

Please FAX a copy of the patient insurance card with this order.



TAX ID: 943167314

☐ **Mountain View Campus (MV):**

2500 Grant Rd, 94040

Scheduling: (650) 940-7050 Fax: (650) 940-7134

☐ **Sobrato Pavilion (MV):**

2500 Grant Rd, 94040 Scheduling: (650) 940-7050 Fax: (650) 940-7134

☐ **Los Gatos Campus (LG):**

815 Pollard Rd. Los Gatos, 95032

Scheduling: (408) 866-4075 Fax: (408) 866-4082

Patient Name: _____ Phone: _____ DOB: _____

Diagnosis/ICD-10: _____ Description: _____ ☐ **STAT**

Physician Signature: _____ Please Print Name: _____ Date/Time: _____

Physician Phone: _____ CC MDs: _____ Patient Insurance: _____ Authorization: _____

MRI/CT with Contrast Studies: Labs required for patients with renal insufficiency, diabetes or over 60 years old.

Serum Creatinine e/GFR within 30 days: _____ Date Drawn: _____ Lab: _____

Decision
Support

ID: _____ Vendor: _____

***Lab values needed 48 hours prior to scheduled appointment.**

Score: _____

☐ **Radiologist may modify the order per protocol to meet the clinical needs of the patient**

MRI CT Nuclear Medicine

- ☐ With IV Contrast ☐ No IV Contrast
☐ With/Wo IV Contrast

- ☐ MRI Head
☐ MRA Head
☐ MRA Neck w/contrast
☐ MRI Abdomen
☐ MRI Spine: ☐ (C) ☐ (T) ☐ (L)
☐ MRI Pelvis Circle: Female Fibroids / MSK Bony
☐ MRI Prostate
☐ MRI Extremity (specify joint and side)
_____ ☐ Rt ☐ Lt
☐ Other: _____

- ☐ With IV Contrast ☐ No IV Contrast
☐ W/Wo IV Contrast ☐ Oral Contrast

- ☐ Head
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Angio: ☐ Coronary Artery ☐ TAVR
☐ Atrial Map ☐ AO
☐ Spine: ☐ (C) ☐ (T) ☐ (L)
☐ Calcium Score
☐ IVP
☐ Other: _____

- ☐ Bone Scan Whole Body
☐ Gastric Emptying Eval
☐ Hepatobiliary Scan
☐ w/ EF
☐ Other: _____

PET/CT

- ☐ NaF-18 Bone Scan for bone metastasis
Skull base to mid-thigh Initial/Sub
☐ NaF-18 Scan for bone metastasis Whole
Body Initial/Sub
☐ PET/CT Skull Base to mid-thigh
☐ Initial treatment strategy
☐ Subsequent treatment strategy
☐ PET/CT Whole Body (melanoma)
☐ Initial treatment strategy
☐ Subsequent treatment strategy
☐ DaTscan
☐ Other: _____

Diagnostic Imaging / X-Ray

- ☐ Chest 2View ☐ Ribs
☐ Abdomen/KUB ☐ 1View ☐ 3View
☐ Spine (C) (T) (L) Description: _____
☐ Upper Extremity ☐ RT ☐ LT ☐ BIL
☐ Lower Extremity ☐ RT ☐ LT ☐ BIL
☐ Skull ☐ Sinuses
☐ Other: _____

Fluoroscopy

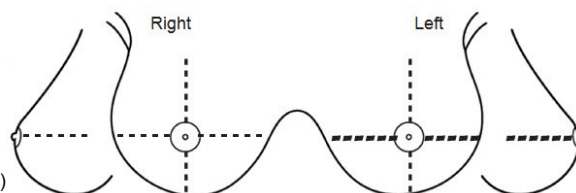
- ☐ Esophagram ☐ Barium Enema
☐ Swallow Study w/ speech therapy
☐ UGI w/ or w/o Small Bowel Series
☐ Hystero—HSG ☐ Cysto—VCU
☐ Arthrogram: _____
☐ RT ☐ LT ☐ BIL ☐ w/ MRI to follow
☐ Other: _____

Ultrasound

- ☐ Aorta ☐ Pelvic ☐ Scrotal/Testicles ☐ Arterial
☐ Abdomen Complete ☐ Transabdominal Only ☐ Thyroid ☐ Upper ☐ Rt ☐ Lt
☐ Abdomen Limited ☐ w/ Endovaginal ☐ Carotid/Duplex ☐ Lower ☐ Rt ☐ Lt
☐ Liver/GB/RUQ ☐ Obstetrical ☐ Vein (DVT) ☐ Other: _____
☐ Appendix ☐ 1st Trimester ☐ Upper ☐ Rt ☐ Lt
☐ Hernia ☐ 2nd/3rd Trimester ☐ Lower ☐ Rt ☐ Lt
☐ Pyloric ☐ Kidneys & Bladder ☐ Venous Insufficiency ☐ Rt ☐ Lt
☐ Other: _____ ☐ Renal Arteries (RAS)

