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



ADVANCED IMAGING CENTER

www.aicscan.com

☐ 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

REQUISITION FORM

PATIENT INFORMATION

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

☐ **STAT**

☐ Fax Preliminary Report (Fax # _____)
☐ Call Results (Phone # _____)
☐ Request Films ☐ Request CD

PHYSICIAN INFORMATION

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

Signature: _____ Date: _____

BUN: _____ Cr: _____ GFR: _____

MRI / MRA	CT / CTA	NUCLEAR MED	US	XRAY
<input type="checkbox"/> MRI <input type="checkbox"/> MRA (Angio) <input type="checkbox"/> MR Arthrogram <input type="checkbox"/> MR Spectroscopy <input type="checkbox"/> Functional MRI (fMRI)	<input type="checkbox"/> CT <input type="checkbox"/> CTA (Angio) <input type="checkbox"/> CT Arthrogram	<input type="checkbox"/> Nuclear Med <input type="checkbox"/> Add SPECT Slices for Enhanced Accuracy <input type="checkbox"/> SPECT-CT	<input type="checkbox"/> Gallbladder with Doppler <input type="checkbox"/> Abdomen with Doppler <input type="checkbox"/> Kidneys/ Retroperitonuem with Doppler <input type="checkbox"/> Pelvis with Doppler <input type="checkbox"/> O.B. with Doppler <input type="checkbox"/> Prostate with Doppler <input type="checkbox"/> Scrotum with Doppler	XRAY <input type="checkbox"/> Flexion / Extension <input type="checkbox"/> Oblique Views
OPTIONS: <input type="checkbox"/> Pre/Post Contrast <input type="checkbox"/> Post Contrast Only <input type="checkbox"/> Without Contrast <input type="checkbox"/> Radiologist Discretion <input type="checkbox"/> 3D Reconstruction <input type="checkbox"/> Flexion/Extension <input type="checkbox"/> Weight Bearing	OPTIONS: <input type="checkbox"/> Pre/Post Contrast <input type="checkbox"/> Post Contrast Only <input type="checkbox"/> Without Contrast <input type="checkbox"/> Radiologist Discretion	BODY PARTS:	<input type="checkbox"/> Kidneys/ Retroperitonuem with Doppler <input type="checkbox"/> Pelvis with Doppler <input type="checkbox"/> O.B. with Doppler <input type="checkbox"/> Prostate with Doppler <input type="checkbox"/> Scrotum with Doppler	BODY PARTS: <input type="checkbox"/> Views _____
<input type="checkbox"/> Pacemaker <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Other Metals	<input type="checkbox"/> 3D Reconstruction <input type="checkbox"/> Flexion/Extension <input type="checkbox"/> Weight Bearing	PET - CT <input type="checkbox"/> Skull Base to Mid-Thigh <input type="checkbox"/> Whole Body <input type="checkbox"/> Brain <input type="checkbox"/> MRI Fusion	OTHER BODY PARTS:	<input type="checkbox"/> Fluoroscopy
BODY PARTS:	BODY PARTS:	OPTIONS: <input type="checkbox"/> Diagnostic CT: <input type="checkbox"/> Pre & Post Contrast <input type="checkbox"/> Post Contrast Only <input type="checkbox"/> Without Contrast <input type="checkbox"/> Radiologist Discretion	BODY PARTS:	BODY PARTS: BONE DENSITY <input type="checkbox"/> DEXA <input type="checkbox"/> CT Bone Density (qCT) (Valencia Only)
		BODY PARTS:	BREAST IMAGING	BIOPSIES/PROCEDURES
			Digital Mammography <input type="checkbox"/> Screening Mammogram <input type="checkbox"/> Diagnostic Mammogram <input type="checkbox"/> Explain _____ <input type="checkbox"/> Ultrasound Breast <input type="checkbox"/> R <input type="checkbox"/> L MRI Breast <input type="checkbox"/> Implant Protocol <input type="checkbox"/> Tumor Protocol w/ Contrast	<input type="checkbox"/> Biopsy <input type="checkbox"/> Myelograms <input type="checkbox"/> Others
	HEALTH SCAN <input type="checkbox"/> Total Body Scan <input type="checkbox"/> Coronary Calcium Scoring <input type="checkbox"/> Coronary CT Angio <input type="checkbox"/> Virtual Colonoscopy			BODY PARTS:

PATIENT INSTRUCTIONS

PLEASE READ CAREFULLY

- Call selected location to schedule or reschedule your appointment directly, or for more information.
- Please arrive 15 minutes early. Wear comfortable clothes.
- Bring any previous relevant studies (X-rays, bone scans, MRI, CT Ultrasound.)

