

255 E. Bonita Avenue, Bldg. 3A
Pomona, CA 91767

Claremont Imaging Associates

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Tax ID# 20-0236047



Diagnostic Imaging Center

STAT ASAP

Backline/cell # _____

Fax # _____

Please call us before sending the patient so we can assure the patient can be accommodated and is properly prepped.

OUTPATIENT RADIOLOGY REFERRAL

To schedule an appointment: call 909/450-0393, fax 909/450-0394, or email imaging@casacolina.org

Give patient CD images

Call patient to schedule

Patient Name _____ DOB _____

Home Phone _____ Cell/Work Phone _____

Insurance Carrier _____ ICD Code _____

EXAM REQUESTED

*For IV contrast exams, labs within 30 days required for patients 60 years or older. Please fax lab results to 909/450-0394

MRI

- Without Contrast
- With Contrast*
- With and Without Contrast*
- Head & Neck**
- Brain Orbits IAC
- Angio Brain Angio Neck TMJ
- Pituitary Soft Tissue Neck
- Chest Brachial Plexus
- Body/Trunk**
- MRCP Pelvis
- Chest Angio Abdomen
- Spine**
- Cervical Thoracic
- Lumbar Sacrum
- Extremity**
- Shoulder L/R Hip L/R
- Elbow L/R Knee L/R
- Wrist L/R Ankle L/R
- Hand L/R Foot L/R
- Arthrogram _____ L/R
- Extremity: Upper/Lower
- Angio Lower Extremity
- Other MRI**
- Specify _____

INTERVENTIONAL

- Venogram
- PICC Line: Insertion/Replacement
- Other _____
- Joint Injection

CT

- Without Contrast
- With Contrast*
- With and Without Contrast*
- Head & Neck**
- Brain Temporal Bones Neck
- Face/Mandible/Maxillofacial/Sinus
- Angio Brain Angio Neck
- Angio Carotid Arteries
- Body/Trunk**
- Chest Abdomen Pelvis
- Abdomen & Pelvis
- Angio Pelvis Angio Chest
- Angio Abdomen Urogram
- Spine**
- Cervical Thoracic
- Lumbar Sacrum
- Extremity**
- Shoulder L/R Hip L/R
- Elbow L/R Knee L/R
- Wrist L/R Ankle L/R
- Hand L/R Foot L/R
- Arthrogram _____ L/R
- Angio Lower Extremity Run-off
- Angio Aorta/Bilateral Run-off
- Sternum
- Other CT**
- Specify _____

MAMMOGRAPHY-3D TOMOSYNTHESIS

- Screening Diagnostic
- Implants Unilateral L/R
- Spot Compression (film and report required)
- _____
- _____
- ULTRASOUND**
- Abdomen & Pelvis**
- Abdomen Complete
- Abd. Ltd. Specify _____
- Pelvis, Transabdominal only
- Pelvis, Transabd. & Transvag.
- Pelvis Ltd., Bladder only
- Kidney Bilateral Gallbladder
- Abdominal Aorta Liver
- Hernia, Specify: _____

Extremity Doppler

- Venous Arterial
- Lower L/R/B Upper L/R
- Venous Lower Bilateral w/Reflux

Breast

- Bilateral Unilateral L/R

Obstetrics

- OB Complete OB <14 wks
- OB Ltd., Specify _____

Other Ultrasound

- Thyroid Scrotum Carotid
- Prostate Head/Neck/Soft Tissue
- Soft Tissue, Specify _____
- Specify _____

XRAY

- Fasting Non-Fasting
- UGI Esophagram
- Small Bowel
- Barium Enema
- IVP
- Modified Barium Swallow Test/ Video w/Speech Therapy
- VCU
- IVP
- KUB/Abdomen 1 View / 2 View
- Scoliosis Series
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Myelogram:
 - Cervical
 - Thoracic
 - Lumbar
- DXA Scan for Bone Density
- KUB
- Spine CSP TSP LSP
- Chest L R
 - 1V 2V
- Shoulder L R B
- Elbow L R B
- Hand L R B
- Humerus L R B
- Radial/Ulnar L R B
- Pelvic L R B
- Hip L R B
- Femur L R B
- TIB/FIB L R B
- Knee L R B
 - Weight Bearing Non
- Foot L R B
 - Weight Bearing Non
- Other, Specify Area/View _____