Breast Health/Bone Density (Sobrato Pavilion)

- ☐ Screening Mammo ☐ Needle Localization ☐ RT ☐ LT ☐ BIL
☐ w/ ABUS as indicated-Dense Tissue ☐ Image Guided Biopsy (per Radiologist, MV ONLY)
☐ Diagnostic Mammo (Ultrasound if indicated) ☐ Other: _____
☐ RT ☐ LT ☐ BIL ☐ DEXA (Bone Density, MV ONLY)
☐ Breast US ☐ RT ☐ LT ☐ BIL ☐ Vertebral Fracture Assessment (MV ONLY)
☐ Breast MRI (MV ONLY)



SEE REVERSE SIDE FOR PATIENT PREPARATION INFORMATION

Ver. 06.17.2021

PREPARATIONS FOR IMAGING EXAMS

PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME TO PRE-REGISTER IF NOT REGISTERED BY PHONE AT TIME OF SCHEDULING. *BRING THIS ORDER WITH YOU

Ultrasound

Abdomen – Do not eat or drink anything after midnight before exam.

Pelvic – Empty bladder before drinking. Finish drinking 32 oz. of water 1 hour before exam. Do not empty bladder until completion of exam.

Renal – Empty bladder before drinking. Finish drinking 24 oz. of water 1 hour before exam. Do not empty bladder until completion of exam.

Renal Arteries – Do not eat or drink anything after midnight the night before exam

Nuclear Medicine

Gastric Emptying Scan – Nothing to eat or drink for 12 hours before exam time.

Hepatobiliary Scan – Nothing to eat or drink after midnight.

PET/CT – No food after midnight, drink 32oz of water in the a.m. (Please contact our office for additional information)

Renal Scan – Drink 36oz of water 2 hours before exam time, may void anytime.

Thyroid Uptake and Scan – Nothing to eat or drink after midnight.

MRI

If you have the following: Pacemaker, heart or gastric or any implanted devices, please inform your physician or call the MRI Center before your exam.

MRI Prostate – Light meal the evening before exam, no food except for water, no caffeine (coffee, tea, energy drinks) 4 hours before exam, Fleet enema the 2-3 hours prior to exam (MV Only)

MRI ERCP – Do not eat or drink 12 hours before exam time.

CT

READI-CAT oral prep can be picked up at Imaging Services.

with IV contrast – Nothing to eat 3 hours before exam. Clear liquids OK.

CT Calcium Heart Scoring – No caffeine 8 hours prior to appointment. No lotion, powder or perfume on the chest and abdomen area.

CT Enterographic with IV contrast – Do not eat or drink 4 hours before exam. Arrive 75 minutes early.

CT IVP – Do not void 1 hour before exam. Do not eat 3 hours before exam. Clear liquids OK.

Fluoroscopy

Esophagram with video – Do not eat or drink after midnight before exam.

Upper GI and/or Small bowel study – Do not eat or drink after midnight before exam.

Hysterosalpingogram – Appt. must be within 10 days after onset of menstrual cycle.

Lumbar puncture – Do not eat or drink after midnight before exam.

Mammography

Do not use any deodorants, perfumes or powders on your underarms or on your breast. Bring your outside films for comparison. Please contact the Breast Health Center for biopsy preparation information.

Clinical Decision Support

An AUC consult prior to ordering advanced diagnostic imaging for Medicare patients must be documented via a CMS-qualified clinical decision support mechanism (qCDSM).

Without a documented consult, rendering providers will not receive Medicare payment for the procedure after the educational and testing period is completed on December 31, 2020.

<https://qcasm.nationaldecisionsupport.com/>

ECH utilizes CareSelect as our CDS solution. You may use their portal free of charge.

To access the CareSelect Imaging Open Access Portal for the first time, navigate to <http://openaccess.careselect.org/registration> and register for an account. To register, you will provide basic information, including your name, NPI, email, etc. Once your registration is complete, you will be able to log into the application.

To access the CareSelect Imaging Open Access Portal post registration, navigate to <https://openaccess.careselect.org> (where you will be redirected to the sign-in page) and enter the username and password you created during your initial registration.

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*BIOPSIES/CT MYELOGRAPHY/ANESTHESIA CASES

Please call our office for your preparation

