inview Imaging
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BAY RADIOLOGY San Ramon

Date:_____/_____/_____

Referring Provider Name: _____

Patient Name: _____ (LAST) _____ (FIRST)

Phone: (_____) _____ Fax: (_____) _____

DOB:_____/_____/_____ AGE:_____

Provider Signature: _____

Patient Phone: (_____) _____

☐ STAT ORDER ICD 10: _____

Clinical History: _____

Insurance: _____ Auth #: _____ CC to: _____

MRI - *All Locations Except Oakland*

SIDE: ☐RIGHT ☐LEFT ☐BILATERAL

CONTRAST: ☐WITHOUT ☐WITH & WITHOUT

- ☐ C-spine
- ☐ T-spine
- ☐ L-spine
- ☐ Sacrum
- ☐ Shoulder
- ☐ Humerus/Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Hip
- ☐ Knee
- ☐ Ankle/Hindfoot
- ☐ Foot/Forefoot
- ☐ Femur/Thigh
- ☐ Tibia/Fibula
- ☐ Brain
- ☐ Brain/Orbits
- ☐ Sella/Pituitary
- ☐ IAC/Temporal Bones
- ☐ Soft Tissue Face/Neck
- ☐ Brachial Plexus
- ☐ Chest
- ☐ Abdomen
- ☐ Abdomen w/MRCP
- ☐ Pelvis Soft Tissue/GYN
- ☐ Pelvis (MSK)
- ☐ Pelvis (prostate)
- ☐ MRA Brain
- ☐ MRA Carotids
- ☐ MRA Chest
- ☐ MRA Abdomen (aorta)

**OPEN MRI (CONCORD ONLY):_____ CLAUSTRO: Y / N

X-Ray - *All Locations Except Concord*

SIDE: ☐RIGHT ☐LEFT ☐BILATERAL

- ☐ Chest
- ☐ Chest (PA)
- ☐ Ribs
- ☐ C-spine (2-3v)
- ☐ C-spine (5v)
- ☐ T-spine
- ☐ L-spine (2-3v)
- ☐ L-spine (5v)
- ☐ Spine flex/ext
- ☐ Scoliosis
- ☐ S.I. Joints
- ☐ Sacrum/Coccyx
- ☐ Shoulders
- ☐ AC Joint
- ☐ Humerus
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Finger (digit:_____)
- ☐ Clavicle
- ☐ Sternum/SC Joint
- ☐ Hand (bone age)
- ☐ Arthritis (hand+wrist)
- ☐ Pelvis
- ☐ Abdomen
- ☐ Hip
- ☐ Femur
- ☐ Knee
- ☐ Tibia/Fibula
- ☐ Ankle
- ☐ Foot
- ☐ Toe (digit:_____)
- ☐ Orbit
- ☐ Sinuses
- ☐ Facial
- ☐ Skull
- ☐ Neck (soft tissue)
- ☐ Mandible

Ultrasound - *All Locations*

SIDE: ☐RIGHT ☐LEFT ☐BILATERAL

- ☐ Abdomen Complete
- ☐ Abdomen Limited
- ☐ Pelvis + EV
- ☐ Pelvis (TA only)
- ☐ Renal/Bladder
- ☐ Bladder post-void
- ☐ Scrotum
- ☐ Groin/Hernia
- ☐ OB early (viability)
- ☐ OB NT (screen)
- ☐ OB Full (survey)
- ☐ OB Limited (dates)
- ☐ Neck (soft tissue)
- ☐ Thyroid
- ☐ Breast
- ☐ MSK/Other: _____
- ☐ DVT leg
- ☐ DVT arm
- ☐ Carotid
- ☐ Aorta
- ☐ Arterial leg
- ☐ Arterial arm
- ☐ Arterial Renal

CT - *Antioch, Fremont, & Oakland*

CONTRAST: ☐WITHOUT ☐WITH ☐WITH & WITHOUT

* = select contrast option

- ☐ Head*
- ☐ Neck*
- ☐ Mandible
- ☐ Sinuses
- ☐ Temporal Bones
- ☐ Facial Bones
- ☐ C-spine
- ☐ T-spine
- ☐ L-spine
- ☐ Joint (R L):_____
- ☐ Extremity (R L):_____
- ☐ Sacrum/S.I. Joints
- ☐ Chest
- ☐ Chest (low dose screen)
- ☐ Abdomen/Pelvis*
- ☐ Liver (dynamic w contrast)
- ☐ Renal/GU (urogram w contrast)
- ☐ Adrenal (wash-out w contrast)
- ☐ Pelvis*
- ☐ CTA: _____

Mammography - *Antioch, Fremont, Lafayette & Oakland*

- ☐ Screening
- ☐ Unilateral (R L)
- ☐ Diagnostic
- ☐ Bilateral
- ☐ Breast Ultrasound
- ☐ Implants

Biopsy - *Antioch & Fremont*

- ☐ Breast (ultrasound guided)
- ☐ Thyroid (ultrasound guided)

DEXA - *Antioch, Lafayette & Oakland*

- ☐ Bone Density
- ☐ Body Composition (Lafayette)

