

Mission Viejo

27401 Los Altos, Suite 180
Mission Viejo, CA 92691
949-367-1010 FAX: 949-367-1011
1.5T MRI | CT | US | X-RAY | DEXA



A Boutique Radiology Center

Newport Beach/Irvine

4501 Birch Street, Suite C
Newport Beach, CA 92660
949-387-0591 FAX: 949-387-0575
3 Tesla MRI

Dial 1 for Scheduling

First Name			Urgency	<input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Routine
Last Name			Provider Fax #	
DOB		<input type="checkbox"/> M <input type="checkbox"/> F	Provider Phone #	
Patient Phone			CC Physician:	
Date / /	Please fax this completed form to 949-367-1011 or e-mail to scheduling@cvimaging.net Or <u>take a picture</u> and email it to us.			Authorization <input type="checkbox"/> Not Required <input type="checkbox"/> To be done by ordering office <input type="checkbox"/> To be done at CVI <small>Need clinicals</small> <input type="checkbox"/> Obtained
History/Diagnosis/ICD				
Physician Name	Signature		Authorization Exp. Date:	
			Insurance:	
			Reference #:	

Renal function for contrast studies

CT If any of below conditions is present: <input type="checkbox"/> Age > 65 <input type="checkbox"/> Any renal Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension requiring treatment	MRI Gadolinium is NOT nephrotoxic. We use Gadavist which could be used even in dialysis patients. Per ACR guidelines, routine renal function screening is NOT recommended with Gadavist.
<input type="checkbox"/> Cr within 90 days attached <input type="checkbox"/> Cr to be done at CVI	GFR Cutoff is 30

MRI	NEURO	SPINE	MR ANGIOGRAPHY	ABDOMEN/PELVIS	MUSCULOSKELETAL
	Brain <input type="checkbox"/> wo or <input type="checkbox"/> w/wo <input type="checkbox"/> + Orbit w/wo <input type="checkbox"/> + IAC w/wo (Trigeminal) <input type="checkbox"/> + Pituitary (w/wo) <input type="checkbox"/> + Neuro Quant <input type="checkbox"/> + DTI <input type="checkbox"/> Neurography wo <input type="checkbox"/> Face/Sinus w/wo <input type="checkbox"/> Neck w/wo <input type="checkbox"/> Brachial Plexus wo <input type="checkbox"/> TMJ wo	Cervical Thoracic Lumbar Sacral <input type="checkbox"/> wo (Pain/Trauma) <input type="checkbox"/> w/wo (Infection/Tumor)	Brain wo Neck/Carotid <input type="checkbox"/> w/wo (Preferred) <input type="checkbox"/> wo (Less Resolution) Aorta w/wo Lower Extremity Run Off for PAD w/wo MRV Pelvis w/wo	Liver w/wo - <input type="checkbox"/> Eovist MRCP wo Pancreas w/wo Kidney w/wo Adrenal wo Enterography w/wo +oral Female Pelvis w/wo Bony Pelvis wo Multiparametric Prostate w/wo	Shoulder R L <input type="checkbox"/> w/o (Pain, Trauma) Humerus R L <input type="checkbox"/> w/wo IV contrast (Infection/Tumor) Elbow R L <input type="checkbox"/> Arthrogram Wrist R L Hand R L Hip R L Femur R L Knee R L Tibia/Fib R L Ankle R L Foot R L
	Comments or Custom orders:				

CT	NEURO	SPINE	CT ANGIOGRAPHY	ABD/PELVIS/CHEST	MUSCULOSKELETAL
	Head wo Head w/wo Temporal Bone wo Maxillofacial wo Sinus wo Neck w or wo 4D Parathyroid w/wo w or wo refers to IV contrast only.	Cervical Thoracic Lumbar Sacral <input type="checkbox"/> wo (Pain/Trauma) <input type="checkbox"/> w (Infection/Tumor) <input type="checkbox"/> Myelogram	Brain w <input type="checkbox"/> Venography Neck/Carotid w Aorta: <input type="checkbox"/> Thorax <input type="checkbox"/> Abd <input type="checkbox"/> Aneurysm w <input type="checkbox"/> Dissection w/wo Lower Extremity Run Off Chest PE	A/P w +oral A/P wo (Kidney Stone) Liver 3-Phase w Abdomen Pancreas w Urogram w/wo Enterography w +po Chest <input type="checkbox"/> wo (nodule, PNA) <input type="checkbox"/> w (CA staging, etc.) <input type="checkbox"/> Low Dose screening <input type="checkbox"/> High Res Chest (ILD) <input type="checkbox"/> CTA PE Coronary CA Score	Shoulder R L <input type="checkbox"/> w/o (Pain, Trauma) Humerus R L <input type="checkbox"/> w IV contrast (Infection/Tumor) Elbow R L <input type="checkbox"/> Arthrogram Wrist R L Hand R L Hip R L Femur R L Knee R L Tibia/Fib R L Ankle R L Foot R L
	Comments or Custom orders:				

