



*** Patient Name:** _____ *** Required Fields**

MRN: _____ ***DOB** MM/DD/YY

*** Patient Phone #:** _____

Exam Location: _____

Exam Date: MM/DD/YY Exam Time: _____

Check-in Time: _____

Clinical Signs/Symptoms: _____

Duplicate Report(s) To: _____

MD Name: _____

*** MD Signature:** _____ Date: MM/DD/YY

*** MD Phone #:** _____

WET READ/Immediate Results Requested

If YES, phone number: _____

For Authorization:

If PPO, Request Assist With This Authorization? Yes No

If No, Authorization #: _____

Auth Expires: MM/DD/YY

Date of Onset: MM/DD/YY

Has patient received therapy for this condition? Yes No

How long? 3 weeks 6 weeks 8 weeks Other: _____

Was the treatment effective? Yes No

Prescribed Medication? Yes No

Type? _____ How Long? _____

Medication Effective? Yes No

Has Patient Seen Specialist? Yes No

Is this study for Pre-Op Evaluation? Yes No

Previous Imaging: XR MRI CT US PET

Results? Normal Abnormal: Finding _____

Previous History (Condition-Related)? _____

By checking here, physician requests and directs the Medical Center to act as physician's agent in initiating and acquiring authorization for payments from all relevant insurance payers for all imaging services requested above.

PLEASE USE OUR SPECIALIZED PROCEDURE PAD TO ORDER ALL INVASIVE PROCEDURES, BIOPSIES, DRAINAGES OR ASPIRATIONS.

CT **IV CONTRAST:** Radiologist's Discretion Contrast No Contrast **Iodine Contrast Allergy?** Y N

Body part and side: _____

Special Instructions: _____

MRI **IV CONTRAST:** Radiologist's Discretion Contrast No Contrast **MRI Contrast Allergy?** Y N

Body part and side: _____

Special Instructions: _____

Ultrasound
Vascular Ultrasound

Body part and side: _____

Special Instructions: _____

X-Ray & Fluoro

Body part and side: _____

Special Instructions: _____

Mammography

If previous mammogram was not performed at Cedars-Sinai, please have patient bring prior films and reports.

Mammogram: Screening With 3D Tomo Diagnostic **If Diagnostic:** Right Left Bilateral

Ultrasound at Radiologist's Discretion Laterality: _____

Automated Whole Breast Ultrasound (ABUS)

PET/CT

1 **PET Body (Base of Skull to Thigh)** Add: Head Extremities
Reason for Head and/or Extremities: _____

2 For body, choose: **FDG** **Dotatate** - Neuroendocrine **Fluciclovine** - Prostate

3 **CT Information for PET/CT Body: Must Check One:** CT for localization only Diagnostic CT - Check area of interest: Neck Chest Abdomen Pelvis

IV Contrast: Radiologist's Discretion Contrast No Contrast **Iodine Contrast Allergy?** Y N

PET Bone (F18) For brain only, choose: **FDG** **Amyvid**

PET Brain only

Nuclear Medicine

Type of exam: _____

Special Instructions: _____

Cardiac

NUCLEAR CARDIOLOGY

- Stress Myocardial Perfusion SPECT
- Exercise Stress (Pharmacologic if indicated)
- Vasodilator Stress (Adenosine, Pharmacologic)
- PET Rubidium Stress
- PET Myocardial Viability
- PET Cardiac Sarcoidosis
- Pyrophosphate for Amyloid

CARDIAC CT

- Coronary Calcium Scan (CCS) With Consult
- Coronary CT Angiogram (CCTA) With FFRCT if indicated
- Pulmonary Vein Imaging
- Thoracic Aortic Angiogram
- Cardiac Anatomic Structure (Specify) **Iodine Contrast Allergy:** Y N

CARDIAC MRI WITH CONTRAST

- Cardiomyopathy/Myocarditis
- LV Function and Viability
- Stress Perfusion (Vasodilator)
- Specific Q (eg RV, Aorta, Mass)
- Congenital

Details: _____

Special Instructions: _____

PATIENT INFORMATION AND PREPARATIONS

CT

Abdomen and/or Pelvis (approx. visit time: 2-2½ hours) You may need oral contrast.

- Do not eat or drink 3 hours before exam.
- Take medications as prescribed with a sip of water.

Coronary CTA (approx. visit time: 2-3 hours)

- Continue taking all of your current medications.
- Do not take Viagra®, Cialis® or Levitra® for 48 hours before exam.

Virtual Colonography (approx. visit time: 1½ hour)

- For detailed prep information, please visit: cedars-sinai.edu/ImagingPreps

All other CT studies (approx. visit time: 1 hour) No preparations are required.

INTERVENTIONAL RADIOLOGY/INTERVENTIONAL NEURORADIOLOGY

Please call (310) 423-2468 to schedule a patient and for prep information.

MRI

Abdomen and/or Pelvis (approx. visit time: 2 hours)

- Do not eat or drink 3 hours before exam.

Cholangiogram/MRCP (approx. visit time: 2½ hours)

- Do not eat or drink 8 hours before exam.

Dynamic Pelvic MR (approx. visit time: 2 hours)

- You must empty your bladder two hours before the exam and not void again until the exam is complete.

Enterography (approx. visit time: 2½-3 hours) You may need oral and rectal contrast before exam.

