

**Locations**

- Manhattan Beach     Santa Clarita     Santa Monica  
 Thousand Oaks     Westwood

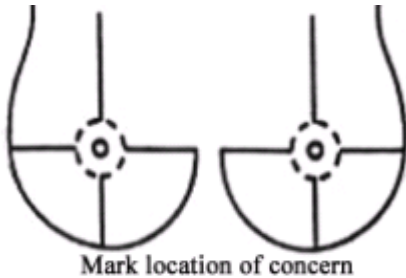
**WOMEN'S IMAGING REQUISITION**

Scheduling: (310) 301-6800 Fax: (310) 794-9035

Patient Name	Date
DOB	MRN
Print Label if Available	

**Mammography Instructions**

- If this is your first visit, please bring any prior mammograms with you to your examination.
- No perfume, powder, deodorant or oils around breast area.
- Please arrive 15 minutes (or as instructed by scheduler) prior to your exam time to complete history.
- Dress comfortably for your examination.



**Clinical history and questions for the radiologist:**

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BREAST IMAGING PROCEDURES	NON-BREAST IMAGING PROCEDURES																								
<p><b>1. <input type="checkbox"/> 3D MAMMOGRAM / TOMOSYNTHESIS</b>  <input type="checkbox"/> 2D MAMMOGRAM</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Bilat.</th> <th>Right</th> <th>Left</th> </tr> </thead> <tbody> <tr> <td>Screening Mammo</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Diagnostic Mammo</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Screening:</b> No signs or symptoms of breast disease.  <b>Diagnostic:</b> Patient presents with signs or symptoms.</p> <p><b>2. <input type="checkbox"/> BREAST ULTRASOUND</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Bilat.</th> <th>Right</th> <th>Left</th> </tr> </thead> <tbody> <tr> <td>Screening Mammo</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Diagnostic Mammo</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>3. <input type="checkbox"/> BREAST MRI WITH CONTRAST</b></p> <p>*High-Risk Criteria</p> <ol style="list-style-type: none"> <li>1. BRCA 1/2 gene carrier</li> <li>2. Lifetime risk ≥ 20%</li> <li>3. Other: See below link  <a href="http://radiology.ucla.edu/MRIBreast">radiology.ucla.edu/MRIBreast</a> </li> </ol>		Bilat.	Right	Left	Screening Mammo				Diagnostic Mammo					Bilat.	Right	Left	Screening Mammo				Diagnostic Mammo				<p><b>MRI</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pelvis w/ &amp; w/o contrast</li> <li><input type="checkbox"/> Pelvis (Fibroid Protocol w/ contrast)</li> <li><input type="checkbox"/> Brain w/o contrast</li> <li><input type="checkbox"/> MR Angiogram Brain w/o contrast</li> <li><input type="checkbox"/> MR Angiogram Brain w/ &amp; w/o contrast</li> <li><input type="checkbox"/> MR Angiogram Neck w/o contrast</li> <li><input type="checkbox"/> MR Angiogram Neck w/ &amp; w/o contrast</li> <li><input type="checkbox"/> Knee w/o contrast</li> <li><input type="checkbox"/> C-Spine w/o contrast</li> <li><input type="checkbox"/> L-Spine w/o contrast</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Ultrasound</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pelvic (non-OB)</li> <li><input type="checkbox"/> Abdomen</li> <li><input type="checkbox"/> Thyroid</li> <li><input type="checkbox"/> Carotid Duplex</li> <li><input type="checkbox"/> Venous Study:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Upper Extremity</li> <li><input type="checkbox"/> Lower Extremity</li> </ul> </li> </ul>
	Bilat.	Right	Left																						
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Screening Mammo																									
Diagnostic Mammo																									

Ordering MD: \_\_\_\_\_

print

\_\_\_\_\_

signature

Appointment Date: \_\_\_\_\_

Appt. Time: \_\_\_\_\_

# PATIENT INSTRUCTIONS, IMAGING CENTERS, LOCATIONS AND SERVICES

The Department of Radiology provides many convenient locations and unique subspecialty services to improve the lives of patients every day. Our goal is to provide patient centered care, superior diagnostic access and optimal treatment expertise.

## General Instructions

- Please arrive 15 minutes (or as instructed by scheduler) prior to your appointment time for check in.
- Leave jewelry and valuables at home.
- Bring this form with you to your exam.

## Contact Information

- Radiology Scheduling: (310) 301-6800
- Billing Customer Service: (310) 825-8021
- Authorization Customer Service: (310) 301-8899
- Radiology Image Library: (310) 825-6425

Imaging Location	Address	Free Parking	MR	CT	MAMMO	US	X-RAY	DEXA	IR	PET/CT
<b>WESTWOOD</b>										
UCLA Medical Plaza 100, 200, 300	100, 200, 300 UCLA Medical Plz Los Angeles, CA 90095		✓	✓	✓	✓	✓		✓	✓
Ronald Reagan UCLA Medical Center	757 Westwood Plaza Los Angeles, CA 90095		✓	✓		✓	✓		✓	✓
<b>SANTA MONICA</b>										
Santa Monica Outpatient Imaging Center	1245 16th Street Santa Monica, CA 90404		✓	✓		✓	✓		✓	✓
Barbara Kort Women's Imaging Center	1260 15th Street, #111 Santa Monica, CA 90404	✓	✓		✓	✓			✓	
Beach Imaging and Interventional Center	1919 Santa Monica Blvd., #300 Santa Monica, CA 90404	✓	✓			✓	✓		✓	
2020 Santa Monica Blvd Building	2020 Santa Monica Blvd., #210 Santa Monica, CA 90404					✓	✓			
UCLA Medical Center, Santa Monica	1250 16th Street Santa Monica, CA 90404		✓	✓		✓	✓	✓	✓	
<b>SOUTH BAY</b>										
Manhattan Beach Imaging and Interventional Center	2200 N. Sepulveda Blvd. Manhattan Beach CA 90266	✓	✓	✓	✓	✓	✓		✓	
Palos Verdes Imaging and Interventional Center	501 Deep Valley Dr., #100 Rolling Hills Estates, CA 90274	✓	Coming in 2017			✓	✓	Coming in 2017		
Redondo Beach- Primary & Specialty Care	514 North Prospect Ave. Redondo Beach, CA 90277	✓				✓	✓			
Torrance - Primary & Specialty Care	3500 Lomita Blvd., #300 Torrance, CA 90505	✓				✓	✓			
<b>VALLEY</b>										
Santa Clarita Imaging and Interventional Center	27235 Tourney Road Valencia, CA 91355	✓	✓	✓	✓	✓	✓	✓	✓	✓
Porter Ranch - Primary & Specialty Care	19950 Rinaldi St., #300 Porter Ranch, CA 91326					✓	✓			
Thousand Oaks - Primary & Specialty Care	100 Moody Court, #200 Thousand Oaks, CA 91360	✓			Screening Only	✓	✓			