



Grossman Imaging Centers

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For COVID-19 information visit:

www.grossmanimaging.com

2001 N. Solar Dr., #135 - Oxnard 2151 E. Gonzales, #101 - Oxnard 2705 Loma Vista Rd., #100 - Ventura 2900 Loma Vista Rd., #101 - Ventura

Patient's Name _____ Date of Birth _____ Today's Date _____

Appt. Date _____ Check-in Time _____ Scan Time _____ Day Phone _____ Patient Weight _____ Auth # _____

Referring Physician (Print Name) _____

Referring Physician Signature (Required) _____ Phone _____ Fax _____

Describe reason and specific body part for requested exam / What are you looking for (Required: please describe for ICD-10 Compliance)

- _____
- _____

Clinical History / Symptoms / Possible diagnosis / Does patient have any special needs:

- _____
- _____
- _____

REPORT RESULTS: Routine

STAT

If Fracture: Traumatic Non-Traumatic

Is Treatment: Initial Subsequent Sequela (Late effect)

Please indicate contrast options for your scans requested below: Without With With and Without Contrast at Radiologists Discretion

MRI

- Abdomen-Attn:
 - Liver Spleen Kidneys
 - Pancreas Adrenal Glands
- Abdomen (MRCP)
- Brachial Plexus Left Right
- Brain
- Brain Spectroscopy
- Breast MRI - Bilateral with contrast
- Cardiac
- Chest-Attn: _____
- IAC's
- Liver with Eovist
- Neck - Soft Tissue
- Orbits
- Pelvis: Bony Soft Tissue
- Pituitary
- Prostate - Pelvis w/ Dynamic Contrast Enhancement (DCE) of Prostate
- Spine:
 - Cervical Thoracic Lumbar
- Extremity (Joint) Left Right
 - Specify Joint _____
 - Extremity (Non-Joint) Left Right
 - Specify body part _____
- TMJ
- Other: _____

MR Angiography (MRA)

- Abdominal Aorta with 3D
- Brain (COW) with 3D
- Carotid/Neck with 3D
- Pelvis with 3D
- MR Prostate
- Renal with 3D
- Runoff - Abdomen & Bilateral Extremities with 3D
- Subclavian with 3D
- Thoracic Aorta (Aortic Arch) with 3D
- Venogram with 3D
- Other: _____

MR Arthrography

- Left Right
 - Specify Joint _____
- With Steroid Injection

CT

- BUN/CREATININE
- CT Bone Density - Thoracolumbar
- Brain
- Chest
- Coronary Calcium Scoring
- Mastoid Temporal Bones - IAC's
- Facial Bones - Mandible with 3D
- Facial Bones - Maxillofacial with 3D
- Low Dose Chest Lung Screening
- Sinuses with 3D
- Spine
 - Cervical Thoracic Lumbar
- Myelogram:
 - Cervical Thoracic Lumbar
- Treatment Plan _____
- Neck-Soft Tissue
- Orbits with 3D
- Abdomen Pelvis Both (Abd/Pel)
- Urogram (Abdomen/Pelvis) w/contrast
- Urogram (Stone Protocol) w/o contrast
- Other: _____

CT Angiography (CTA)

- Abdomen and Pelvis
- Abdominal Aorta with Runoff
- Aorta with 3D: Abdominal Thoracic Both
- Brain/Cow with 3D
- Carotid-Neck with 3D
- Chest
- Coronary Angio (CTA)
- Extremity w/ 3D: Upper Lower
- Pulmonary Artery with 3D
- Renal Arteries with 3D
- Venogram _____

BREAST IMAGING

- Screening Mammogram Tomo
 - Bilateral
- Screening Mamo w/o Tomo
 - Bilateral
- Diagnostic Mamo with Tomo
 - w/ US at Radiologist's Discretion
 - Left Right Bilateral

