clothes and tennis shoes for the treadmill exercise test. If you are not able to exercise on the treadmill, you will be given a chemical stress test.
- An informed consent for the procedure will be obtained. Usual time to complete test: 2 - 3 hours.

PET-CT PATIENT PREPARATION

- Nothing by mouth (NPO) except water for 6 hours prior to your appointment
- Patient CAN drink water that morning.
- Take all necessary medicines only with water.
- Low carbohydrate diet during prior night's meal.
- Refrain from exercise for 24-48 hours prior to test.
- If you are diabetic, and on insulin, ask for an afternoon appointment.(to have early breakfast)
- Bring insulin and all medicines to the clinic.
- Please inform us if you are claustrophobic. Bring a ride/driver along
- Although the actual scan time is typically 20 minutes, expect to spend approximately 2 to 3 hours at our facility for your PET-CT scan.
- Wear warm clothers, since the scanner room is cold.

CT SCAN PREPARATION

- Special preparation is NOT required for most CT Scans.
- Wear comfortable and loose-fitting two-piece clothing for your exam.
- Remove metallic clothing or jewelry that may interfere with X-Rays (no belts, earrings, underwire bras, dentures, hairpins, etc.)
- You may be asked to change into a gown.
- For IV contrast for CT, we need renal function tests if you are >65 years of age or have kidney disease or recent infection or hospitalizations.
- For oral contrast, you'll receive detailed instructions at the time of your appointment. Exams of the abdomen and pelvis may require an oral contrast agent as a drink which is given1-2 hours prior to your scan.
- For abdomen and/or pelvis CT scan, refrain from eating after midnight before the exam. Fluids in moderation are encouraged before the exam.

- **Take plenty of fluids after a contrast exam**
- **Discontinue oral diabetic medication such as Metformin 24 hours before and 48 hours after contrast.**
- **Continue to take all medication ordered by your doctor.**

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MRI PREPARATION

- **Inform us if you have a pacemaker, heart valve, aneurysm clip or cochlear implant. Inform us if you've had brain, heart, eye, or ear surgery. Inform us if you have any metallic objects or implants.**
- In preparation for your MRI you may be asked to remove make-up and dentures depending on the study. You may also be asked to wear a hospital gown to avoid magnetic interference from buckles, zippers etc
- Continue to take medication prescribed by your doctor unless directed.
- If you are having a MRI of the abdomen you will be asked not to eat or drink 4 hours prior to the exam
- Fluids in moderation are encouraged before the exam.
- If you have a history of kidney disease or kidney failure and your exam is scheduled with contrast, please notify us so a technologist can determine whether contrast should be used.
- Once you are situated on the table, make sure you are comfortable so that it is easy to keep still. Breathe normally. There is nothing about the procedure to make you uncomfortable. Once the exam is over, the technologist will assist you out of the scan room.

ULTRASOUND PATIENT PREPARATION

- **Abdomen:** Nothing by mouth (NPO) for 6 hours before your appointment.
- **Pelvis**: The patient may only drink water (32 ounces).

We need to order special medical isotopes for your type of test. These isotopes are expensive, and usually expire on the same day and can not be used again.

IT IS VERY IMPORTANT THAT YOU RESCHEDULE YOUR APPOINTMENT OR CANCEL BEFORE 4:30 PM THE DAY BEFORE. IF NOT, YOU MAY BE RESPONSIBLE FOR THE COST OF THESE EXPENSIVE MEDICINES.