

OPTIMA DIAGNOSTIC IMAGING

CT • MRI • PET/CT • BONE SCAN • ULTRASOUND

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PATIENT LAST _____ FIRST _____ PHONE _____ DOB _____

DIAGNOSIS / CLINICAL HISTORY _____

ORDERING MD _____ MD SIGNATURE _____ MD PHONE _____ DATE _____

COMPARE TO PRIOR SCAN _____ COPY OF REPORT TO DR(S) _____

REPORT:

☐ ROUTINE

☐ STAT

IMAGE REQUEST:

☐ DELIVER CD TO MD

☐ PROVIDE CD TO PATIENT

☐ WEB LINK

CT SCANS

IV CONTRAST

☐ WITH ☐ WITHOUT ☐ WITH/WITHOUT

☐ RADIOLOGIST DISCRETION

- ☐ CT HEAD/BRAIN
- ☐ CT ORBITS
- ☐ CT NECK (SOFT TISSUE)
- ☐ CT CHEST/ABDOMEN/PELVIS
- ☐ CT CHEST
- ☐ CT CORONARY CALCIUM SCORE
- ☐ CT CHEST-LOW DOSE
(PULMONARY NODULE/SCREENING)
- ☐ CT ABDOMEN
- ☐ CT PELVIS
- ☐ CT UROGRAM (W/CONTRAST)
- ☐ CT ANGIOGRAM (W/CONTRAST)
FOCUS _____
- ☐ CT CERVICAL SPINE
- ☐ CT THORACIC SPINE
- ☐ CT LUMBAR SPINE
- ☐ CT EXTREMITY _____
- ☐ CT OTHER _____

ULTRASOUND

- ☐ NECK/THYROID
- ☐ ULTRASOUND SOFT TISSUE
- ☐ CHEST
- ☐ ABDOMEN
- ☐ RENAL
- ☐ ABDOMEN DOPPLER
- ☐ TESTICULAR
- ☐ PELVIS
- W/DUPLEX

- ☐ CARDIAC ECHO
- ☐ CAROTID DUPLEX
- ☐ AORTA DUPLEX (AAA)
- ☐ VENOUS DUPLEX - ☐ LOWER EXTR ☐ L ☐ R
☐ UPPER EXTR ☐ L ☐ R
- ☐ ARTERIAL DUPLEX - LOWER EXTR ☐ L ☐ R
- ☐ ANKLE BRACHIAL INDEX (ABI)
- ☐ OTHER _____

LABS

- ☐ CBC
- ☐ LIPID PANEL
- ☐ PT/PTT
- ☐ BMP
- ☐ ANEMIA PANEL
- ☐ PREGNANCY
- ☐ CMP
- ☐ TFTs
- ☐ Vit D
- ☐ UA
- ☐ LFTs
- ☐ PSA
- ☐ OTHER _____

MRI

IV CONTRAST

☐ WITHOUT ☐ WITH/WITHOUT

☐ RADIOLOGIST DISCRETION

- ☐ MRI FULL BODY SCREENING
- ☐ MRI BREAST
- ☐ MRI BRAIN
- ☐ MRI BRAIN PERFUSION
- ☐ MRI BRAIN SPECTROSCOPY
- ☐ MRI PITUITARY
- ☐ MRI ORBITS
- ☐ MRI IACs
- ☐ MRI NECK (SOFT TISSUE)
- ☐ MRI CHEST
- ☐ MRI ABDOMEN
- ☐ MRI PELVIS
- ☐ MRI PROSTATE
- ☐ MRCP
- ☐ MRI CERVICAL SPINE
- ☐ MRI THORACIC SPINE
- ☐ MRI LUMBAR SPINE
- ☐ MRI SACRUM/SI JOINTS
- ☐ MRI UPPER EXTREMITY
 - ☐ SHOULDER ☐ L ☐ R
 - ☐ ELBOW ☐ L ☐ R
 - ☐ WRIST/HAND ☐ L ☐ R
- ☐ MRI LOWER EXTREMITY
 - ☐ HIP ☐ L ☐ R
 - ☐ KNEE ☐ L ☐ R
 - ☐ ANKLE/FOOT ☐ L ☐ R