- Do not eat or drink 8 hours before exam.
- Take medications as prescribed with a sip of water.

Prostate or Spectroscopy of Prostate (approx. visit time: 2 hours)

- Use Fleet Enema #1 two hours before exam.

NUCLEAR RADIOLOGY

For PET Myocardial Viability or PET Cardiac Sarcoidosis, you will be contacted with your preps.

Stress Myocardial Perfusion SPECT or Stress Myocardial Perfusion Rubidium PET (approx. visit time: SPECT 3-4 hours; PET 1.5-2 hours):

- DO NOT alter any medications without consulting your physician.
- Consult your physician about going off beta blockers for 48 hours and calcium channel blockers 24 hours before your exam.
- Do not eat or drink caffeine products (chocolate, soda, tea, coffee or Excedrin®) for 24 hours before exam. Note: Decaffeinated products contain caffeine.
- Do not eat or drink for 3 hours before your appointment. Drinking water is okay.
- Bring all your medications or a list of them with doses.
- For SPECT exams, wear a comfortable 2-piece outfit and walking shoes.

NUCLEAR MEDICINE/MOLECULAR IMAGING

Biliary Scan (HIDA) (approx. visit time: 3 hours; Depending on the scan results, you may need to return after 3 hours and/or 24 hours for another scan)

- Do not eat or drink anything 4 hours before exam.

Gastric Emptying (approx. visit time: 4-6 hours)

- Do not eat or drink 12 hours before exam.

PET/CT Body (FDG) & PET/CT Brain (FDG - for Brain also see below) (approx. visit time: 3½ hours)

- 48 hours before exam: Do not do any strenuous exercise or deep-tissue massage.
- 24 hours before exam: Stay on a VERY LOW-carbohydrate, NO-sugar diet. Do NOT eat: sweet foods or drinks; desserts or candy; fruits or fruit juices; starchy foods like cereal, potatoes, rice, pasta; milk, yogurt, nutritional shakes, or smoothies. Do NOT use chewing gum or mints. You may eat a HIGH PROTEIN diet including meat and poultry, eggs, nuts, and green vegetables. You may drink water and zero-calorie drinks.
- 6 hours before exam: Please do not eat or drink anything, with the exception of water. Drinking water is encouraged to assure hydration for best test results.
- Continue to take medications as prescribed. If you are diabetic, ask your doctor about diet and medication. Carefully monitor and control your blood sugar for 48 hrs before the scan. Call (310) 423-8738 for more information.

PET/CT Brain (FDG) (approx. visit time: 3 hours)

- Follow above preps for PET/CT Body & PET/CT Brain.
- Do not eat or drink caffeine products (chocolate, soda, tea, coffee, or Excedrin®) for 24 hours before exam. Note: Decaffeinated products contain caffeine.

Renal Scan (approx. visit time: 1½-2½ hours)

- Drink two 8 oz. glasses of water 1 to 2 hours before exam. You may use the restroom as needed.

PEDIATRIC - For children under 16: Call (310) 423-8000 (option 1) and ask for specific pediatric preparation instructions, including sedation requirements.

Thyroid Uptake and Scan (3 visits over 2 days)

- No iodinated contrast material (CT, IVP or angio) for 6 weeks before exam.
- Ask your doctor about discontinuing Synthroid®, Levoxyl® or Levothyroxine® 6 weeks before exam; Cytomel® (T3) or Liothyronine 2 weeks before exam; and anti-thyroid medication 5 days before exam.
- Avoid eating sushi, seaweed, kelp products or seafood 1 week before exam.

ULTRASOUND

Abdominal Ultrasound (Liver, Spleen, Gallbladder, Kidneys, Pancreas, Abdominal Aorta and Biliary System) (approx. visit time: 1½ hours)

- Do not eat or drink 8 hours before exam.
- Take medications with a sip of water.

Pelvic Ultrasound (Uterus, Ovaries, Fallopian Tubes and Bladder; Transvaginal Ultrasound included for females) (approx. visit time: 1½ hours)

- Please have a full bladder; drink 32 oz. of water before exam.
- Male patients do not need a full bladder for the exam.

Prostate Ultrasound (approx. visit time: 1½ hours)

- Use Fleet Enema #1 two hours before exam.

VASCULAR ULTRASOUND

Renal Artery Stenosis, Aorta, Iliac Vena Cava (approx. visit time: 1-1½ hours)

- Do not eat or drink for 6 hours before exam.
- Take any medications with a sip of water.

X-RAY AND FLUOROSCOPY

Barium Enema (approx. visit time: 1½ hours)

- For preps, www.cedars-sinai.edu/BE or call (310) 423-8000 (option 1).

Upper GI/Esophagram (approx. visit time: 1-2½ hours) or **Upper GI with Small Bowel Study**

(approx. visit time: 1½ -3½ hours or longer)

- Do not smoke, drink or eat anything including gum or mints after midnight.

Hysterosalpingogram (approx. visit time: 1½ hours)

- Schedule 5 to 10 days after first day of menstrual cycle.
- No sexual intercourse from first day of menstrual cycle until 48 hours after exam, not even with protection.

IVP (Intravenous Pyelogram; Kidney X-ray) (approx. visit time: 1½ hours)

- Do not eat or drink for 4 hours before exam.
- If allergic to iodine, tell scheduler, tech, nurse, or radiologist.

