

HEMET VALLEY IMAGING



www.HemetValleyImaging.com
Providing Excellence in Imaging Since 1972



Appointments Call:

951.658.9243

fax 951.765.5415

Open M - F • 7:30am - 5:00pm

Patient Name _____ D.O.B. _____

Patient Telephone # _____ Appt. Date _____

Provider Signature _____

STAT

Phone Report # :

Patient to Return with CD

Wet Read

Fax Report # :

Send 2nd Copy Report to:

Written Diagnosis/Symptoms/Reason for Exam(s)

Diagnosis - Please list signs and symptoms, along with any clinical information that is pertinent to this study. Include **ICD-9 Code(s)** if possible.

Digital X-Ray: Walk In (No Appointment Necessary)

Exam Requested

For Contrast Studies, Labs (within 30 days): BUN _____ CREA _____ GFR _____

MRI

Contrast W / WO No Contrast
 Radiologist to Decide

Head & Neck

Brain Pituitary
 Orbits
 Internal Auditory Canals
 Soft Tissue Neck
 MRA Head MRA Neck

Body/Trunk

Chest Abdomen Pelvis
 MRA Chest MRA Abdomen
 MRA Pelvis MRCP

Spine

Cervical Thoracic Lumbar

Extremity

Shoulder R / L Hip R / L
 Elbow R / L Knee R / L
 Wrist R / L Ankle R / L
 Hand R / L Foot R / L

Specify: _____

MAMMOGRAPHY

Screening (Asymptomatic)
 Diagnostic Bilateral (Symptomatic)
 Diagnostic Unilateral R / L (Symptomatic)

Other

Stereotactic Breast Biopsy R / L
 Ultrasound Breast Biopsy R / L
 Ultrasound Cyst Aspiration R / L

CT

Contrast W / WO No Contrast
 Radiologist to Decide

Head & Neck

Brain Sinus
 Orbits
 Maxillofacial Bones
 Temporal Bones
 Soft Tissue Neck
 CTA Head CTA Neck

Chest (Choose only one)

Routine Chest High Res Chest
 CTA Chest (r/o aortic dissection)
 Coronary Artery w/Calcium Score
 Calcium Score

Abdomen/Pelvis

Abdomen & Pelvis CT Urogram
 Abdomen Only Pelvis Only
 CTA Abdomen CTA Pelvis
 CTA ABD/Pelvis (Aorta-iliac Run Off)

Spine

Cervical Thoracic Lumbar

Extremity

Shoulder R / L Hip R / L
 Elbow R / L Knee R / L
 Wrist R / L Ankle R / L
 Hand R / L Foot R / L
 CTA Extremity R / L
 Upper Lower

Specify: _____

BONE DENSITOMETRY

Dexa Scan

ULTRASOUND

Abdomen Routine
 RUQ (Liver, Pancreas, GB, RT Kidney)
 LUQ (Spleen, LT Kidney)
 Renal
 Bladder
 Aorta

Pelvis

Pelvis Transvaginal
 Appendix

OB

OB <14 Weeks OB Limited
 OB >14 Weeks OB Transvaginal
 OB Follow-up Biophysical Profile
 OB Complete

Vascular

Carotid
 Renal Artery Doppler
 DVT Upper Extremity
 Bilateral Unilateral
 DVT Lower Extremity
 Bilateral Unilateral
 Arterial Upper Extremity
 Bilateral Unilateral
 Arterial Lower Extremity
 Bilateral Unilateral

Other

Thyroid Thyroid Biopsy
 Breast Breast Biopsy
 Chest
 Scrotum (with Doppler)

Specify: _____

Please do not bring unattended children. Children are not allowed in the exam rooms.



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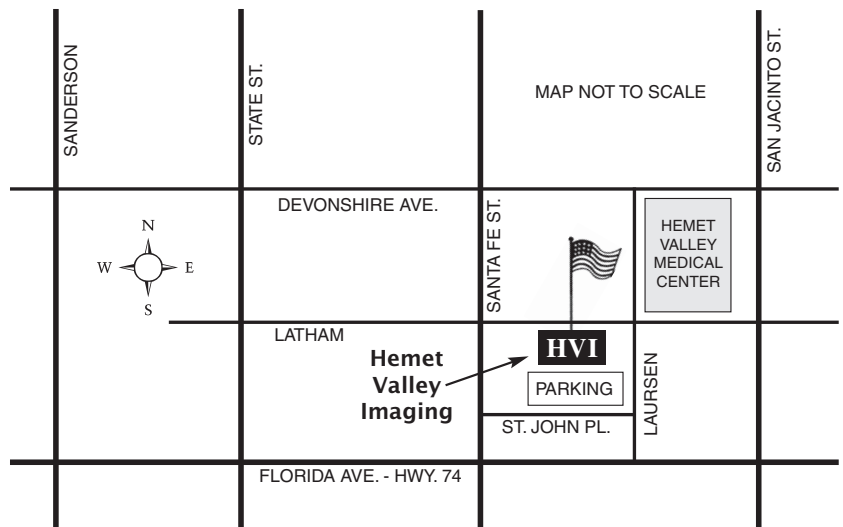
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1001 E. Latham Ave., Suite G
Hemet, CA 92543

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Open Monday - Friday 7:30am - 5:00pm

Instructions for Patients/Physicians

MRI

Patients with a **Cardiac Pacemaker or Neuro Stimulator** cannot have a MRI. For **Abdomen** studies, do not eat 4 hours prior to study. Other indications that may prevent the patient from having an MRI will be evaluated during the patient interview. For **Contrast** studies, GFR, BUN and Creatinine results within 30 days are required for patients 55 years of age and older or have a history of kidney disease and are diabetic.

CT

We can accommodate patients up to 450 lbs. Do not eat or drink 4 hours prior to a CT study of the **Abdomen, Pelvis, and Chest** or any study ordered with **Contrast** except medications with a sip of water. In addition to not eating or drinking, do not take caffeine 12 hours prior to a **Coronary Heart** study. For **Contrast** studies, GFR, BUN and Creatinine results within 30 days are required for patients 55 years of age and older or have a history of kidney disease and are diabetic. For CT **Abdomen** and **Pelvis** studies, the oral prep needs to be picked up at least one day prior to the scheduled study.

MAMMOGRAPHY

Patients who had mammograms at other facilities must bring their films. Let us know if the patient has a history of breast cancer, implants or prior breast biopsies. Please do not wear deodorant, lotion or perfume on the day of the exam.

ULTRASOUND

Do not eat or drink 6 hours prior to **Abdominal** ultrasounds. For **OB (1st Trimester)** and **Pelvic** exams, drink at least 32 ounces of water one hour before the exam and do not empty your bladder. For **OB exams (2nd Trimester)**, drink at least 24 ounces of water one hour before the exam and do not empty your bladder. **Lower Extremity Arterial and Renal Artery** studies require the patient to take a laxative in the afternoon the day before the study, a light evening meal, nothing to eat or drink after midnight. **Kidney** studies require drinking 24 ounces of water 1 hour prior to the study.

Our staff will provide additional information and answer any other questions you may have when calling in to make your appointment.

Download our radiology referrer form at www.HemetValleyImaging.com and under **Quick Links**, click on the link **Physician Referral Form**. You can also call us at 951.658.9243 to have one of our staff deliver referral pads directly to your office.

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