



# MEMORIALCARE<sup>®</sup> IMAGING CENTER

**Scheduling:  
949-387-5000**

Irvine	Fax: 949-451-1724	Laguna Niguel	Fax: 949-362-3977
San Clemente	Fax: 949-493-2645	SVR	Fax: 949-855-1614
Fountain Valley	Fax: 714-417-9970	Long Beach	Fax: 562-986-4010
Huntington Beach	Fax: 714-373-4697	Long Beach PET	Fax: 562-427-3652
		Newport Beach	Fax: 949-726-1039
		Invision-NB	Fax: 949-706-2244

**AUTHORIZATION SUPPORT**  Copy front and back of insurance card  Fax appropriate physician notes **FAX TO APPROPRIATE MEMORIALCARE LOCATION**

PATIENT NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_ (CELL) \_\_\_\_\_  CALL PT. TO SCHEDULE

CLINICAL HX/DX: \_\_\_\_\_ INS. AUTH: \_\_\_\_\_  LIEN

INSURANCE: \_\_\_\_\_ GFR/CR:  Y  N Date: \_\_\_\_\_

HEALTHCARE PROVIDER NAME: (Print) \_\_\_\_\_ ALLERGY:  Y  N \_\_\_\_\_

HEALTHCARE PROVIDER SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

*I hereby authorize MemorialCare to act on my behalf to obtain any and all authorizations needed for the above named patient. I hereby certify that the test ordered are medically necessary for the diagnosis and treatment of this patient.*

SCHEDULE PT. URGENTLY: \_\_\_\_\_  STAT FAX: \_\_\_\_\_  STAT CALL: \_\_\_\_\_

PATIENT TO CARRY CD: \_\_\_\_\_  CC REPORT TO: \_\_\_\_\_

- Ultrasound** (Doppler if indicated, 3D as indicated)
- Abdomen  Complete  RUQ  RLQ/limited
  - Abdominal Aorta  Renal w/ Bladder  Renal Arterial w/ Duplex
  - Pelvic TA with TV  Scrotal with Duplex
  - OB  1st Trimester  2nd / 3rd Trimester
  - Thyroid  Neck/Lymph Nodes  Carotid
  - Venous  UE  LE  R  L  Bilateral
  - Arterial LE with ABI  R  L  Bilateral
  - Arterial UE  R  L  Bilateral
  - LE Venous for Insufficiency  R  L
  - Hysterosonogram  Soft tissue (Location) \_\_\_\_\_
  - Other \_\_\_\_\_

- X-Ray**
- Abdomen:  2 View  KUB  AAS
  - Chest:  1 View  2 View
  - Rib: Including chest  R  L  Bilateral
  - Foot:  R  L  Knee:  R  L
  - Ankle:  R  L  Elbow:  R  L
  - Hand:  R  L  Wrist:  R  L
  - Shoulder:  R  L
  - Hip (w/pelvis):  R  L  Weight Bearing
  - Pelvis AP
  - Spine:  C  T  L  Routine  AP/LAT  Add Flex/Ext
  - Scoliosis  Sinus:  Waters  Series

- Fluoro Procedures**
- Hysterosalpingogram (HSG)  Myelogram
  - Other: \_\_\_\_\_

- CT**  Contrast per rad  w/ contrast  no contrast
- Abdomen (with pelvis if indicated)  CT/IVP (urogram)
  - Abdomen w/ Pelvis  Bone Density
  - Enterography  Colon-Virtual 3D
  - Kidney Stone (A-P w/o)
  - Chest (CTA if indicated)
  - Brain
  - Pelvis (with abdomen if indicated)
  - Calcium Score
  - CTA Coronary
  - Lung Screen
  - Neck (soft tissue)
  - Sinus (maxillofacial)
  - Temporal Bones
  - Orbits
  - Spine:  C  T  L
  - Myelogram:  C  T  L
  - Extremity: \_\_\_\_\_
  - CTA Brain (only)  CTA Neck/Brain
  - CTA (other) \_\_\_\_\_
  - Other \_\_\_\_\_

