Specifying Body Part of Region to Be Examined (Please indicate Routine and/or Special Studies):

1. MRI abdomen and pelvis: evaluate for infection

2.

☐ Diagnostic (General Radiography)
☐ CT (Computed Tomography)  ☐ CT Angiography  ☐ 3D Reconstruction
☐ MRI  ☐ MRI Arthrogram  ☐ MR Angiography  ☐ 3D Reconstruction
☐ Ultrasound
☐ Interventional Radiology (CT-Guided and Angiographic Procedures) Call to Schedule at 650-736-9081
☐ Mammography (If outside film is available, please bring it on the day of the appointment)
☐ Screening (patients must be > 40 yrs of age)  ☐ Diagnostic with Ultrasound (if indicated, see back page for indications)  ☐ Ultrasound
☐ Mammographic Procedure Type (Call to schedule at 650-736-4383)
☐ Ultrasound Guided Core Biopsy  ☐ Stereotactic Core Biopsy  ☐ Fine Needle Aspiration  ☐ Needle Localization
☐ Nuclear Medicine
☐ Thyroid study  ☐ SIR study  ☐ Rest Ventriculography Myocardial Perfusion: ☐ Exercise  ☐ Pharmacologic
☐ Bone Scan  ☐ Bone Densitometry  ☐ MIBG  ☐ WBC scan  ☐ VQ scan  ☐ Brain Perfusion
☐ PETCT:  ☐ Lymphoma  ☐ Melanoma  ☐ Sarcoma  ☐ Myeloma  ☐ Thyroid  ☐ Lung  ☐ Breast
☐ Ovary  ☐ Head/Neck  ☐ Esophageal  ☐ Pancreas  ☐ Testes  ☐ Colorectal  ☐ Cervical
☐ GI Procedures/HSG (Hysterosalpingogram)
☐ Fluoroscopic Procedures
☐ Other:

Required for MRI/CT: (Unavailability of a required serum creatinine or non premedication of an iodine sensitive patient may result in cancellation and rescheduling of a patient.)

Creatinine Level

Date Drawn
A creatinine level required within 30 days for:
- Patient age 60 or older (MRI)
- Patient age 70 or older (CT)
- Diabetes (insulin and non insulin dependent)
- History of Renal Insufficiency

Required for MRI/CT/Arthrogram/HSG:

- History of Contrast Allergy  ☐ Yes  ☐ No
- Premedication ordered  ☐ Yes  ☐ No
- Diabetic taking Metformin  ☐ Yes  ☐ No
Diagnostic with Ultrasound Indications: Palpable focal (1 finger) masses, unilateral single duct nipple discharge, focal thickening, focal pain, mammographically detected masses or focal asymmetries, further investigation after abnormal MRI, prior ultrasound-guided biopsy within the prior 3 years.

MESSAGE TO PHYSICIANS: Medicare pays only for tests which it considers medically necessary for the diagnosis or treatment of the patient. It will NOT pay for screening tests, i.e., testing for disease when a patient displays no symptomatology or evidence of disease. Exception to this rule is mammography when specific criteria are met. When ordering mammography, indicate whether it is for diagnostic screening purpose by checking the appropriate choice. Ancillary services are expected to have on file a diagnosis, system, or complaint that shows medical necessity.