X-RAY	Cervical Spine <input type="checkbox"/> 2 View (AP/Lat) <input type="checkbox"/> 5 View (+ Obliques) <input type="checkbox"/> 7 View (+ Flex/Ext) Thoracic Spine 2 View <input type="checkbox"/> Weight Bearing (circle the study)	Lumbar Spine <input type="checkbox"/> 3 View (AP/Lat) <input type="checkbox"/> 5 View (+ Obliques) <input type="checkbox"/> 7 View (+Flex/Ext) SI Joints	Shoulder R L Humerus R L Elbow R L Humerus R L Wrist R L Scaphoid R L Hand R L	Pelvis Hip R L Femur R L Knee R L Tibia/Fib R L Ankle R L Foot R L	Chest (PA/LAT) Rib Series R L KUB Neck (2 View) Skull (2 View) Sinus (Complete) Sinus (Water View)	Other X-ray:
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DEXA	<input type="checkbox"/> Bone Density Indication: <input type="checkbox"/> Screening <input type="checkbox"/> Known Osteoporosis <input type="checkbox"/> Nutritional Deficiency <input type="checkbox"/> Hormone/Steroid Therapy <input type="checkbox"/> Whole Body Composition: Whole body muscle mass, body fat and bone density measurement.
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US	Abdomen Complete RUQ Renal/Bladder +PVR Aorta	Pelvis w Transvaginal Pelvis wo Transvaginal OB < 14 weeks Scrotum	Soft Tissue: Area of interest (No Appendix US) Thyroid Carotid	DVT Lower Extremity R L BL DVT Upper Extremity R L BL Arterial Lower Extremity R L BL Arterial Lower Extremity R L BL
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Heading South on 5

Exit Left on Crown Valley Pkwy Turn Left on Los Altos.
 Turn Left into the second driveway.

Heading North on 5

Exit Right on Crown Valley Pkwy Turn Left on Los Altos.
 Turn Left in the second driveway.

From PCH

Head East (Inland) on Crown Valley Pkwy Cross over 5 freeway.
 Turn Left on Los Altos.
 Turn Left into the second driveway.

Newport Beach (Bordering Irvine)

4501 Birch Street, Suite C
 Newport Beach, CA 92660
 949-387-0591 FAX: 949-387-0575
 3 Tesla MRI

Heading North on 405

Exit Left on MacArthur Blvd Turn Right on Birch St.
 Turn Right into 4501 Birch.

Heading North on 73

Exit on Birch.
 Turn Right on Birch.
 Building on left hand side before MacArthur.

Heading South on 405 to 73 South (NO TOLL)

Exit Straight on SE Bristol St./ Irvine Ave
 Turn Left on Birch St.
 Turn Left into 4501 Birch St.

Heading South on 405

Exit Right on MacArthur Blvd. Turn Right on Birch St.
 Turn Right into 4501 Birch St.



For all Examinations

If possible, dress in loose, comfortable two-piece clothing. No belts, buckles or zippers.
 Please arrive 20 minutes prior to your appointment time.
 Bring your insurance card and Picture ID with you to your appointment.

CT	<ul style="list-style-type: none"> • If your exam requires IV Contrast, DO NOT eat or drink anything other than water and your medications for 4 hours prior to your appointment time. • If you have an allergy to CT Contrast, please notify the scheduler. • If your exam requires Oral Contrast, please come by our office at least 1 day prior to your exam to pick it up along with instructions.
MRI	<ul style="list-style-type: none"> • Please notify the scheduler if you have ANY hardware or implanted devices. Some examples: Cardiac Pacemaker or Defibrillator, Aneurysm Clips, Metal in Eyes (Metal Workers), Cochlear Implants, Pain pumps and stimulators. • If Claustrophobic please notify the scheduler.
US	<ul style="list-style-type: none"> • Pelvic or Renal studies: Drink as much as water you think it's necessary for a full bladder. Do not drink too much water. • Abdominal Study: No food for 6 hours. Water and medications are ok.