CENTRELAKE IMAGING & ONCOLOGY

MRI | PET | CT
Nuclear Medicine
Mammography
ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY
Ontario · Pomona
Downey · West Covina

MAIN: (909) 242-7300
(626) 773-7717
(562) 287-7200
SCHEDULING HOURS: M-F, 8AM-5PM
SCHEDULING FAX: (909) 784-3760

Chino
5460 Philadelphia St, #H
Chino, CA 91710
Ultrasound
[Temporary location - No walk-in X-Ray]

Covina
1433 N Hollenbeck Ave, #105
Covina, CA 91722
X-Ray, Mammography
Ultrasound, Echocardiography

Downey
10226 Lakewood Blvd
Downey, CA 90241
MRI, CT, PET/CT, Ultrasound, X-Ray
Dexa, Mammography, Nuclear Medicine
Echocardiography, Interventional Radiology

El Monte
11436 Garvey Ave, #D
El Monte, CA 91732
OPEN MRI, Dexa, X-Ray
Mammography, Ultrasound

Ontario
3115 E Guasti Rd
Ontario, CA 91761
MRI, CT, Ultrasound, X-Ray
Dexa, Mammography
PET/CT, Nuclear Medicine

Pomona
1555 N Orange Grove Ave
Pomona, CA 91767
MRI, CT, Ultrasound
Dexa, Mammography
X-Ray, Echocardiography

Upland
1183 E Foothill Blvd, #235
Upland, CA 91786
Ultrasound
X-Ray

West Covina
1700 W West Covina Pkwy
West Covina, CA 91790
MRI, CT, Mammography
Ultrasound, Dexa, X-Ray
Interventional Radiology

Name: _____ DOB: _____ Mobile Phone: _____

Insurance Carrier: _____ Insurance ID: _____ Today's Date: _____

IPA: _____ Auth #: _____

Referring Provider: _____ Phone #: _____ Fax #: _____

☐ **STAT** Referring Provider After-hours Mobile: _____

☐ Copy Report to Physician, Name/Fax: _____ ☐ Patient to return with CD

EXAM REQUESTED

*** For CT IV contrast exams, labs within 30 days required for patients 60 yrs. or older. Please fax lab results to (909) 784-3760.**

MRI

☐ Without contrast ☐ With contrast
☐ With & without contrast

Head & Neck
☐ Brain ☐ Orbits ☐ IAC
☐ Angio Brain ☐ Angio Neck ☐ TMJ
☐ Pituitary ☐ Soft Tissue Neck

Body/Trunk
☐ Chest ☐ Abdomen ☐ MRCP
☐ Pelvis ☐ Angio Abdomen

Breast
☐ Breast Bilateral ☐ With Implants

Spine
☐ Cervical ☐ Thoracic
☐ Lumbar ☐ Sacrum

Extremity
☐ Shoulder L / R ☐ Hip L / R
☐ Elbow L / R ☐ Knee L / R
☐ Wrist L / R ☐ Ankle L / R
☐ Hand L / R ☐ Foot L / R
☐ Arthrogram *(West Covina & Downey only)*: L / R
☐ Extremity: Upper / Lower
☐ Angio Lower Extremity Run-off

Other MR
☐ Specify: _____

ECHOCARDIOGRAPHY

☐ Echocardiogram

CT

☐ Without contrast ☐ With contrast*
☐ With & without contrast*

Head & Neck
☐ Brain ☐ Temporal Bones ☐ Neck
☐ Orbits ☐ Soft Tissue Neck ☐ IAC
☐ Face/Mandible/Maxillofacial/Sinus
☐ Angio Brain ☐ Angio Neck
☐ Angio Carotid Arteries

Body/Trunk
☐ Chest ☐ Abdomen ☐ Urogram
☐ Abdomen & Pelvis ☐ Angio Pelvis
☐ Angio Chest ☐ Angio Abdomen
☐ Pelvis ☐ Angio Abdomen & Pelvis

Spine
☐ Cervical ☐ Thoracic
☐ Lumbar ☐ Sacrum

Extremity
☐ Shoulder L / R ☐ Hip L / R
☐ Elbow L / R ☐ Knee L / R
☐ Wrist L / R ☐ Ankle L / R
☐ Hand L / R ☐ Foot L / R
☐ Arthrogram *(West Covina & Downey only)*: L / R
☐ Extremity: Upper / Lower
☐ Angio Lower Extremity Run-Off
☐ Angio Aorta/Bilateral Run-Off

