RADIOLOGY REQUISITION

Patient Name        Date
DOB               MRN

Print Label if Available

Ordering MD: __________________________________

signature

Clinical history and questions for the radiologist:

________________________________________________

________________________________________________

Request (check one): □ Stat □ Routine

Appt. Date: ___________     Appt. Time: ________

Ultrasound
□ US Abdomen Complete
□ US Kidney
□ US Pelvis Transabdominal w/Transvaginal
□ US Thyroid/Parathyroid
□ US Doppler Leg(s) Veins – □ Bilat □ Right □ Left

Other: _______________________________________

MRI
□ MRI Brain w/ and w/o contrast
□ MRI C-Spine w/o contrast
□ MRI L-Spine w/o contrast
□ MRI Abdomen w/ and w/o contrast
□ MRI Abdomen w/ and w/o contrast
□ MRI Abdomen w/ and w/o contrast
□ MRI Knee w/ contrast □ Bilateral □ Right □ Left
□ MRI Prostate w/ and w/o contrast

Other: _______________________________________

PET/CT
□ PET CT Whole Body w/ contrast – Dx: __________
□ PET CT Whole Body w/o contrast – Dx: __________
□ PET CT Abdomen and Pelvis w/ contrast
□ PET CT Abdomen and Pelvis w/ contrast
□ PET CT Chest w/contrast
□ PET CT Body – Skull to Thigh w/ contrast

Other: _______________________________________

Interventions & Procedures

Dx: ______________________________________

□ Interventional Radiology Consults
□ Porta-Cath, PICC, Hickman
□ Biopsy
□ EVTA, Phlebectomy, Sclerotherapy
□ Pharmacomechanical Thrombectomy

Other: _______________________________________

Neuro/ Spine/ Pain Management

Joint Injection: □ Hip □ Shoulder □ Other ________
□ Epidural Injection
□ Facet Block / □ Median Branch Block
□ Trigger Point Injection
□ Selective nerve root block / □ Transforaminal epidural

Other: _______________________________________

Sports Injury Procedures

Arthrogram: □ Wrist □ Shoulder □ Knee
□ US guided joint injection
□ Joint and cyst aspirations
□ Guided paracentesis

Other: _______________________________________

Interventional Radiology Consultation and Procedure Scheduling
(310) 267-8751

rev. 11/16
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

<table>
<thead>
<tr>
<th>Imaging Location</th>
<th>Address</th>
<th>Free Parking</th>
<th>MR</th>
<th>CT</th>
<th>MAMMO</th>
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