Antelope Valley Outpatient Imaging Center



Other:_

Main Tel: (661) 726-6050 Scheduling Tel: (661) 726-6700

Coronary

Other:

□ STAT REQUEST	□ CALL REPORT	Γ Tel:	
Appointment Date: Patient's Name:			
Clinical Indications: Referring Physician: Forward Copy To:		/	SIGNATURE
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	uling Fax: (661) 949-5759	Referring Physician:	/
Medic	al Records: (661) 726-6095	Forward Copy To:	
44105 15th Street West, Ste. 10 Lancaster, CA 93534	0 38925 Trade Center Drive, Su Palmdale, CA 93551	ite E 38209 47th Street East, Su Palmdale, CA 93552 (U/S &	
MRI CT		INTERVENTIONAL RADIOLOGY PROCEDURES, BIOPSIES AND	, SPECIAL MISCELLANEOUS:
 □ With Contrast □ With Contrast □ Without Contrast □ Contrast per Radiologist's discretion □ Contrast per Radiologist's discretion 			
NEURO: □ Brain □ IAC □ Orbits □ Pituitary □ Brachial Plexus	ain C Sinus Soft tissue Neck Uorbits Uorbits Uuitary C Temporal Bone/IAC C C C C C C C C C C C C C C C C C C		e reverse for BUN/Creatinine requirements.
□ Lumbar/Spinal Plexus□ Soft Tissue Neck	ORTHO:	ULTRASOUND	NUCLEAR MED
BODY:	☐ Cervical Spine ☐ Lumbar Spine ☐ Thoracic Spine ☐ Pelvis ☐ Foot /Ankle R L ☐ Hand R L ☐ Hip R L ☐ Knee R L ☐ Shoulder R L ☐ Wrist R L ☐ Arthrogram ☐ Other: ☐ Chest ☐ Pancreas 3 Phase ☐ Addmans Polvice	 Obstetric Pelvic Abdomen Abdomen and Retroperitoneum (includes kidneys) Renal Thyroid Scrotum Other: 	 Whole Body Bone Scan: SPECT Region Three Phase Bone Scan Thyroid Uptake & Scan Lung Scan HIDA Exam Other: PET-CT
		VASCULAR: □ Venous □ Arterial □ Upper Extremity R L □ Lower Extremity R L □ Carotids □ Aorta	□ Brain □ Whole Body □ Myocardial Viability □ Renal □ Other:
□ Abdomen□ Pelvis□ Chest			BREAST IMAGING
MR ANGIOGRAM: □ Brain (Intracranial Arteries) □ Neck (Carotids) □ Thoracic Aorta □ Abdominal Aorta □ Renal □ Lower Extremity □ Breast □ TMJ □ Abdomen& Pelvis □ Renal Stone Survey □ CT Urogram CT ANGIOGRAM: □ Thoracic Aorta □ Abdominal Aorta □ Renal □ Lower Extremity □ Brain (Intracranial Vessels) □ Neck (Carotids) □ Pulmonary Arteries		X-RAY Upper Gl Barium Enema SBFT (Small Bowel Follow Through) Hysterosalpingogram Chest	□ Screening Mammogram □ Diagnostic Mammogram R L □ Unilateral R L □ Stereotactic Biopsy R L □ Localization R L □ Ultrasound Biopsy R L □ Breast Ultrasound R L □ Breast MRI Implant Study R L □ Breast MRI Cancer
		☐ Spine: ☐ Extremity:	Detection R L

■ Extremity:_

Other:

□R □L □Bilat

Other:

■ DEXA (Bone Scan)

INT INSTRUCTIONS

PLEASE READ CAREFULLY

Call (661) 726-6700 to schedule or reschedule your appointment directly, or for more information. If you already have an appointment, please call (661) 726-6060 to pre-register.

RADIOLOGY - X-RAY PROCEDURES

☐ Upper GI Series, Small Bowel Series

- No food, drink or cigarette smoking after midnight.
- ☐ Barium Enema Clean bowel is required.
 - EVAC O KWIK follow 24 hour instructions on the box.

☐ Hysterosalpingogram

Schedule 7 - 10 days after first day of last menstrual cycle.

CT IMAGING

• On exams requiring IV contrast, please provide BUN and Creatinine labs performed within 6 weeks of scheduled exam on patients 70 years of age or older, on all diabetic patients and all patients with a history of renal disease. CT abdomen or pelvic studies require the patient to pick up oral contrast 2 days before the exam at the Radiology front desk. Please drink plenty of water prior to the exam.

MAGNETIC RESONANCE IMAGING (MRI)

- If you have a pacemaker, aneurysm clip or cochlear implant. please call the scheduling office at (661) 726-6700.
- Wear clothing without metal clips and buttons. Jogging suits are recommended.
- Exams listed below require special preparation (All other MRI studies do not):
- Abdomen and/or Pelvis
- ☐ Prostate Clean bowel is required

INTERVENTIONAL RADIOLOGY

■ Myelogram

• For AM appointments clear liquids only. For PM appointments, a light breakfast is allowed.

□ Biopsies

• Call (661) 726-6700

PET/CT

- No barium studies for 48 hours prior to exam.
- Wear comfortable clothing.
- No food or drink except water 4 hours before the exam.
- No carbohydrates for 24 hours prior to exam.
- Procedure lasts approximately 3 hours.

(138) Ave P-8 14) (138)

□ 38925 Trade Center Drive, Suite E Palmdale, CA 93551

MAMMOGRAM

- Do not use any deodorant, powder or cream on the breast or underarm on the day of your exam.
- If you have had a previous mammogram at another facility, please bring those films at the time of your appointment.

ULTRASOUND

□ OB Ultrasound

• Drink 24 oz of water (no carbonated fluids) to be finished 1 hour prior to exam.

□ Pelvic Ultrasound

- Drink 24 oz of water (no carbonated fluids) to be finished 1 hour prior to exam.
- DO NOT EMPTY BLADDER a full bladder is needed for a successful exam.

□ Abdominal Ultrasound

• No food or drink 6 hours before the exam — small sips of water with medication, only.

NUCLEAR MEDICINE

☐ Biliary Scan (HIDA)

- No barium studies for 48 hours prior to exam.
- No food or drink 6 hours prior to the exam.

☐ Thyroid Scan

- No multi-vitamins.
- Off Synthyroid 6 − 8 weeks.

☐ Renal Scan with Captropril

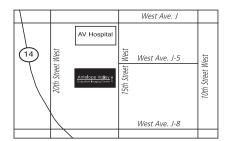
- Do not take hypertension medication within 48 hours of exam if your physician approves.
- Drink 24 oz of water prior to exam.

PEDIATRIC - CHILDREN

Children under 10 may require special considerations. Call the scheduling office at (661) 726-6700 and ask for specific instructions if sedation will be required.

- IMPORTANT -

• If you are pregnant, or could be pregnant, please tell the Technologist or Doctor before your exam.



44105 15th Street West, Ste. 100 Lancaster, California 93534



☐ 38209 47th Street East, Suite D Palmdale, CA 93552

F Palmdale Blvd

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(138)

Home Depot