Other CT
☐ Specify: _____

ULTRASOUND

Abdomen & Pelvis
☐ Abdomen Complete
☐ Abdomen Ltd, Specify: _____
☐ Abd. Appendix ☐ Abd. Hernia
☐ Pelvis - *Check one or both below*
☐ Transabdominal ☐ Transvaginal
☐ Pelvis Limited, Bladder only
☐ Renal Arterial Complete
☐ Kidney Bilateral ☐ Gallbladder
☐ Abdominal Aorta ☐ Liver

Extremity Doppler
☐ Venous ☐ Arterial
☐ Lower L / R / B ☐ Upper L / R
☐ Venous Lower Bilateral w/ Reflux

Breast
☐ Bilateral ☐ Unilateral L / R

Obstetrics
☐ OB Complete ☐ OB Under 14 Wks
☐ OB Limited, Specify: _____

Other
☐ Thyroid ☐ Scrotum ☐ Carotid
☐ Prostate ☐ Head/Neck Soft Tissue
☐ Soft Tissue, Specify: _____
☐ Specify: _____

BONE DENSITOMETRY

☐ Dexa Bone Screening (hip & spine)
Date of last Dexa: _____

PET/CT

☐ Whole Body ☐ Head to Thigh
☐ Brain

ATTN PET/Nuclear Patients: One (1) business day cancellation required or charge for cost of isotope applies (nuclear up to $3,500, PET $500)

NUCLEAR MEDICINE

☐ Cardiolyte Stress ☐ Liver/Spleen
☐ Parathyroid ☐ Gallbladder
☐ Thyroid Scan Only ☐ Thyroid I-123
☐ Bone Whole Body ☐ Bone 3 Phase
☐ Bone Limited, Specify: _____
☐ Renal, Diuretic: Y / N
☐ Hepatobiliary, CCK: Y / N
☐ Other: _____

ATTN PET/Nuclear Patients: One (1) business day cancellation required or charge for cost of isotope applies (nuclear up to $3,500, PET $500)

DIGITAL X-RAY

Walk-in M-F 8:30am-4:30pm*. No appt. req'd.
☐ Specify Area(s) & Views:

* Upland and Covina closed from 12pm-1pm.
Weight bearing foot & ankle only in Pomona.

MAMMOGRAPHY

☐ Screening ☐ Diagnostic
☐ Implants ☐ Unilateral: L / R
☐ Spot Compression
Prior breast images and reports required for exams performed at outside facilities
Date of last Mammo: _____

WRITTEN DIAGNOSIS, SYMPTOMS, REASON FOR EXAM(S), SPECIFIC AREA(S) OF INTEREST, SPECIAL INSTRUCTIONS

Please list any signs/symptoms and fax all clinical information and prior images/reports from outside facilities which are pertinent to this exam to **(909) 784-3760**.

Please Include ICD Code(s):

_____

Referring Provider Signature (Required for Exam) _____

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Questions, please call:
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PREPARATIONS FOR ALL PATIENTS

You MUST bring the following to your exam:
- Valid Government issued photo ID and Insurance Card
- Referring provider's order
- **Prior images & reports from outside facilities for the same region/body part are required!**

Most exams cannot be performed if you are currently pregnant. If you may be pregnant, please inform your technologist or patient care specialist.

No **unattended children** in the waiting room or the examination room. Please make arrangements for their care during your appointment.

Co-payment will be required at time of service.

CT Studies with IV Contrast

TABLE WEIGHT LIMIT: 350lbs

IV CONTRAST EXAMS: Please do not eat 4 hrs immediately prior to your exam. Drink 32 oz. of water the evening prior and 32 oz. of water the morning of your exam. **Please inform us if you have any allergies, especially if you are allergic to iodine or shellfish.**

If you are receiving IV contrast AND meet any of the qualifications below, you will be required to provide recent eGFR/lab results as outlined to the right:
a. You are over the age of 60; or
b. You are diabetic; or
c. You have a history of kidney disease, transplant or nephrectomy; or
d. You are on dialysis

We will require a recent blood test containing your estimated glomerular filtration rate (eGFR). Blood test must have been performed within 30 days from the date of your scheduled exam. Patients on dialysis must be dialyzed on the same day of injections and no later than 24 hours from the time of injection. Please coordinate with your dialysis center. Dialysis appointment confirmation is requested.

CT Abdomen/Pelvic Exams

TABLE WEIGHT LIMIT: 350lbs

NON-IV CONTRAST EXAMS: For CT Abdomen or Pelvic exams, please see the Oral Contrast Preparations below. No preparations are required for all other CT exams.