- ☐ MRI ANGIO BRAIN
- ☐ MRI ANGIO NECK
- ☐ MRI ANGIO ABDOMEN
- ☐ MRI ANGIO PELVIS
- ☐ MRI ANGIO RUNOFFS
- ☐ MRI OTHER _____

PROCEDURES

- ☐ BIOPSY - CT OR ULTRASOUND GUIDED
SITE: _____
- ☐ MRI ARTHROGRAM
☐ L ☐ R SITE: _____

SCREENING

- ☐ CT CORONARY CALCIUM SCORE
- ☐ CT BODY SCAN (CHEST, ABDOMEN, PELVIS)
- ☐ MRI FULL BODY SCAN

PET/CT

- ☐ PET/CT FDG - WHOLE BODY
- ☐ PET/CT FDG - EYES TO THIGH
- ☐ PET/CT BONE SCAN - NAF
- ☐ PET/CT BREAST CANCER - CERIANNA
- ☐ PET/CT PROSTATE CA - PSMA
- ☐ PET/CT NEUROENDOCRINE CA - DOTATATE
- ☐ PET/CT BRAIN ALZHEIMER'S

DIGITAL X-RAY

- ☐ CHEST- PA AND LATERAL
- ☐ ABDOMEN- UPRIGHT AND SUPINE
- ☐ ABDOMEN- 1 VIEW SUPINE (KUB)
- ☐ PELVIS- AP
- ☐ SI JOINTS
- ☐ SKELETAL SURVEY
- ☐ SKULL SERIES
- ☐ ORBITS (FOREIGN BODY)
- ☐ TEMPOROMANDIBULAR (TMJ) JOINTS
- ☐ SINUS SERIES
- ☐ NECK- SOFT TISSUE
- ☐ SPINE- CERVICAL
- ☐ SPINE- THORACIC
- ☐ SPINE- LUMBAR
- ☐ SACRUM/COCCYX
- ☐ RIBS ☐ L ☐ R ☐ BILAT
- ☐ SHOULDER ☐ L ☐ R ☐ BILAT
- ☐ SCAPULA ☐ L ☐ R ☐ BILAT
- ☐ CLAVICLE ☐ L ☐ R ☐ BILAT
- ☐ HUMERUS ☐ L ☐ R ☐ BILAT
- ☐ ELBOW ☐ L ☐ R ☐ BILAT
- ☐ FOREARM ☐ L ☐ R ☐ BILAT
- ☐ WRIST ☐ L ☐ R ☐ BILAT
- ☐ HAND ☐ L ☐ R ☐ BILAT
- ☐ FINGERS ☐ L ☐ R ☐ BILAT
- ☐ HIP ☐ L ☐ R ☐ BILAT
- ☐ FEMUR ☐ L ☐ R ☐ BILAT
- ☐ KNEE ☐ L ☐ R ☐ BILAT
- ☐ TIBIA/FIBULA ☐ L ☐ R ☐ BILAT
- ☐ ANKLE ☐ L ☐ R ☐ BILAT
- ☐ FOOT ☐ L ☐ R ☐ BILAT
- ☐ TOES ☐ L ☐ R ☐ BILAT
- ☐ X-RAY- OTHER _____

NOTE: CAREFULLY FOLLOW EXAM PREPARATION INSTRUCTIONS ON THE BACK OF THIS FORM

PATIENT PREPARATION • PLEASE FOLLOW CAREFULLY

••• PLEASE ARRIVE **30 MINUTES EARLY** •••

BRING THIS **FORM** AND **INSURANCE CARD** WITH YOU TO YOUR EXAM

- PLEASE BRING **CD** AND **REPORTS** OF PRIOR STUDIES
- WITH ALL EXAMS, TAKE YOUR USUAL MEDICATION WITH THE MINIMUM NECESSARY WATER
- LEAVE JEWELRY AND WATCHES AT HOME, WEAR LOOSE, COMFORTABLE CLOTHING WITHOUT METAL
- LET OUR STAFF KNOW IF YOU ARE PREGNANT, BREAST FEEDING, OR DIABETIC
- PATIENTS THAT MAY BE CLAUSTROPHOBIC MUST NOTIFY THE OFFICE PRIOR TO APPOINTMENT AND MUST BE ACCOMPANIED BY ANOTHER PERSON TO DRIVE THEM HOME AFTER THE EXAM