FOR SPECIALTY DIAGNOSTIC TESTING, SEE REVERSE SIDE

Physician Signature _____ (stamps not accepted) Phone _____ Fax: _____

Physician Name _____ Address _____

Date _____ City/State/Zip _____

Exam Preparations for all Patients

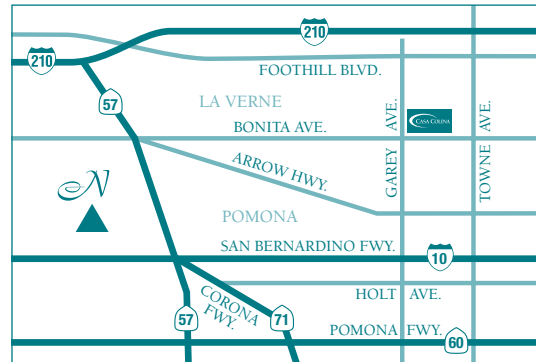
You MUST bring the following with you:

- This referral order
- Valid photo ID and health insurance card
- All prior related films/reports/CDs required at the time of service
- Insurance authorization you may have received
- Lab results, if necessary
- Co-payment or responsible share of deductible is required

Please inform our front desk staff or your technologist if you are currently pregnant or if you believe that you may be pregnant.



Diagnostic Imaging Center
 255 E. Bonita Avenue, Building 3A
 Pomona, CA 91769
 Phone 909/450-0393 • Fax 909/450-0394



MRI (450-pound table weight limit)

Wear loose-fitting clothing without much metal; no jewelry.

If you have any of the following, please inform us and provide us with ID cards detailing specifics of the medical device: pacemaker, stents, shunts, metal fragments (bullets, sheet-metal worker, etc.), artificial cardiac valves, bone or joint replacement, spinalrods or metal plates, brain aneurysm slips, previous surgery.

Patients having MRI Abdomen, MRCP are asked to drink plenty of fluids but refrain from eating 4 hours prior to your exam.

For all other MRI studies, you may eat and drink normally and take your medications as usual. If your exam is in the afternoon, please drink plenty of fluids.

CT (450-pound table weight limit)

IV CONTRAST EXAMS: Drink 32 ounces of water the morning of your exam. Please do not eat 4 hours immediately prior to your exam. Please inform us if you have any allergies, especially if you are allergic to iodine.

NON-IV CONTRAST EXAMS: For CT Abdomen or Pelvic exams, please see the Oral Contrast Preparations below.

ORAL CONTRAST PREPARATIONS: Please do not eat 4 hours prior to your exam.

All other CT exams without contrast require normal diet.

All MRI & CT Exams with IV Contrast

If you meet any of the following qualifications, we require a recent blood test containing B.U.N. and Creatinine levels performed within 30 days from the date of your scheduled exam: a) You are over 60 years of age; b) You are diabetic; c) You have a history of kidney disease, transplant or nephrectomy.

Mammography

Please inform us of any family or personal history of breast cancer, prior surgeries, biopsies, implants or hormone use. Bring films/CD AND reports from previous mammograms or other breast procedures (biopsy, MRI, ultrasound, etc.). Women who may be pregnant or breastfeeding should always inform their technologist. Do not wear lotion, deodorant, perfume or powder under your arms or on your breasts the day of the exam.

Ultrasound (350-pound table weight limit)

Abdominal/ Gallbladder/RUQ	Nothing by mouth 8 hours prior to your exam. Medications may be taken with a sip of water.
Pelvic/Bladder/OB 1-7 months	You must drink 32 ounces of water 1 hour prior to your exam. DO NOT urinate prior to the completion of exam.
OB 8-9 months	You must drink 32 ounces of water 1 hour prior to your exam. DO NOT urinate prior to the completion of exam.
Breast	No prep. Bring previous ultrasound and/or mammogram films/CD.

Bone Densitometry (DEXA) (300-pound table weight limit)

No calcium supplements for at least 24 hours before exam.
 Sweat pants or clothing without zippers or any metal on clothing.

X-Ray

There are no preparations required for most X-ray exams. Please provide any prior films and reports for comparison if you have had a previous exam of the same area/body part, or if you've been diagnosed with possible fractures. IVP: nothing by mouth after midnight. Clothing without zippers preferred.

Fluoroscopy

Esophagram, UGI: Nothing by mouth 8 hours prior to appt. **Barium Enema:** Prep according to kit 2 days prior to appt. **Hysterosalpingogram:** Schedule 10 days after 1st day of menstrual cycle. Take Motrin or Tylenol 1 hour prior to exam for cramping.

Myelogram: Bring prior imaging films/CD and reports. Required lab work to include PT, PTT, INR and H&P. Must have a driver present to transport patient. 1 hour exam, 1 hour recovery time.