ORAL CONTRAST PREPARATIONS: Please do not eat 4 hrs prior to your exam. Drink 32 oz. of water the evening prior and 32 oz. of water the morning of your exam. Oral contrast will not be required if your diagnosis is Hematuria (blood in urine), Kidney stones, Hydronephrosis, ureteral or bladder calculi.

Barium Oral Contrast: Drink the 1st provided bottle the evening before your exam. The 2nd bottle must be FINISHED 1 hour prior to scheduled exam time **OR** arrive 2 hours early to drink oral contrast.

Gastrografin Oral Contrast: CT Abdomen patients **must arrive 1.5 hrs early.**

X-RAY

TABLE WEIGHT LIMIT: 300lbs (Up to 450lbs available in Ontario only)

You may follow your usual diet and medicine routines. Please bring prior images and reports for comparative analysis. Refrain from wearing jewelry or hair accessories.

X-Rays cannot be performed if you are currently pregnant. Women who may be pregnant should always inform their technologist. X-Rays cannot be performed if you have ingested any oral contrast within 24 hours prior to your exam.

BONE DENSITOMETRY

TABLE WEIGHT LIMIT: 300lbs

Please refrain from taking calcium supplements for at least 24 hours beforehand. Please do not wear clothing with metallic buttons or zippers located below the waist (front or back). Patients will be required to change into a gown that will be provided to you if your clothing will affect the image. Sweat pants or clothing with zippers on the sides are highly recommended.

MRI

TABLE WEIGHT LIMIT: 350lbs (Up to 600lbs available in El Monte only)

Please wear loose clothing for comfort. Refrain from wearing clothing with excessive metals such as sweatpants and/or sports bra. **For your safety, please inform us if you have any of the following:**

- Heart pacemaker
- Pregnancy
- Stents
- Shunts (please provide ID card with specifics of shunt used)
- Metal Fragments (bullets, sheet-metal worker, etc.)
- Artificial cardiac valves (please provide ID card with specifics of valve replaced)
- Bone, joint replacement, spinal rods or metal plates
- Brain aneurysm clips (please provide ID card with specifics of surgical clips)
- Any other previous surgery
- Neuro-stimulators
- Inner ear implants
- Intrauterine devices/Stimulators

Patients having MRCP, MRI Abdomen are asked to refrain from eating 4 hours prior to your exam. **Plenty of fluids are recommended** before your exam.

For all other MRI studies, you may eat and drink normally and take your medications as usual. If your exam is in the afternoon please drink plenty of fluids.

Note: Effective September 1, 2018, we no longer require eGFR for MRI Studies.

MAMMOGRAPHY

Do not wear lotion, deodorant, perfume or powder under your arms or on your breasts. Please inform your scheduler of any family or personal history of breast cancer, surgeries, biopsies, implants or hormone use. **We require you to bring prior images AND reports from outside facilities for mammograms, breast biopsy, breast MRI, breast ultrasound, etc.** Mammogram's cannot be performed if you are pregnant. Women who may be pregnant or breastfeeding should always inform their scheduler and technologist.

ULTRASOUND

TABLE WEIGHT LIMIT: 350lbs in Covina, Ontario and Pomona
500lbs in Chino, Downey, El Monte, Upland and West Covina

Abdomen/Liver/ Renal Doppler Gallbladder/RUQ	Nothing by mouth 8 hrs prior to your exam. Diabetics may have limited crackers and take their medications with limited water.
All Pelvic/Bladder/ Exams/ Obstetrical 1-7 mo	You are required to drink **32 oz. of water 1 hour prior** to your exam. **DO NOT** urinate prior to the completion of exam.
Obstetrical 8-9 mo	You are required to drink **16 oz. of water 1 hour prior** to your exam. **DO NOT** urinate prior to the completion of exam.
Prostate	You are required to drink **16-24 oz. of water 1 hour prior** to your exam. **DO NOT** urinate prior to the completion of exam.
Kidney/Renal	You are required to drink **8-16 oz. of water 1 hour prior** to your exam. **DO NOT** urinate prior to the completion of exam.
Breast Ultrasound 30 years or older	You are recommended to have a mammogram with or before your ultrasound procedure. You are required to bring your previous breast radiology images and reports.
Breast Ultrasound 29 years or younger	No preparation required. Prescription or referring provider's notes must indicate the specific exam location and purpose of the study.

The following examinations do not require any preparations: Carotids, Arterial, Venous, ABI, Testicular, Reflux, Infant hips, Soft tissue & Thyroid exams.

PET/CT and Nuclear Medicine: Please call us for preparations. Detailed instructions are available at http://www.centrelakeimaging.com

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