MRI

- IF YOU HAVE A PACEMAKER, ARTIFICIAL HEART VALVE, BRAIN ANEURYSM CLIPS OR ANY OTHER METAL IN YOUR BODY, PLEASE CONTACT OUR OFFICE AT LEAST 24 HOURS PRIOR TO YOUR APPOINTMENT
- ABDOMINAL MRI, NOTHING TO EAT OR DRINK 3 HOURS PRIOR TO APPOINTMENT, EXCEPT WATER AND MEDICATIONS
- PLEASE NOTIFY US 24 HOURS PRIOR TO YOUR SCHEDULED TEST IF YOU REQUIRE SEDATION FOR YOUR STUDY

CT

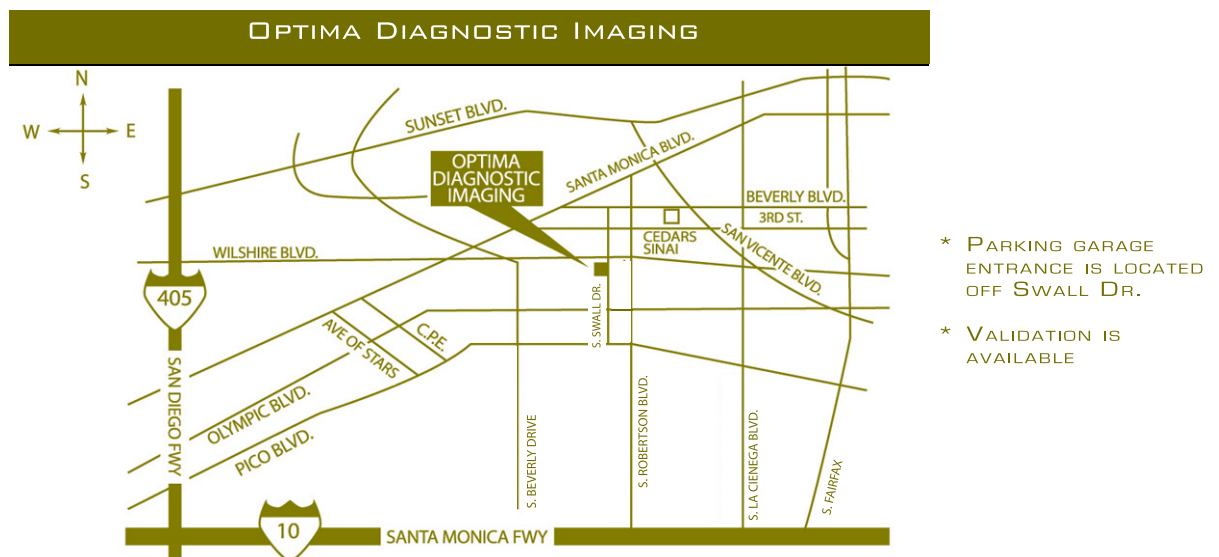
- IF YOU ARE RECEIVING CONTRAST, DON'T EAT OR DRINK ANYTHING 4 HOURS PRIOR TO APPOINTMENT EXCEPT WATER
- PLEASE CONTACT OUR OFFICE IF YOU HAVE HAD BARIUM ENEMA OR UPPER GI SERIES WITHIN THE PAST WEEK

PET/CT

- NOTHING TO EAT OR DRINK 6 HOURS PRIOR TO YOUR APPOINTMENT, EXCEPT FOR WATER AND MEDICATIONS
- IF YOU ARE DIABETIC, PLEASE CONTACT OUR OFFICE FOR SPECIFIC INSTRUCTIONS 24 HOURS PRIOR TO THE STUDY
- AVOID STRENUOUS EXERCISE 24 HOURS PRIOR TO PROCEDURE

ULTRASOUND

- ABDOMINAL ULTRASOUND: DO NOT EAT OR DRINK 8 HOURS PRIOR TO EXAM. (HOWEVER, YOU MAY TAKE MEDICATIONS WITH SMALL SIPS OF WATER).
- PELVIC ULTRASOUND: EAT NORMALLY. ONE HOUR BEFORE YOUR EXAM, DRINK 32 oz (4 GLASSES) OF WATER AND DO NOT URINATE.



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