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 www.inviewimaging.com

# IMAGING REQUISITION TAX ID # 20-0189757

For authorizations, include insurance information

- Routine
- Send Films
- Wet Reading
- Send CD

*\*InView Imaging will obtain authorization when required.*

Today's Date: MM / DD / YYYY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: MM / DD / YYYY Home Phone # \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Male  Female

Clinical Indication for Today's Visit: \_\_\_\_\_

ICD-9: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

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

Physician's Signature \_\_\_\_\_

**Inview does not have personnel to watch children. They may not be left unattended. Please make arrangements for their care.**

## MRI

*\*Patients receiving oral sedation for claustrophobia must be accompanied with a driver.*

- Brain
- Pituitary
- IAC
- Orbits
- Shoulder - R / L
- Elbow - R / L
- Wrist - R / L
- Abdomen
- Pelvis
- Hip - R / L
- Knee - R / L
- Ankle - R / L
- Forefoot - R / L
- Breast (bilateral)
- Soft Tissue Neck
- MRA (specify area): \_\_\_\_\_
- MRA Aorta w/ Runoff
- Arthrogram (specify joint): - R / L \_\_\_\_\_
- SPINE - C / T / L \_\_\_\_\_
- MR Neurography (specify nerve): \_\_\_\_\_
- Other: \_\_\_\_\_

**Contrast**  
 With  With & Without  
 Without

## CT

- Brain
- Sinuses
- Mastoids / Temporal bone
- Mandible / Maxillary
- Soft Tissue Neck
- Chest
- Hi-Resolution Chest
- Abdomen
- Pelvis
- Abdomen & Pelvis
- Renal Calculi Protocol
- IVP Protocol - (CT Urogram)
- Extremity (specify): \_\_\_\_\_
- w/ 3D Reconstruction
- CT Angiography (specify): \_\_\_\_\_
- SPINE - C / T / L \_\_\_\_\_
- w/ 3D Reconstruction
- Myelogram - C / T / L \_\_\_\_\_
- Virtual Colonography
- Other: \_\_\_\_\_

**Contrast**  
 With  With & Without  
 Without

## Ultrasound

LMP: \_\_\_\_\_

- Abdomen
- Pelvis (w/endovag if required)
- OB: complete fetal and maternal (w/endovag if required)
- Aorta
- Carotid
- Bladder
- Breast - R / L
- Thyroid
- Retroperitoneum (renal)
- Hips (pediatric)
- Testicular
- Venous Extremity
- Musculoskeletal (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

## Interventional

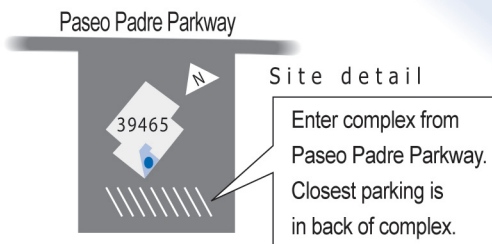
- Image-Guided Biopsy ( MR / CT / Ultrasound )
- Suction-Assisted Breast Biopsy
- MR-Guided Wire Localization (breast)
- Aspiration
- Other \_\_\_\_\_
- RF Vein Ablation

## DEXA

- Bone Density
- Vertebral Fracture Assessment
- Total Body Composition



510-490-0961



Located in the GM Building  
Next to the Alameda Courthouse.

## Driving Directions

From San Jose (880), take Stevenson Blvd exit. Turn RIGHT onto Stevenson Blvd. Turn LEFT on Paseo Padre Pkwy. InView will be immediately on your left in the GM Building.

From Hayward (880), take Mowry Blvd exit. Turn LEFT onto Mowry. Turn RIGHT on Paseo Padre Pkwy. Immediately after Walnut Ave, InView will be on your right in the GM Building.

From San Jose (680), take Washington Blvd exit. Turn RIGHT onto Washington Blvd (turns into Fremont Blvd). Turn RIGHT onto Stevenson Blvd. Turn LEFT on Paseo Padre Pkwy. InView will be immediately on your left in the GM Building.

From Pleasanton (680), take Washington Blvd exit. Turn RIGHT onto Washington Blvd (turns into Fremont Blvd). Turn RIGHT onto Stevenson Blvd. Turn LEFT on Paseo Padre Pkwy. InView will be immediately on your left in the GM Building.

## Exam Preparation Instructions

### MRI or CT Scan (with contrast)

Recent BUN/Creatinine needed for the following patients:

- Patients older than 60 years
- Patients with a history of kidney dysfunction/failure
- All diabetic patients
- Patients with a history of hypertension for more than 10 years
- Nothing to eat after midnight. Nothing by mouth except water or meds, 4 hours before exam.

\*Some CT Scans will require oral contrast. Instructions will be given to the patient at the time the appointment is made.

### Abdominal Ultrasound

- Nothing by mouth after midnight.

### Pelvic, Renal or Kidney Ultrasound

- Drink 16 oz. of water to be finished 1 hour before appointment. Do not empty your bladder.

### Possible Contraindications for MRI

- Metal in eyes
- Aneurysm clips
- Pacemaker

**\*Please bring medical device card for MRI compatible devices.**