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☐ 607 West Ave Q
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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/Retroperitoneum 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/Retroperitoneum 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:
	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:	BREAST IMAGING 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	BIOPSIES/PROCEDURES <input type="checkbox"/> Biopsy <input type="checkbox"/> Myelograms <input type="checkbox"/> Others
				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.)

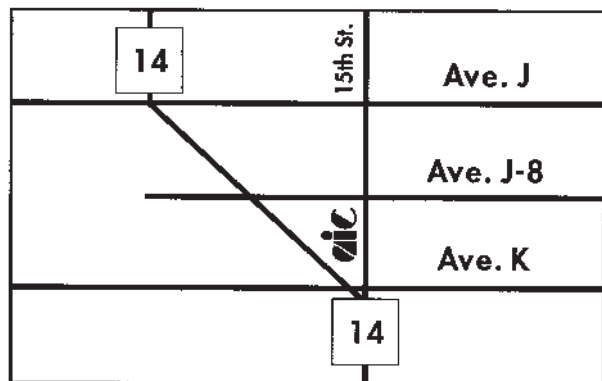
MAGNETIC RESONANCE IMAGING (MRI)

- **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

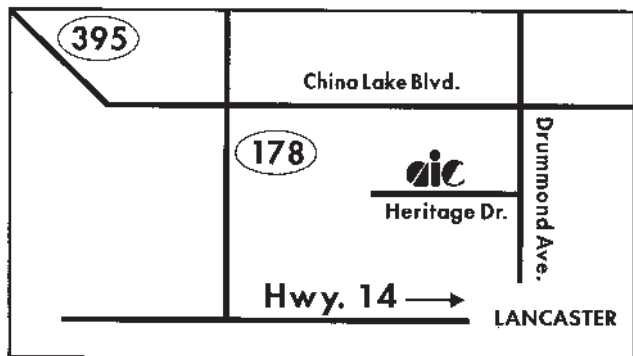
- **With IV Contrast:** Do not eat or drink 4 hours prior to exam. Drink plenty of water.
- **Allergic to Iodine:** Call AIC immediately for instructions.
- **Abdomen/Pelvis:** Pick up "prep kit" or oral contrast from AIC the day before the exam and receive instructions. Have nothing to eat or drink 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)

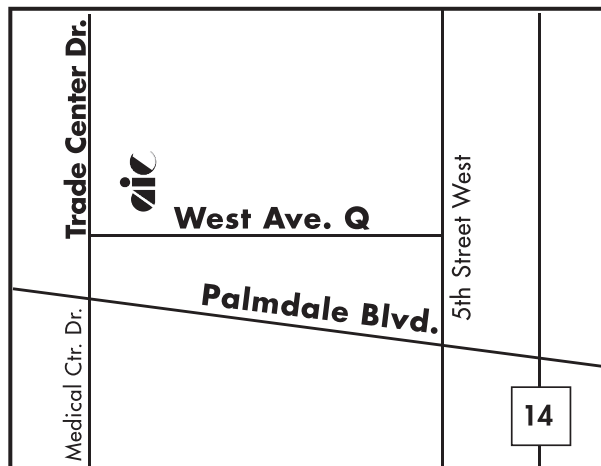
ULTRASOUND

- **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

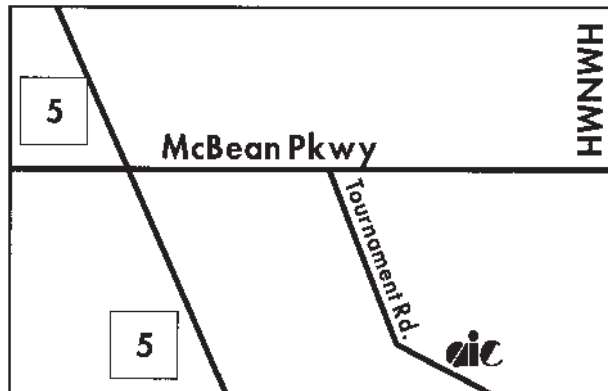
- **PET:** Call AIC for instructions.
- **Gallium Scan:** Injection 24 hours before scan. If ruling out a tumor, scan done 48-72 hours later. Scan takes 2 hours.
- **Gallbladder:** No food or water 6-8 hours before scan. Scan takes 2 hours. No gum chewing.
- **Kidney, Liver, Lungs, G.I. Bleed, Heart 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)