



Central Valley Medical & Women's Imaging



PHONE: (559) 878-4510 | FAX: (559) 878-4515 | 1125 E. Spruce Ave #103, Fresno 93720

www.centralvalleyimaging.com

Patient's Name: _____

Phone Number: _____ DOB: _____

CHIEF COMPLAINT: _____

ICD10 Codes: _____ Authorization: _____

PATIENT APPOINTMENT

Your Appointment is on: _____ TIME: ☐ am ☐ pm

DATE: M T W Th F Sa _____ ☐ pm

REFERRING OFFICE (Please check all that apply)

- ☐ STAT
- ☐ Phone report to #: _____
- ☐ Fax report to #: _____
- ☐ CD
- ☐ CC, Physician(s): _____

CT

IV CONTRAST: ☐ Yes ☐ No ☐ Per Radiologist

- ☐ Head/Brain ☐ Maxillofacial
- ☐ Sinus ☐ Temporal Bones
- ☐ Neck
- ☐ Chest
- ☐ Abdomen & Pelvis
- ☐ Abdomen (add Pelvis if warranted by Radiologist)
- ☐ Pelvis (add Abdomen if warranted by Radiologist)
- ☐ Enterography
- ☐ Renal Stone Study
- ☐ Urogram
- ☐ Spine Level ☐ Cervical ☐ Thoracic ☐ Lumbar
- Spine Level: _____
- ☐ Extremity ☐ RT ☐ LT
- Specify: _____
- ☐ Other: _____

**CT examinations performed with 3D Reformats per Radiology protocol unless otherwise indicated

CT ANGIOGRAM (w/ 3D Reformats):

- ☐ Carotid ☐ Head/Circle of Willis
- ☐ Aorta (Thoracic)
- ☐ Aorta (Abdominal)
- ☐ Renal Arteries
- ☐ Extremity Run-off ☐ Upper ☐ Lower
- ☐ Pulmonary Embolism
- ☐ Other: _____

MRI

IV CONTRAST: ☐ Yes ☐ No ☐ Per Radiologist

☐ Orbits (or other) Xray for metal detection (pre-exam)

- ☐ Head
- ☐ IAC
- ☐ Orbit
- ☐ Pituitary
- ☐ Spine Level ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Shoulder ☐ RT ☐ LT
- ☐ Wrist ☐ RT ☐ LT
- ☐ Knee ☐ RT ☐ LT
- ☐ Extremity ☐ RT ☐ LT

Specify: _____

- ☐ Abdomen (upper abd.)
- ☐ Pelvis
- ☐ MRCP
- ☐ Other: _____

**MR examinations performed with 3D Post-processing per Radiology protocol unless otherwise indicated

MR ANGIOGRAM (w/ 3D Reformats):

- ☐ Head
- ☐ Carotid
- ☐ Renal
- ☐ Run-off
- ☐ Other: _____

X-RAY

- ☐ Sinus
- ☐ Abdomen
- ☐ Abdomen Series
- ☐ Chest
- ☐ Ribs ☐ RT ☐ LT
- ☐ Extremity (Specify) _____ ☐ RT ☐ LT
- ☐ Spine/Level ☐ C ☐ T ☐ L
- ☐ Other: _____

ULTRASOUND

- ☐ Abdomen ☐ w/ Liver Elastography
- ☐ Abdominal Doppler
- ☐ Aorta
- ☐ Biopsy
- ☐ Carotids
- ☐ OB Complete: _____
- ☐ OB Limited, AFI
- ☐ Pelvis (Endovaginal if indicated)
- ☐ Renal
- ☐ Renal Transplant
- ☐ Soft Tissue
- ☐ Testicles
- ☐ Thyroid
- ☐ Venous r/o DVT
- Lower Ext: ☐ RT ☐ LT ☐ Bilateral
- Upper Ext: ☐ RT ☐ LT ☐ Bilateral
- ☐ Arterial
- Lower Ext: ☐ RT ☐ LT ☐ Bilateral
- Upper Ext: ☐ RT ☐ LT ☐ Bilateral
- ☐ Other: _____

DEXA

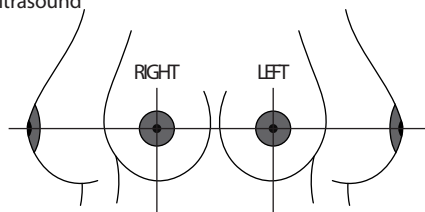
- ☐ Bone Density ☐ Vertebral Fx Assessment

DIGITAL MAMMOGRAPHY SCREENING

- ☐ Screening Mammogram w/Tomosynthesis ☐ Screening Ultrasound
- ☐ Implants ☐ RT ☐ LT

DIAGNOSTIC DIGITAL MAMMOGRAPHY

- ☐ Diagnostic Mammogram ☐ Bilateral ☐ RT ☐ LT
- ☐ Breast Ultrasound ☐ Bilateral ☐ RT ☐ LT
- ☐ Implants ☐ RT ☐ LT
- ☐ Other: _____



PHYSICIAN'S SIGNATURE: _____ DATE: _____

PHYSICIAN'S NAME (PLEASE PRINT): _____

INSTRUCTIONS:

What to bring:

- Insurance Card
- Prescription / Physician's order
- Previous X-Ray and imaging examinations

What to do before:

- Follow exam preparation instructions
- Check pre-authorization requirements of your health plan
- Arrive at least 30 minutes before your appointment time
- If you need to check out your X-Rays please give 24 hours advance notice (559) 878-4510

ADDRESS:

1125 E. SPRUCE AVE. #103 FRESNO, CA 93720



EXAM PREPARATION:

You will be contacted by a staff member prior to your appointment with additional information and instructions. If you have NOT been contacted at least one day prior to your appointment, please call us at (559) 878-4510.

CT	Do NOT eat or drink for at least FOUR HOURS prior to your exam if you're receiving contrast.
	Notify staff prior to your appointment if: <ul style="list-style-type: none"> • You are allergic to iodine or X-Ray / CT / IVP dye • You are on diabetes medication • You have kidney failure
MRI	Do NOT eat or drink anything for at least FOUR HOURS prior to your exam if you're receiving contrast.
	Notify our staff prior to your appointment if: <ul style="list-style-type: none"> • You have a pacemaker or defibrillator • You have a brain aneurysm clip • You have any metal or mechanical devices implanted in your body • You have kidney failure
Abdomen/Gallbladder/ Kidney/Aorta Ultrasounds	Do NOT eat or drink anything for at least SIX HOURS prior to your exam.
Pelvic/OB Ultrasounds	Start drinking THREE 8 OZ glasses of water one hour prior to appointment Do NOT empty bladder, bladder must be full for exam. **Patients over 35 Weeks DO NOT need to drink water

If you have questions please call (559) 878-4510