



ADVANCED IMAGING CENTER

www.aicscan.com

REQUISITION FORM

43731 15th Street West
LANCASTER, CA 93534
Tel: (661) 949-8111
Fax: (661) 949-6600

607 West Ave Q
PALMDALE, CA 93551
Tel: (661) 456-2020
Fax: (661) 456-2021

900 Heritage Drive, Bldg. B
RIDGECREST, CA 93555
Tel: (760) 446-1999
Fax: (760) 446-1910

25842 Tournament Road
VALENCIA, CA 91355
Tel: (661) 255-0060
Fax: (661) 255-0024

PATIENT INFORMATION

Name: _____ DOB: _____
Phone: (home) _____ (cell) _____
Diagnosis/Symptoms: _____

PHYSICIAN INFORMATION

Referring Physician: _____
cc: Doctor _____
Phone: _____ Fax: _____
Contact Person _____ Ext: _____
Appointment Date & Time: _____
Signature: _____ Date: _____

- STAT
- Request CD
- Request Films
- Claustrophobic
- Fax Preliminary Report (Fax # _____)
- Call Results (Phone # _____)
- Pacemaker

MRI / MRA

CT / CTA

NUCLEAR MED

US

XRAY

- With Contrast
- Without Contrast
- Radiologist's Discretion

- NEURO**
- Brain
 - Pituitary
 - Hippocampus
 - Orbits
 - Face
 - IAC's
 - Soft Tissue Neck
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine

- BODY**
- Chest
 - Abdomen
 - Pelvis
 - Prostate

- ORTHO**
- MR Arthrogram

- Shoulder R L
- Arm R L
- Elbow R L
- Forearm R L
- Wrist R L
- Hand/Fingers R L
- Hip R L
- Thigh R L
- Knee R L
- Leg R L
- Ankle R L
- Foot R L
- Other _____

- MR Angiogram**

- Brain
- Pulmonary
- Carotid
- Renal
- Runoff
- Other _____

- MR Spectroscopy**

- Brain
- Prostate
- Breast
- Other _____

- With Contrast
- Without Contrast
- Radiologist's Discretion

- NEURO**
- Brain
 - Pituitary
 - Temporal Bones/IAC's
 - Orbits
 - Sinuses
 - Soft Tissue Neck
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine

- BODY**
- Chest
 - Abdomen
 - Pelvis
 - Urogram
 - Other _____

- ORTHO**
- CT Arthrogram

- Shoulder R L
- Arm R L
- Elbow R L
- Forearm R L
- Wrist R L
- Hand/Fingers R L
- Hip R L
- Thigh R L
- Knee R L
- Leg R L
- Ankle R L
- Foot R L
- Other _____

- CT Angiogram**

- Head
- Carotid
- Chest (Pulmonary)
- Coronary
- Renal
- Runoff
- Abdomen
- Pelvis
- Other _____

- Add SPECT Slices for Enhanced Accuracy

- SPECT-CT

- Whole Body Bone Scan
- Three Phase Bone Scan (Region: _____)
- Thyroid Uptake
- Thyroid Scan: _____
- HIDA Scan
- Indium Scan
- Other _____

PET - CT

- With Contrast
- Without Contrast
- Radiologist's Discretion

- Whole Body
- Brain
- Diagnostic
- Staging
- Restaging

Specify Indication: _____

 Other _____

BIOPSY

- US-Guided
- CT-Guided
- MR-Guided
- Body Part _____

HEALTH SCAN

- Total Body Scan
- Coronary Calcium Scoring
- Coronary CT Angio
- Virtual Colonoscopy

- Add Doppler for Vascular Definition

- GallBladder
- Abdomen
- Kidneys / Retroperitoneum
- OB Complete Limited
- Thyroid
- Scrotum
- Soft Tissue _____
- Other _____

- Pelvis**

- Transabdominal
 - Endovaginal
- Prostate**
- Transabdominal
 - Transrectal

- Doppler**

- Carotid R L
- Aorta
- Renal
- Venous R L UE LE
- Arterial R L UE LE
- Other _____

BREAST IMAGING

- Digital Mammography**

- Screening Mammogram
- Diagnostic Mammogram
- Explain _____

- Ultrasound Breast**

- R L
- MRI Breast
- Implant Protocol
- Tumor Protocol w/ Contrast

X-RAY

- Views _____
- Flexion / Extension Views
- Oblique Views

Specify Body Part: _____

FLUOROSCOPY

- Esophagram
- Upper GI
- Small Bowel
- Barium Enema
- IVP
- Other _____

BONE DENSITY

- DEXA
- CT Bone Density (QCT) (Valencia Only)

Clinical justification to support medical necessity for ordered exam: _____