- Nuclear Medicine**
- Bone Scan  3-phase  Multiple  Whole Body  SPECT Location \_\_\_\_\_
  - Myocardial Perfusion  Pharmacologic Stress  Treadmill Stress
  - MUGA
  - Gastric Emptying
  - HIDA w/CCK
  - HIDA without CCK
  - Renal Scans w/ Vascular Flow & Function
  - Lasix
  - Liver/Spleen w/ SPECT
  - Hemangioma w/ tagged RBCs/SPECT
  - Parathyroid/SPECT
  - Thyroid Uptake/scan
  - Other: \_\_\_\_\_

- MRI**  Contrast per rad  w/ contrast  no contrast
- Brain  w/ MRA non contrast  IAC's  Pituitary  Orbits
  - Spine:  C  T  L  Sacrum/Coccyx
  - TMJ
  - Brachial Plexus  R  L  Bilateral
  - Chest
  - Heart
  - Neck MRA with contrast
  - Neck Soft Tissue with contrast
  - Abdomen  Liver  Eovist (liver)  Kidney  Adrenal Glands  MRA Renals  Pancreas  MRCP  Enterography
  - Pelvis  Female Pelvis
  - Joint  R  L  Bilateral  Shoulder  Elbow  Wrist  Hip  Knee  Ankle
  - MR Arthrogram: \_\_\_\_\_ with imaging guidance as needed
  - Extremity  Right  Left  Upper Arm  Forearm  Hand  Thigh  Calf  Foot
  - MR Spectroscopy
  - MRA: \_\_\_\_\_  Abdominal w/ run-off  Renal Arteries  Thoracic Aorta  Extremity  Right  Left
  - MRV: \_\_\_\_\_  Head  Legs/AVF
  - Other: \_\_\_\_\_

- PET/CT**
- Skull base to thigh 78815
  - Bone scan w NaF18
  - Whole Body (Melanoma) 78816
  - Brain 78608
  - PET/CT Skull base to thigh w/ contrast incl. diagnostic CT With:  Neck  Chest  Abdomen  Pelvis



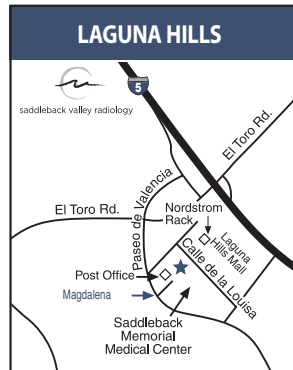
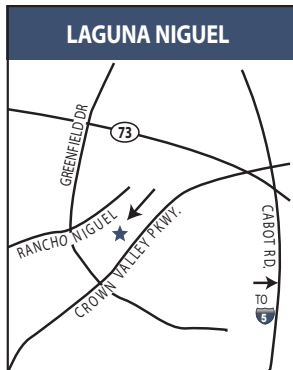
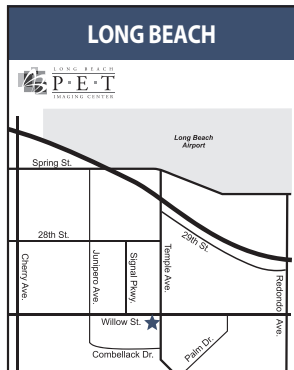
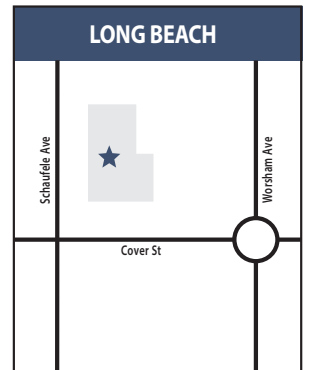
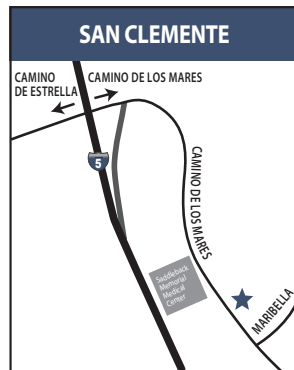
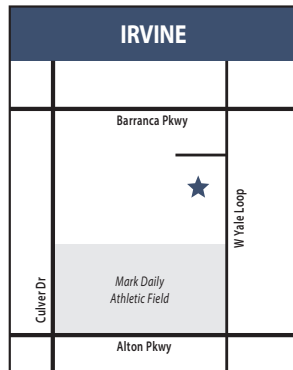
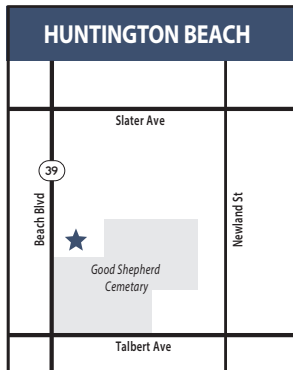
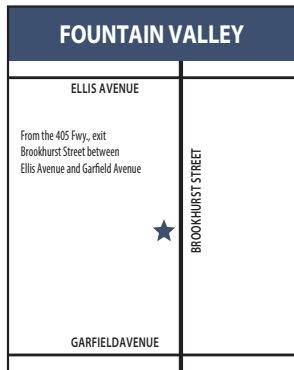
Pacemaker compatible



