



Date: ____/____/____

Patient: _____ <small>LAST FIRST</small>	Referring Provider Name: _____
DOB: ____/____/____ Gender: _____	Phone: (____) _____
Patient Phone: (____) _____	Fax: (____) _____ <small>PLEASE CONFIRM FAX DELIVERY FOR EACH REFERRAL</small>
Patient Address: _____	Provider Signature: _____
Clinical History: _____	<input type="checkbox"/> STAT ORDER / ICD 10: _____
Insurance: _____	CC to: _____
Auth #: _____	CC Fax: (____) _____

MRI - All Locations Except Oakland

SIDE: RIGHT LEFT BILATERAL

CONTRAST: WITHOUT WITH & WITHOUT

<input type="checkbox"/> C-spine	<input type="checkbox"/> Knee	<input type="checkbox"/> Brachial Plexus
<input type="checkbox"/> T-spine	<input type="checkbox"/> Ankle/Hindfoot	<input type="checkbox"/> Chest
<input type="checkbox"/> L-spine	<input type="checkbox"/> Foot/Forefoot	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Sacrum	<input type="checkbox"/> Femur/Thigh	<input type="checkbox"/> Abdomen w/MRCP
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Tibia/Fibula	<input type="checkbox"/> Pelvis Soft Tissue/GYN
<input type="checkbox"/> Humerus/Arm	<input type="checkbox"/> Brain	<input type="checkbox"/> Pelvis (MSK)
<input type="checkbox"/> Elbow	<input type="checkbox"/> Brain/Orbits	<input type="checkbox"/> Pelvis (prostate)
<input type="checkbox"/> Forearm	<input type="checkbox"/> Sella/Pituitary	<input type="checkbox"/> MRA Brain
<input type="checkbox"/> Wrist	<input type="checkbox"/> IAC/Temporal	<input type="checkbox"/> MRA Carotids
<input type="checkbox"/> Hand	<input type="checkbox"/> Bones	<input type="checkbox"/> MRA Chest
<input type="checkbox"/> Thumb	<input type="checkbox"/> Soft Tissue Face/Neck	<input type="checkbox"/> MRA Abdomen (aorta)
<input type="checkbox"/> Hip		

****OPEN MRI (CONCORD ONLY):** _____ **CLAUSTRO:** Y / N

X-Ray - All Locations Except Concord, San Ramon & PET CT of SJ

SIDE: RIGHT LEFT BILATERAL

<input type="checkbox"/> Chest	<input type="checkbox"/> AC Joint	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Chest (PA)	<input type="checkbox"/> Humerus	<input type="checkbox"/> Hip
<input type="checkbox"/> Ribs	<input type="checkbox"/> Elbow	<input type="checkbox"/> Femur
<input type="checkbox"/> C-Spine	<input type="checkbox"/> Forearm	<input type="checkbox"/> Knee
<input type="checkbox"/> C-Spine (FLEX/EXT)	<input type="checkbox"/> Wrist	<input type="checkbox"/> Tibia/Fibula
<input type="checkbox"/> T-spine	<input type="checkbox"/> Hand	<input type="checkbox"/> Ankle
<input type="checkbox"/> L-spine	<input type="checkbox"/> Thumb	<input type="checkbox"/> Foot
<input type="checkbox"/> L-spine (FLEX/EXT)	<input type="checkbox"/> Finger (digit:_____)	<input type="checkbox"/> Toe (digit:_____)
<input type="checkbox"/> Spine flex/test	<input type="checkbox"/> Clavicle	<input type="checkbox"/> Orbit
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Sternum/SC Joint	<input type="checkbox"/> Sinuses
<input type="checkbox"/> S.I. Joints	<input type="checkbox"/> Hand (Bone age)	<input type="checkbox"/> Facial
<input type="checkbox"/> Sacrum/Coccyx	<input type="checkbox"/> Arthritis (hand+wrist)	<input type="checkbox"/> Skull
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Neck (soft tissue)
		<input type="checkbox"/> Mandible

Mammography - Antioch, Fremont, Lafayette, Oakland & Silver Creek

<input type="checkbox"/> Screening	<input type="checkbox"/> Diagnostic	<input type="checkbox"/> Breast Ultrasound
<input type="checkbox"/> Unilateral (R L)	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Implants

