



PACIFIC MEDICAL Imaging & Oncology Center

www.pmioc.com

Alhambra Office
707 S. Garfield Ave., Suite B-001
Alhambra, CA 91801
Tel: 626-227-2727
Fax: 626-227-2799

City of Industry Office
1661 Hanover Rd., Suite 102
City of Industry, CA 91748
Tel: 626-965-8118
Fax: 626-965-8114

Appt Date _____
Arrival Time _____
Scan Time _____

PATIENT _____ MALE / FEMALE DOB _____

PHONE (Home) _____ (Cell) _____ E-MAIL _____

REF PHYSICIAN (Print Name) _____ PHONE _____ FAX _____

REF PHYSICIAN SIGNATURE (Required) _____

CLINICAL INFORMATION _____

BUN _____
CREATININE _____
DATE COLLECTED _____

STAT FAX REPORT

PHONE _____ FAX NUMBER _____

REQUESTED SERVICES

NUCLEAR MEDICINE

- MUGA - EF
- LUNG V/Q
- PARATHYROID: _____
- CARDIAC PERFUSION
- RENAL
- BONE SCAN
- THYROID
- LIVER - SPLEEN
- HEPATOBILIARY



We offer Transportation for: CT, MRI & PET SCANS

PET - CT (POSITRON EMISSION TOMOGRAPHY - CT)

- PET - TUMOR IMAGING, TOTAL BODY
 - PET WITH DIAGNOSTIC CT OF CHEST / ABD / PELVIS
 - PET LIMITED - BRAIN FOR ALZHEIMER DISEASE
 - PET LIMITED - CARDIAC
 - PET - OTHER: _____
 - PET - BONE
 - PATIENT IS DIABETIC
- DIAGNOSIS: _____

MRI WITHOUT CONTRAST

- WITH CONTRAST
- BRAIN
- ORBIT
- PITUITARY
- IAC
- CHEST
- NECK
- BREAST
- KIDNEYS
- ABDOMEN
- PELVIS
- JOINT: R L
- SHOULDER
- WRIST
- ELBOW
- KNEE
- ANKLE
- HIP
- SPINE: C / T / L

MRA

- BRAIN
- NECK (CAROTIDS)
- ABDOMEN
- LEGS
- CHEST
- PELVIS
- ARTHROGRAM:

OTHER: _____

CT WITHOUT CONTRAST

- WITH CONTRAST
- BRAIN
- ABDOMEN / PELVIS
- NECK
- KIDNEYS
- CHEST
- PELVIS
- EXTREMITY: R L

- SPINE: C / T / L
- OTHER: _____

CTA:

- BRAIN
- CAROTIDS
- ABDOMEN
- CHEST
- PELVIS
- OTHER
- SPECIFY LOCATION: _____

BONE DENSITY DEXA

ULTRASOUND

- BREAST
- ABDOMEN
- PELVIS
- PELVIS WITH TRANSVAGINAL
- RENAL
- THYROID
- OBSTETRIC
- AORTA
- SCROTAL
- VENOUS DOPPLER: R L BOTH LEG ARM
- ARTERIAL DOPPLER: R L BOTH LEG ARM
- CAROTID DOPPLER
- BREAST BIOPSY R L
- OTHER: _____

MAMMOGRAPHY

- SCREENING
- DIAGNOSTIC
- R L

DIGITAL X-RAY

- | | | | | |
|---------------------------------------|-----------------------------------|--|---|---------------------------------------|
| HEAD | SPINE | CHEST / ABDOMEN | EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BOTH | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> SKULL | <input type="checkbox"/> CERVICAL | <input type="checkbox"/> CHEST (2 VIEWS) | <input type="checkbox"/> CLAVICLE | <input type="checkbox"/> FOREARM |
| <input type="checkbox"/> MANDIBLE | <input type="checkbox"/> THORACIC | <input type="checkbox"/> RIBS | <input type="checkbox"/> SCAPULA | <input type="checkbox"/> WRIST |
| <input type="checkbox"/> MASTOIDS | <input type="checkbox"/> LUMBAR | <input type="checkbox"/> R OR <input type="checkbox"/> L <input type="checkbox"/> BOTH | <input type="checkbox"/> SHOULDER | <input type="checkbox"/> HAND |
| <input type="checkbox"/> FACIAL BONES | <input type="checkbox"/> SACRUM | <input type="checkbox"/> STERNUM | <input type="checkbox"/> HUMERUS | <input type="checkbox"/> PELVIS |
| <input type="checkbox"/> SINUSES | <input type="checkbox"/> COCCYX | <input type="checkbox"/> ABDOMEN (SUPINE) | <input type="checkbox"/> ELBOW | <input type="checkbox"/> HIP |
| <input type="checkbox"/> NECK | | <input type="checkbox"/> ABDOMEN (2 VIEWS) | <input type="checkbox"/> TIBIA - FIBULA | <input type="checkbox"/> ANKLE |
| | | | <input type="checkbox"/> FOOT | |

PATIENT INSTRUCTIONS

PET (Positron Emission Tomography) / CT

- NO exercise and NO caffeine 48 hours prior to your exam
- No food (drinking 8oz of water is ok) 8 hours prior to appointment
- If you have diabetes, please call our center for further instructions

Ultrasound

- Abdominal: No food or drink 6 hours prior to your exam
- Pelvic: Drink 3 (8 oz.) glasses of water one hour prior to exam. A full bladder is required
Do not empty your bladder until the exam is completed
- Carotid Duplex: No preparation

Nuclear Medicine

- Thyroid Uptake & Scan: A 2-day procedure consists of 3 visits to the center. On the first day, you will be given a radioiodine capsule. You will return 5 hours later for the first scan, and again return 24 hours after the initial dose for a second scan. Discontinue thyroid medication and NO seafood 2 weeks prior to exam.
- Bone Scan: 2 visits are required. No preparation. You will receive an injection of a radioactive compound on the first visit and return 3 hours later for the scan
- Liver / Spleen Scan, Renal Scan and Lung Scan: No preparation
- Hepatobiliary Scan: No food or drink after midnight
- Cardiac Perfusion (Stress Exam): No caffeine 2 days prior to exam. No food 4 hours prior to exam. Discontinue high-blood pressure medications on the day of the exam
- Cardiac Perfusion (Rest Exam): No preparation

CT

- Without IV contrast – No preparation
- With IV contrast – No food or drink 8 hours prior to exam. BUN and CR blood test within 3 months of the exam is required
- Abdomen / Pelvis: Patient to come in one hour prior to the exam for oral barium contrast preparation

MRI

- Absolute Contraindication: MRI **CANNOT** be done on patients with a pacemaker or metallic brain aneurysm clip
- Wear loose clothing without any metal clips, preferably jogging apparel. No accessories such as earrings, necklaces, hairpins or watch
- Head (e.g. brain) Exams: Do not wear any eye make-up

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