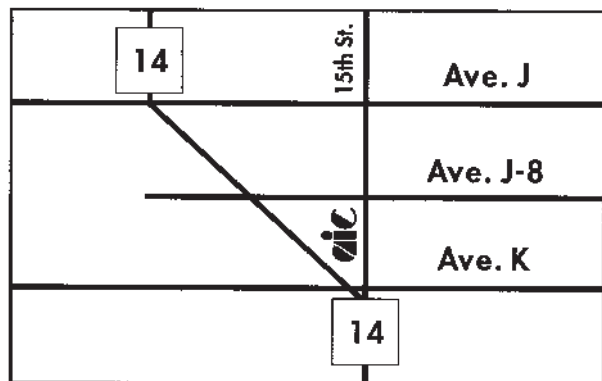
MAGNETIC RESONANCE IMAGING (MRI)

- **IMPORTANT:** let us know if you have a pacemaker or intracranial aneurysm clips, nerve stimulators, metallic implants, stents or metal fragments in your eyes or body.
- Avoid wearing jewelry that would be attracted to a magnet.
- Wear clothing without metal clips and buttons. Jogging suits are recommended.
- If you are **CLAUSTROPHOBIC**, please inform the scheduling clerk. You may need to arrive one hour prior to examination for medication. DRIVER will need to accompany patient after the exam.

CT IMAGING

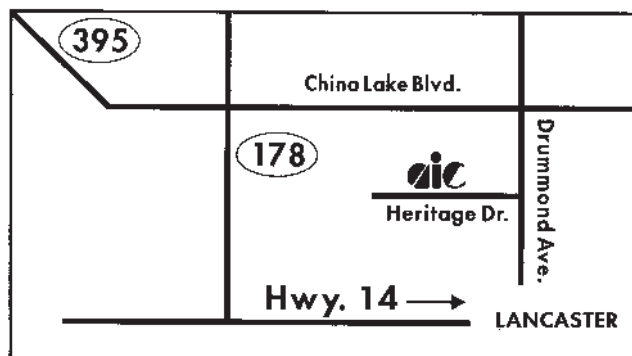
- **With IV Contrast:** Do not eat or drink 4 hours prior to exam. Drink plenty of water.
- **Allergic to Iodine:** Call AIC immediately for instructions.
- **Abdomen/Pelvis:** Pick up "prep kit" or oral contrast from AIC the day before the exam and receive instructions. Have nothing to eat or drink after midnight. Arrive 30 minutes before exam.
- **Chest/Sinuses:** Bring most recent x-rays.

Lancaster Location:
43731 15th Street West



(Full Service Center)

Ridgecrest Location:
900 Heritage Drive, Bldg. B



(MRI, CT, Xray, Ultrasound, DEXA)

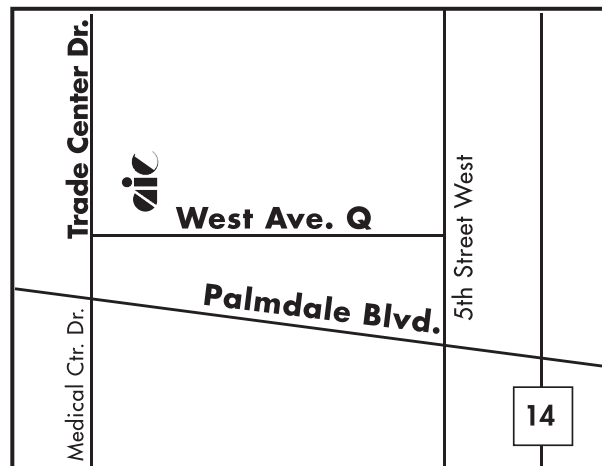
ULTRASOUND

- **Abdomen:** Do not eat or drink 6-8 hours prior to the exam.
- **Pelvis:** Drink 32 ounces of fluid and finish 1 hour before exam. **DO NOT** empty your bladder.

NUCLEAR MEDICINE / PET

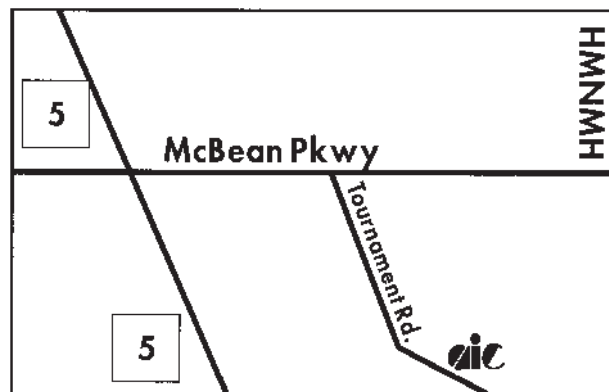
- **PET:** Call AIC for instructions.
- **Gallium Scan:** Injection 24 hours before scan. If ruling out a tumor, scan done 48-72 hours later. Scan takes 2 hours.
- **Gallbladder:** No food or water 6-8 hours before scan. Scan takes 2 hours. No gum chewing.
- **Kidney, Liver, Lungs, G.I. Bleed, Heart SPECT, Brain SPECTScan:** No preparation. Scan takes 1 hour.
- **Bone Scan:** Injection 2-3 hours before scan. Scan takes 30 minutes to 1 hour.

Palmdale Location:
607 West Ave. Q



(Full Service Center)

Valencia Location:
25842 Tournament Road



(MRI/MRA, MR Arthro, CT/CTA, CT Arthro, Ultrasound)