ANTIOCH
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CONCORD
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SAN RAMON
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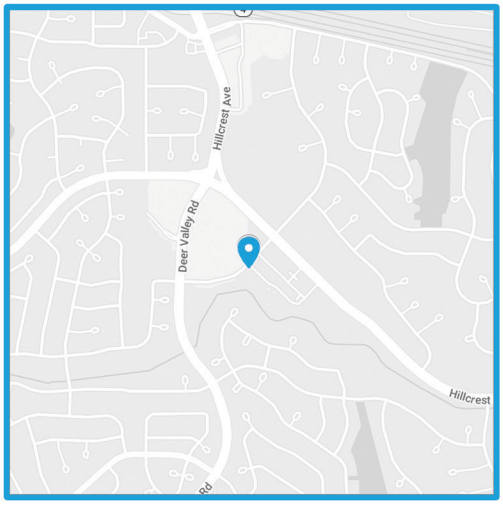

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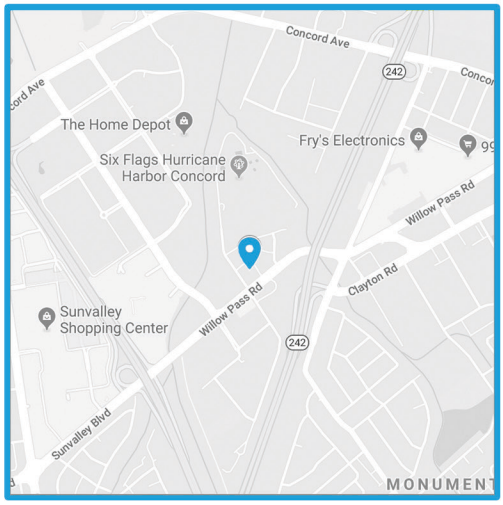

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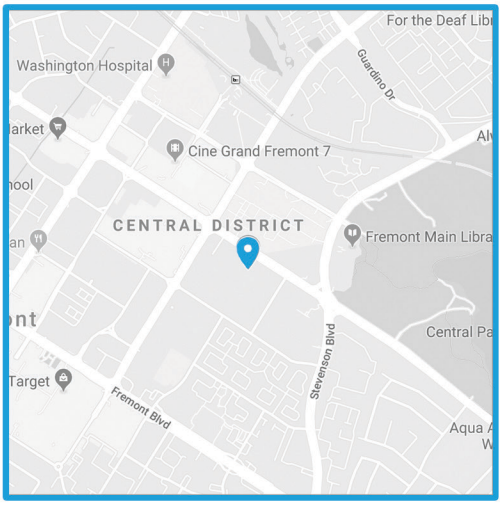

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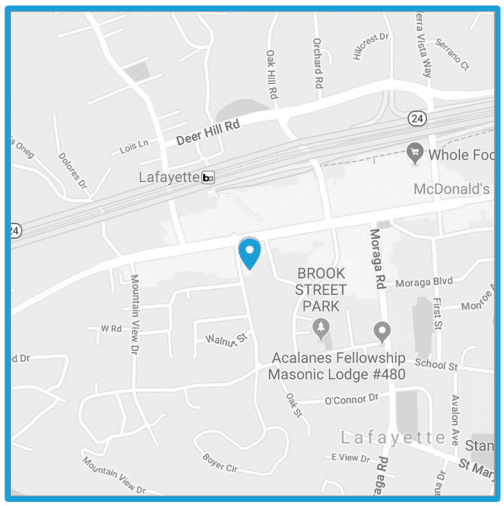

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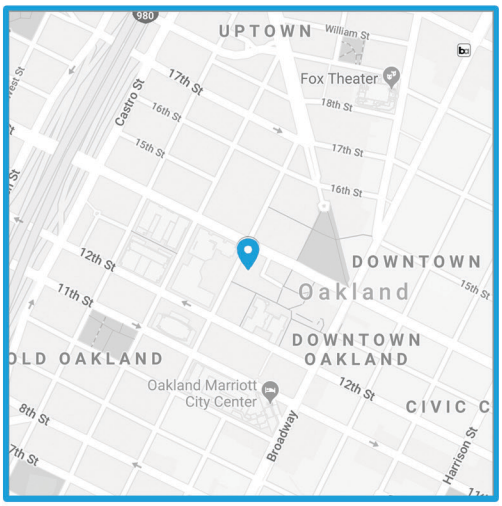

OAKLAND

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Preparation - *Bring any comparison exams*

X-Rays: No preparation required. Remove splints/ace wraps if possible. Women: 2-piece outfit recommended.

Ultrasound:

- Abdominal/Aortic Ultrasound: Nothing to eat or drink 8 hours prior to exam. May take medications with water.
- Renal/Pelvic/OB Ultrasound: Drink five 8-ounce glasses of water (40oz total) starting 1 ½ hours before exam, and do not urinate

Mammography: Do not apply powder or deodorant before exam. Wear 2-piece outfit. Make appointment for first week after menstrual period if applicable. Bring comparison mammograms, if performed elsewhere.

MRI: Wear comfortable clothes with no metal snaps/buckles. Further instructions will be provided upon scheduling appointment. For contrast injection, labs required if 60 years or older or history of renal disease. CONTRAINDICATIONS: Pacemaker, cochlear implant, some aneurysm clips, neurostimulators, metallic foreign bodies in eyes.

CT: Nothing to eat or drink after midnight if contrast will be administered. Further instructions provided upon scheduling appointment.