Ultrasound - All Locations

SIDE: RIGHT LEFT BILATERAL

<input type="checkbox"/> Abdomen Complete	<input type="checkbox"/> OB early (viability)	<input type="checkbox"/> DVT leg
<input type="checkbox"/> Abdomen Limited	<input type="checkbox"/> OB NT (screen)	<input type="checkbox"/> DVT arm
<input type="checkbox"/> Pelvis + EV	<input type="checkbox"/> OB Full (survey)	<input type="checkbox"/> Carotid
<input type="checkbox"/> Pelvis (TA only)	<input type="checkbox"/> OB Limited (dates)	<input type="checkbox"/> Aorta
<input type="checkbox"/> Renal/Bladder	<input type="checkbox"/> Neck (soft tissue)	<input type="checkbox"/> Arterial leg
<input type="checkbox"/> Bladder post-void	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Arterial arm
<input type="checkbox"/> Scrotum	<input type="checkbox"/> Breast	<input type="checkbox"/> Arterial Renal
<input type="checkbox"/> Groin/Hernia	<input type="checkbox"/> MSK/Other: _____	

CT - Antioch, Fremont, Silver Creek & Oakland

CONTRAST: WITHOUT WITH WITH & WITHOUT
* = Select contrast option

<input type="checkbox"/> Head*	<input type="checkbox"/> Sacrum/S.I. Joints
<input type="checkbox"/> Neck*	<input type="checkbox"/> Chest
<input type="checkbox"/> Mandible	<input type="checkbox"/> Chest (low dose screen)
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Abdomen/Pelvis*
<input type="checkbox"/> Temporal Bones	<input type="checkbox"/> Liver (dynamic w/contrast)
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Renal/GU (urogram w/contrast)
<input type="checkbox"/> C-spine	<input type="checkbox"/> Adrenal (wash-out w/contrast)
<input type="checkbox"/> T-spine	<input type="checkbox"/> Pelvis*
<input type="checkbox"/> L-spine	<input type="checkbox"/> CTA: _____
<input type="checkbox"/> Joint (R L): _____	
<input type="checkbox"/> Extremity (R L): _____	

Biopsy - Antioch, Fremont, Oakland, San Ramon & Silver Creek

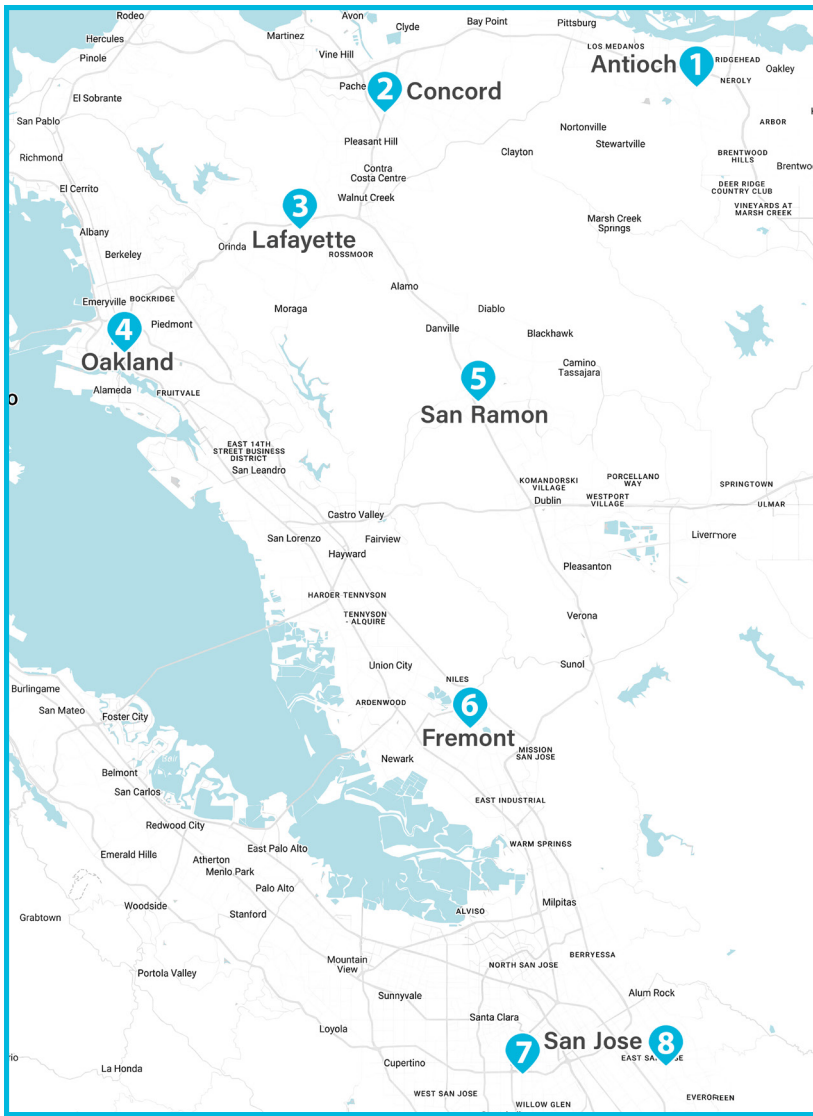
Ultrasound Guided FNA/ Core Biopsy of: _____
 Bilateral R L # of sites: _____

