California Imaging Network

PHONE: (310) 289-8678 **PLEASE GIVE THIS FORM TO PATIENT & ALSO FAX TO: (888) 980-8524**
or email to: scheduling@versatileconsultinggroup.com

APPOINTMENT DATE: / / LOCATION: TIME:

PATIENT NAME (Last, First): DATE OF BIRTH: / /

HOME PHONE: WORK PHONE: CELL PHONE:

REFERRING PHYSICIAN (Last, First, Suffix): REF PHYS SIGNATURE:

REF PHYS PHONE: FAX: EMAIL: DATE / /

CLINICAL INDICATION FOR EXAM:

MEDICAL MEDICARE MEDIMEDI PRIVATE INSURANCE PI WC BP CASH CREDIT CARD

MRI (NO PACEMAKERS or METAL of any kind) Creatinine: Bun Level: Oral Sedation IV

Head/Brain	w/o	w/contrast	CP	w/o	w/contrast	Fingers_____________________________	
Circle of Willis	w/o	w/contrast	(Cholanglo Pancreatography)				w/o w/contrast
Orbits	w/o	w/contrast	Shoulder	w/o	w/contrast	Hip	w/o w/contrast
Sinuses	w/o	w/contrast	Right	Left	Both		Right Left Both
TMJ	w/o	w/contrast	Rib	w/o	w/contrast	Knee	w/o w/contrast
IAC	w/o	w/contrast	Right	Left	Both		Right Left Both
Neck (soft tissue)	w/o	w/contrast	Elbow	w/o	w/contrast	Lower Leg	w/o w/contrast
Brachial Plexua	w/o	w/contrast	Right	Left	Both		Right Left Both
Chest	w/o	w/contrast	Forearm	w/o	w/contrast	Foot	w/o w/contrast
Cervical Spine	w/o	w/contrast	Right	Left	Both		Right Left Both
Thoracic Spine	w/o	w/contrast	Wrist	w/o	w/contrast	Ankle	w/o w/contrast
Lumbar Spine	w/o	w/contrast	Right	Left	Both		Right Left Both
Abdomen	w/o	w/contrast	Hand	w/o	w/contrast		
Pelvic	w/o	w/contrast	Right	Left	Both		

MRI ANGIOGRAM

Brain
Neck
Carotid
Blood Vessels
Abdomen
Upper Ext:____________________
Lower Ext:____________________

MRI ARTHROGRAM

Shoulder	Right	Left	Both
Elbow	Right	Left	Both
Wrist	Right	Left	Both
Hip	Right	Left	Both
Knee	Right	Left	Both
Ankle	Right	Left	Both

MRI FLEXION & EXTENSION

Cervical Spine
Thoracic Spine
Lumbar Spine
Other:_________________________

CT SCAN Creatinine: Bun Level:

Sinus	w/o	w/contrast	Chest	w/o	w/contrast	Other:____________________________
Nose	w/o	w/contrast	Abdomen	w/o	w/contrast	w/o w/contrast
Head	w/o	w/contrast	Liver	w/o	w/contrast	Arthrogram:_______________________
Denta Scan	w/o	w/contrast	Pelvis	w/o	w/contrast	(write joint)
Neck (soft tissue)	w/o	w/contrast	Virtual Colonoscopy			Right Left Both
Cervical Spine	w/o	w/contrast		w/o	w/contrast	
Thoracic Spine	w/o	w/contrast	Knee	w/o	w/contrast	
Lumbar Spine	w/o	w/contrast	Ankles	w/o	w/contrast	

CT ANGIOGRAPHY

Aorta — CORONARY ARTERIES
Brain — Carotid Arteries
COW (Circle of Willis) — Extremity Arteries

MYELOGRAM

Cervical Spine
Thoracic Spine
Lumbar Spine

X-RAY

Skull
Mandible
Mastoid

KUB

Facial Bones
Sinuses
Nexk – Soft Tissue

EXTREMETIES (Write Body Part)

_______________ R L Both
_______________ R L Both
Pelvis

CHEST

Chest (1-view)
Chest (2-viiew)
Ribs R L Both
Sternum

SPINE

Cervical Spine Positional
Thoracic Spine Positional
Lumbar Spine Positional
Sacrum
Coccyx

FLUROSCOPY

Upper GI Series
Barrier Enema
IVP
Tomograms
Cystogram
Esophagram

ULTRASOUND

Aorta
Thyroid
Breast
Abdomen – General
Gallbladder
Kidney
Pelvic
Prostate
Testes and Scrotum
Other:________________________

ECHOCARDIOGRAM

M-Mode
2-D Echo
Cardio Doppler

VASCULAR ASSESSMENT

Peripheral Arterial Profile Upper
Peripheral Arterial Profile Lower
Peripheral Venous Profile Upper
Peripheral Venous Profile Lower
Cartoid
Renal Arteries

MUSCULOSKELETAL

Body Part: ___________________
Right Left Both

NUCLEAR MEDICINE

Bone Scan
Limited Whole Body
Brain SPECT
Thyroid
Liver
Cardiac

PET SCAN

Brain Heart Oncology

NEURODIAGNOSTIC STUDIES

Both Upper Extremities
(NCV, SSEP, EMG, Consultative Report)
Both Lower Extremities
(NCV, SSEP, EMG, Consultative Report)

NEUROLOGICAL EVALUATION

AMA RATING EVALUATION

CORONARY CALC SCORING

BEVERLY HILLS – 8641 Wilshire Blvd, Suite 105, Beverly Hills, CA 90211
NORTH HOLLYWOOD – 6801 Coldwater Canyon, N. Hollywood, CA 91605
PASADENA – 960 E Green St, Suite LA, Pasadena, CA 91106
DOWNEY – 10800 Paramount Blvd, Suite 304, Downey, CA 90241
SANTA ANA – 2414 S Fairview Ave, Suite 107 Santa Ana, CA 92704
LANCASTER – 1717 West Ave J, Lancaster, CA 93534
COLTON – 900 E Washington, Suite 204, Colton, CA 92324
ADDITIONAL LOCATIONS: BAKERSFIELD • CALEXICO • CASTROVILLE • FRESNO • SANTA BARBARA • SAN DIEGO • SANTA MARIA • VISALIA • (ONTARIO - OPENING SUMMER/FALL 2013)