BREAST IMAGING

- Diagnostic Mamo w/o Tomo
 - w/ US at Radiologist's Discretion
 - Left Right Bilateral
- Breast Ultrasound
 - Left Right Bilateral
- Breast MRI W/O (Implant Ruptured)
- Breast MRI WWO Contrast
- Breast Biopsy - MRI Guided
 - Left Right
- Breast Biopsy - Stereotactic
 - Left Right
- Breast Biopsy - Ultrasound
 - Left Right
- Breast Implants: saline silicone
- Hysterosalpingogram (HSG)
- Thyroid

DEXA

- DEXA Bone Density

PET/CT

- PET/CT - Head to Thigh 78815
- PET/CT - For Melanoma Head-Toe 78816
- PET/CT - Brain
- PET/CT GA-68 DOTATE (NET)
- PET/CT CERIANNIA (ER+ BREAST)
- PET/CT PSMA (Prostate)
- PET/CT AXUMIN (Prostate)

X-RAY

- Chest
- KUB
- Post Myelo Flexion Extension Views
- IVP Ø Tomo
- Upper GI
- Other: _____

Biopsies with Imaging Guidance

- CT Fluoroscopy Ultrasound
- Liver
- Thyroid Core Biopsy
- Thyroid Fine Needle Aspiration
- Other: _____

Interventional Radiology

- Hysterosalpingogram (HSG)
- Joint Injection
 - Hip
 - Knee
 - Shoulder
- PICC Line
- Port Placement/Removal
- Paracentesis
- Thoracentesis
- US Guided Prostate bx
- Other: _____

ULTRASOUND

- Abdomen - Complete
- Abdomen - Limited
- R.U.Q.
- Abdomen with Doppler
- Aorta
- Biopsy / Aspiration / Injection
- Bladder
- Pelvis Transabdominal/Transvaginal
- Pelvis Trans Rectal
- Renal/Bladder
- Renal with Doppler
- Scrotum/Doppler
- Soft Tissue Neck Arm Leg
 - Other: _____
- Sonohysterogram (HSS)
- Thyroid
- Wellness Screening (SELF-PAY)
- Other: _____

Vascular Studies

- Arterial Doppler L R-Up Ext
- Arterial Doppler w/ABI L R-Low Ext
- Venous Doppler L R - Upper Ext
- Venous Doppler L R - Lower Ext
- Carotid Left Right
- Other: _____

OB Ultrasound

- Nuchal Tranlucency w/ Bloodwork
- OB < 14 Wks w/ Transvaginal
- OB < 14 Wks Transabdominal Only
- OB Ultrasound 2nd 3rd Trimester
- Other: _____

See reverse side for maps and instructions

PLEASE BRING THIS FORM AND YOUR INSURANCE CARD WITH YOU ON THE DAY OF YOUR EXAM

**PLEASE BRING THIS FORM AND YOUR INSURANCE CARD WITH YOU ON THE DAY OF YOUR EXAM
FOR ALL STUDIES:**

Unless otherwise instructed, please arrive 30 minutes before your study to complete the necessary paper work.

MRI CHECKLIST

● **The Following Conditions May Prevent You From Having An MRI Exam**

1. Cardiac Pacemaker. 2. Cerebral Aneurysm Clips.
3. Metal fragments in the eyes. 4. Pregnancy.

● Please wear comfortable clothing.

● **Abdomen or MRCP or Contrast Studies**

Nothing to eat or drink 4 hours prior to your study.

● **Prostate**

Nothing to eat or drink (besides water) for at least 4 hours before your appointment. This includes: gum, mints, coffee, etc. If eating is necessary prior to appointment, please keep it to something light and/or liquid (noncarbonated). For morning appointments, take a fleet enema the night prior. For appointments after noon, take a fleet enema the morning of your exam. These may be obtained from your local pharmacy.

● **Head and Neck**

No eye makeup for neck & head studies.

