



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	(Cholangio 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	MRI ARTHROGRAM		MRI FLEXION & EXTENSION						
Brain	Shoulder		Right	Left	Both	Cervical Spine			
Neck	Elbow		Right	Left	Both	Thoracic Spine			
Carotid	Wrist		Right	Left	Both	Lumbar Spine			
Blood Vessels	Hip		Right	Left	Both	Other: _____			
Abdomen	Knee		Right	Left	Both				
Upper Ext: _____	Ankle		Right	Left	Both				
Lower Ext: _____									
CT SCAN	Creatinine:	Bun Level:		Other: _____					
Sinus	w/o w/contrast	Chest	w/o w/contrast	Arthrogram: _____					
Nose	w/o w/contrast	Abdomen	w/o w/contrast	(write joint)					
Head	w/o w/contrast	Liver	w/o w/contrast	Right	Left	Both			
Denta Scan	w/o w/contrast	Pelvis	w/o w/contrast						
Neck (soft tissue)	w/o w/contrast	Virtual Colonoscopy	w/o w/contrast						
Cervical Spine	w/o w/contrast	Knee	w/o w/contrast						
Thoracic Spine	w/o w/contrast	Ankles	w/o w/contrast						
Lumbar Spine	w/o w/contrast								
CT ANGIOGRAPHY	CORONARY ARTERIES			MYELOGRAM					
Aorta	Carotid Arteries			Cervical Spine					
Brain	Extremity Arteries			Thoracic Spine					
COW (Circle of Willis)				Lumbar Spine					
X-RAY	KUB		EXTREMITIES (Write Body Part)						
Skull	Facial Bones		Cervical Spine						
Mandible	Sinuses		Thoracic Spine						
Mastoid	Nexk - Soft Tissue		Lumbar Spine						
CHEST	SPINE		FLUROSCOPY						
Chest (1-view)	Cervical Spine		Positional		Upper GI Series				
Chest (2-view)	Thoracic Spine		Positional		Barrier Enema				
Ribs	R	L	Both	Lumbar Spine		IVP			
Sternum	Sacrum		Coccyx		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									
Carotid									
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

SANTA ANA - 2414 S Fairview Ave, Suite 107 Santa Ana, CA 92704

PASADENA - 960 E Green St, Suite LA, Pasadena, CA 91106

LANCASTER - 1717 West Ave J, Lancaster, CA 93534

DOWNNEY - 10800 Paramount Blvd, Suite 304, Downey, CA 90241

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)