MRI at this location can accommodate claustrophobic and larger patients

### MemorialCare Community-Based Imaging Centers

		3T MRI Open Bore	1.5T MRI	CT	Ultrasound	X-ray	Fluoroscopy	Nuclear Medicine	PET/CT
<b>MCIC FOUNTAIN VALLEY</b> 18785 Brookhurst St., Ste. 102 • Fountain Valley, CA 92708	P: 714-417-9950 F: 714-417-9970				●	●			
<b>MCIC HUNTINGTON BEACH</b> 17762 Beach Blvd., Ste. 110, Huntington Beach, CA 92647	P: 714-898-2991 F: 714-373-4697	●		●	●	●			
<b>MCIC IRVINE</b> 4050 Barranca Pkwy., Ste. 160 • Irvine, CA 92604	P: 949-726-9500 F: 949-451-1724	●		●	●	●			●
<b>MCIC LAGUNA NIGUEL</b> 25500 Rancho Niguel Rd., Ste. 140 • Laguna Niguel, CA 92677	P: 949-362-3973 F: 949-362-3977		●		●	●			
<b>LONG BEACH PET IMAGING CENTER</b> 2710 East Willow • Signal Hill, CA 90755	P: 562-427-0714 F: 562-427-3652			●				●	●
<b>MCIC LONG BEACH</b> 3828 Schaufele Ave., Ste. 250 • Long Beach, CA 90808	P: 562-498-6322 F: 562-986-4010	●		●	●	●			
<b>MCIC NEWPORT BEACH</b> 3300 West Coast Highway, Ste. B • Newport Beach, CA 92663	P: 949-646-4400 F: 949-726-1039	●	●	●	●	●		●	●
<b>INVISION NEWPORT BEACH</b> 280 Newport Center Dr., Ste. 100 • Newport Beach, CA 92660	P: 949-706-2000 F: 949-706-2244	●		●	●	●	●		
<b>SADDLEBACK VALLEY RADIOLOGY</b> 23961 Calle de la Magdalena, Ste. 243 • Laguna Hills, CA 92653	P: 949-855-4301 F: 949-855-1614		●	●	●	●			
<b>MCIC SAN CLEMENTE</b> 675 Camino De Los Mares, Ste. 101 • San Clemente, CA 92673	P: 949-493-8799 F: 949-493-2645		●	●	●	●			



#### General Information:

1. IT IS REQUIRED THAT YOU BRING THIS ORDER FORM WITH YOU. We cannot perform the exam without it.
2. Please bring a valid ID card with you along with your insurance card. Some exams require authorization.
3. For scheduled appointments, please arrive 15 minutes before your exam to complete registration.
4. If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, buckles or zippers and do not wear watches or jewelry.
5. To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.