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



☐ Breast MRI (MV ONLY)

TAX ID: 943167314

☐ Mountain View Campus (MV):

2500 Grant Rd, 94040

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

☐ Sobrato Pavilion (MV):

☐ Los Gatos Campus (LG): 815 Pollard Rd. Los Gatos, 95032

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

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

Pati	ent Name:	Phone:	DOB:
Diagnosis/ICD-10: Description:			
Phy	sician Signature:	_ Please Print Name:	Date/Time:
Phy:	sician Phone: CC MDs: _	Patient Insurance:	Authorization:
CT with Contrast Studies: Labs required for patients with renal insufficiency, diabetes or over 60 years old.			
	rum Creatinine e/GFR within 30 days:		
Decision Support	ID: Vendor:	*Lab values needed	48 hours prior to scheduled appointment.
Dec Sup	ID: Vendor: Score: Radio	ogist may modify the order per protocol to me	eet the clinical needs of the patient
MR		СТ	Nuclear Medicine
	With IV Contrast	□ With IV Contrast □ No IV Contrast	☐ Bone Scan Whole Body
	With/Wo IV Contrast	☐ W/Wo IV Contrast ☐ Oral Contrast	Gastric Emptying Eval
	MRI Head	☐ Head ☐ Chest	☐ Hepatobiliary Scan ♦ w/ EF
	MRA Head MRA Neck w/contrast	☐ Abdomen ☐ Pelvis	□ Other
	MRI Abdomen	☐ Angio: ☐ TAVR ☐ Atrial Map ☐ AO ☐ Coronary Art ☐ +FFR (HeartFlow) if	PET/CT
	MRI Spine: ☐ (C) ☐ (T) ☐ (L)	indicated	☐ Initial treatment therapy
	MRI Pelvis Circle: Female Fibroids / MSK Bony	☐ Spine: ☐ (C) ☐ (T) ☐ (L)	☐ Subsequent treatment therapy
	MRI Prostate	☐ Calcium Score ☐ IVP	□ NaF-18 Bone Scan for bone metastasis Skull
	MRI Extremity (specify joint and side)	☐ Other:	base to mid-thigh
			□ NaF-18 Scan for bone metastasis Whole Body
	nostic Imaging / X-Ray	Fluoroscopy	PET/CT Skull Base to mid-thigh
Diag		☐ Esophagram ☐ Barium Enema	PET/CT Whole Body (melanoma)
	Chest 2View ☐ Ribs Abdomen/KUB ☐ 1View 3View	Swallow Study w/ speech therapy	☐ DaTscan
	Spine (C) (T) (L) Description:	☐ UGI w/ or w/o Small Bowel Series	PET/CT PSMA - prostate cancer
	Upper Extremity □ RT □ LT □ BIL	☐ Hystero—HSG ☐ Cysto—VCU	PET/CT Cerianna - ER positive breast CA
	Lower Extremity □ RT □ LT □ BIL	☐ Arthrogram:	☐ PET/CT Dotatate, Copper Cu64
	Skull	□ RT □ LT □ BIL □ w/ MRI to follow	Other:
	Other:	Other:	
		iltrasound 	
	Aorta Delvic	☐ Scrotal/Testicles	☐ Arterial
	<u> </u>	Transabdominal Only	☐ Upper ☐ Rt ☐ Lt
		ı/ Endovaginal ☐ Carotid/Duplex ☐ Vein (DVT)	☐ Lower ☐ Rt ☐ Lt
	<u> </u>	U Vein (DVT) st Trimester □ Upper □ Rt	Other:
		Ind/3 rd Trimester □ Lower □ Rt	
	☐ Pyloric ☐ Kidneys & B	<u>_</u>	
	☐ Other: ☐ Renal Arteri	,	
Breast Health/Bone Density (Sobrato Pavilion)			
	Screening Mammo	Needle Localization □ RT □ LT □ BIL	Right Left / ,
	□ w/ ABUS as indicated-Dense Tissue □	Image Guided Biopsy (per Radiologist, MV)
	(MV ONLY) Diagnostic Mammo (Ultrasound if indicated)	ONLY) Other:	
_		DEXA (Bone Density, MV ONLY)	·····
	Breast US □ RT □ LT □ BIL □	Vertebral Fracture Assessment (MV ONLY)	\wedge i $/$ \setminus i $/$

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.

MR

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.

CI

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, 2022.

https://nationaldecisionsupport.com/pama/

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.

Los Gatos Campus:

815 Pollard Rd, Los Gatos, 95032 Scheduling (408) 866-4075 Fax (408) 866-4082

Mountain View Campus:

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

*BIOPSIES/CT MYELOGRAPHY/ANESTHESIA CASES

Please call our office for your preparation