● Remember to bring: 1. Health Insurance Information

2. Recent X-ray Studies 3. Previous MRI Studies

4. Mammography films if having breast MRI

PET/CT INSTRUCTIONS

Please allow up to 3 hours for your scan. No food for 6 hours prior to your scan. Please drink at least 24oz. of **PLAIN** water before your exam. You may empty your bladder.

PET Dotatate - Hydrate well. No Fasting

MAMMOGRAPHY INSTRUCTIONS

Do not use any powders, talcs, sprays or deodorants on your breast or underarm area before your exam. Prior to your

exam, please arrange to have your previous mammography films and reports sent to our office, or bring them with you on the day of your exam.

ULTRASOUND CHECKLIST

● **Abdomen**

Nothing to eat or drink 6 hours prior to exam

● **Pelvis / OB** **Kidney / Bladder**

1 hour prior to exam time - drink 32 oz fluids - do not empty bladder.

● **Ultrasound Wellness Screening**

Nothing to eat or drink 6 hours prior to exam

CT SCAN INSTRUCTIONS

IV Contrast - Have nothing to eat 4 hours prior to exam.

Drink 28 oz of water 2 hours prior to exam. You may continue taking your regularly prescribed medications and/or vitamins. You may empty bladder if necessary.

Abdominal/Pelvis Studies - Have nothing to eat for 4 hours prior to the procedure. You may drink water or barium if instructed, but **NOT BOTH**.

IMAGING TIME APPROXIMATELY 15-30 MINUTES.

Contraindications - Pregnancy

For Coronary Angiography (CT Angiogram) or PET/

CT - Please obtain brochure with instructions from referring physician or Grossman Imaging at least 2 days prior to study.

DEXA INSTRUCTIONS

Do not take calcium supplements 24 hours prior to your scan. If you have had any x-rays using contrast such as barium, IV contrast or any nuclear medicine studies, please wait one week before having a DEXA scan. If any of these tests are scheduled for the same day as your DEXA scan, the DEXA must be performed first.

VENTURA OFFICES

DIRECTIONS

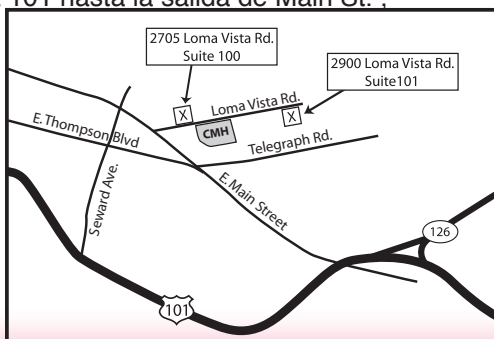
Take 101 freeway to Main Street exit, go West one mile to Loma Vista Rd., turn sharp right 1 block to 2705 Loma Vista Rd., Suite #100.

For second Ventura office, continue down Loma Vista Rd. to 2900 Loma Vista Rd., Suite 101.

DIRECCIONES

Tome el autopista 101 hasta la salida de Main St. ,

vaya al sur una milla a Loma Vista Road, una cuadra a 2705 Loma Vista Road., Suite #100. (oficina) Cerca de hospital Community Memorial.



OXNARD OFFICES

DIRECTIONS - SOLAR OFFICE

Take 101 freeway to Rice Road exit, go south 1 block to Gonzales Road, turn right 1 block to Solar Drive, turn right to 2001 N. Solar Drive, Suite #135. **GONZALES OFFICE** - Take 101 freeway to Rice Road exit, go south 1 block to Gonzales Road, turn right 2 blocks to 2151 Gonzales Rd. Suite 101.

DIRECCIONES

Tome el autopista 101 hasta la salida de Rice Road, vaya al sur una cuadra a Gonzales Road, una cuadra después doble a la derecha a Solar Drive, doble a la derecha a 2001 N. Solar Drive, Suite #135. (oficina) (**Gonzales Oficina - Mirar El Mapa**)