DEXA - Antioch, Lafayette, Fremont, Silver Creek & Oakland

Bone Density Body Composition (Lafayette)

PET CT Imaging of San Jose

Please call (408) 297-8844 to request a copy of our PET CT referral form.



1. ANTIOCH

Inview Imaging
 3450 Hillcrest Ave.
 Antioch, CA 94531
 P: (925) 757-2100
 F: (925) 757-2101

2. CONCORD

Inview Imaging
 1401 Willowpass Rd.
 Suite 110
 Concord, CA 94520
 P: (925) 691-6432
 F: (925) 691-6434

3. LAFAYETTE

Inview Imaging
 970 Dewing Avenue
 Suite 100
 Lafayette, CA 94549
 P: (925) 297-6460
 F: (925) 297-6459

4. OAKLAND

Inview Imaging
 1300 Clay Street
 Suite 165
 Oakland, CA 94612
 P: (510) 823-2211
 F: (888) 480-6615

5. SAN RAMON

Bay Radiology
 2242 Camino Ramon
 Suite 100
 San Ramon, CA 94583
 P: (925) 327-0015
 F: (925) 327-0095

6. FREMONT

Inview Imaging
 39141 Civic Center Dr.
 Suite 100
 Fremont, CA 94538
 P: (510) 490-0961
 F: (510) 490-0971

7. SAN JOSE

PET CT of San Jose
 2211 Moorpark Avenue
 Suite 220
 San Jose, CA 95128
 P: (408) 297-8844
 F: (408) 297-8220

8. SAN JOSE

Silver Creek Radiology
 2365 Quimby Road
 Suite 100
 San Jose, CA 95122
 P: (669) 888-0001
 F: (669) 888-0551

Preparation – Bring this order and any comparison exams to your appointment

X-Rays:

- No preparation required. Remove splints/ace wraps if possible. Women: 2-piece outfit recommended.

Ultrasound:

- Abdominal/Aortic Ultrasound:** Nothing to eat or drink **8 hours** prior to exam. May take medications with water.
- Renal/Pelvic/OB Ultrasound:** Drink **five 8-ounce glasses of water (40oz total)** starting **1 ½ hours before exam. Do not empty your bladder until after the exam.**

Mammography:

- Do not apply **powder, deodorant, lotion, or perfume** on day of exam.
- Wear 2-piece outfit.
- Make appointment for first week after menstrual period if applicable.
- If prior mammograms were not performed at Inview Imaging, please bring copies of reports and images for comparison.

MRI:

- Wear comfortable clothes that **do not contain metal**, such as snaps, buckles, zippers, or clasps.
- Limited jewelry is allowed, further instructions will be provided upon scheduling appointment. *For MRI no jewelry is preferred.
- For contrast injection, labs are required if history of renal disease.
- IMPLANTS/MEDICAL DEVICES:** If any implant or medical device is implanted, an implant card or operative report will be required for clearance.

CT:

- Nothing to eat or drink after midnight if contrast will be administered. Further instructions provided upon scheduling appointment.

Additional Important Information

- To ensure privacy and maintain a calm environment, we ask that **no additional guests or children** attend the appointment, unless assistance is required.