

# OPTIMA DIAGNOSTIC IMAGING

CT • MRI • PET/CT • BONE SCAN • ULTRASOUND • X-RAY

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PATIENT LAST \_\_\_\_\_ FIRST \_\_\_\_\_ PHONE \_\_\_\_\_ DOB \_\_\_\_\_

DIAGNOSIS / CLINICAL HISTORY \_\_\_\_\_

INSURANCE INFORMATION \_\_\_\_\_

ORDERING MD \_\_\_\_\_ MD SIGNATURE \_\_\_\_\_ MD PHONE \_\_\_\_\_ DATE \_\_\_\_\_

REPORT:  ROUTINE  STAT PLEASE CALL \_\_\_\_\_ PRIOR STUDY?  Yes  No \_\_\_\_\_

## CT SCANS

### IV CONTRAST

WITH  WITHOUT  WITH/WITHOUT  
 RADIOLOGIST DISCRETION

- CT HEAD/BRAIN
- CT ORBITS
- CT SINUS
- 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 SOFT TISSUE MASS
- CT CERVICAL SPINE
- CT THORACIC SPINE
- CT LUMBAR SPINE
- CT SI JOINT
- CT EXTREMITY \_\_\_\_\_
- CT OTHER \_\_\_\_\_

## PROCEDURES

- PARACENTESIS
- THORACENTESIS
- BIOPSY - CT OR ULTRASOUND GUIDED  
SITE \_\_\_\_\_
- MRI ARTHROGRAM  
FOCUS  L  R \_\_\_\_\_

## BONE DENSITY - DXA

- DEXA SCAN (BMD HIP & SPINE)
- WHOLE BODY ASSESSMENT  
(% MUSCLE, BONE & FAT MASS)

## LABS

- CBC  CBC  BMP
- LIPID PANEL  LFTS  TFTS
- PSA  VIT D  URINALYSIS
- PREGNANCY
- OTHER \_\_\_\_\_

## MRI

### IV CONTRAST

WITH  WITHOUT  WITH/WITHOUT  
 RADIOLOGIST DISCRETION

- MRI BREAST
- MRI BRAIN
- MRI PITUITARY
- MRI ORBITS
- MRI IACS
- MRI NECK (SOFT TISSUE)
- MRI CHEST
- MRI ABDOMEN
- MRI PELVIS
- MRCP
- MRI CERVICAL SPINE
- MRI THORACIC SPINE
- MRI LUMBAR SPINE
- MRI SACRUM/SI JOINTS
- MRI SHOULDER  L  R  ARTHRO
- MRI HUMERUS  L  R
- MRI ELBOW  L  R  ARTHRO
- MRI FOREARM  L  R
- MRI WRIST  L  R
- MRI HAND  L  R  ARTHRO
- MRI FINGER 1 2 3 4 5  L  R
- MRI HIP  L  R  ARTHRO
- MRI FEMUR  L  R
- MRI KNEE  L  R  ARTHRO
- MRI TIBIA/FIBULA  L  R
- MRI ANKLE  L  R  ARTHRO
- MRI FOOT  L  R
- MRI TOES 1 2 3 4 5  L  R
- MRA BRAIN
- MRA NECK
- MRA ABDOMEN
- MRA PELVIS
- MRA RUNOFFS
- MRI OTHER \_\_\_\_\_

## ULTRASOUND

- NECK/ THYROID  BREAST
- CHEST  ABDOMEN
- RENAL  ABDOMEN DOPPLER
- PELVIS
- TESTICULAR W/ DUPLEX

- 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)
- HEMODIALYSIS GRAFT EVALUATION
- CENTRAL LINE EVALUATION
- OTHER \_\_\_\_\_

## PET/CT

- PET/CT WHOLE BODY
- PET/CT BRAIN
- BONE SCAN NAF (BONE PET/CT)

### W/DIAGNOSTIC CT:

#### IV CONTRAST

WITH  WITHOUT  WITH/WITHOUT  
 RADIOLOGIST DISCRETION

- NECK
- CHEST
- ABDOMEN
- PELVIS

## 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, INSURANCE CARD, AND PHOTO ID WITH YOU TO YOUR EXAM  
FOR CANCELLATIONS, PLEASE NOTIFY OFFICE AT LEAST **24 HOURS** BEFORE APPOINTMENT

- 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 MEDICATION
- 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

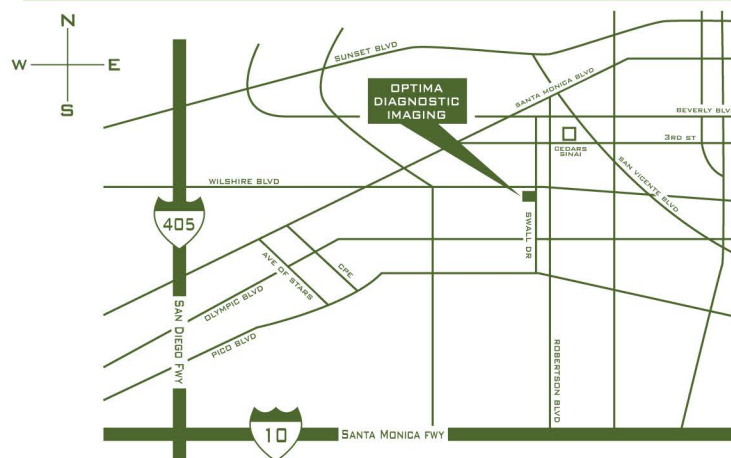
## PET/CT

- NOTHING TO EAT OR DRINK **6 HOURS** PRIOR TO YOUR APPOINTMENT, EXCEPT FOR WATER AND MEDICATION
- 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
- **NO SHOWS OR APPOINTMENTS CANCELLED WITHIN 24 HOURS OF APPOINTMENT WILL BE CHARGED A \$250 FEE**

## ULTRASOUND

- ABDOMINAL ULTRASOUND: DO NOT EAT OR DRINK **8 HOURS** PRIOR TO EXAM. (HOWEVER, YOU CAN TAKE MEDICATION 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

## OPTIMA DIAGNOSTIC IMAGING



\* PARKING GARAGE  
ENTRANCE IS LOCATED  
OFF SWALL DR.

\* 1/2 OFF PARKING  
VALIDATION IS INCLUDED

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