

IMAGING CENTERS: Telephone: (877) EPIC-412(877-374-2412)
Fax: (877) 234-0707

- ☐ **ANTIOCH** 4721 Dallas Ranch Road, Antioch, CA 94531
- ☐ **DUBLIN** 6380 Clark Avenue, Dublin, CA 94568
- ☐ **EMERYVILLE** 1480 64th Street, Suite 100, Emeryville, CA 94608
- ☐ **HAYWARD-PET/CT** 27204 Calaroga Avenue, Hayward, CA 94545
- ☐ **HAYWARD-MRI** 27200 Calaroga Avenue, Hayward, CA 94545
- ☐ **PLEASANT HILL** 400 Taylor Boulevard, Suite 105, Pleasant Hill, CA 94523

EXPECTED TIME TO SCAN:

☐ **Send CD with Patient**

☐ **CC, Physician(s):** _____

☐ *Within One Week*

☐ *Other:* _____

Patient's Name: _____ DOB: _____ Contact Phone: _____

Height: _____ Weight: _____ Sex: ☐ Male ☐ Female

☐ Ordering Clinician will get authorization

Insurance(s): _____ Auth #: _____ Pre-Authorization Request: ☐ Yes ☐ No

Reason for Exam: _____ ICD-10 Code/Diagnosis: _____

Interpreter Requested: ☐ Yes ☐ No If yes, language requested: _____

Difficulty with blood draws or accessing veins? ☐ No ☐ Moderate ☐ Difficult Port/VAP: ☐ Power Port ☐ Unknown

Claustrophobic: ☐ Yes ☐ No If Yes: Please consider giving patient prescription for anxiolytic to be taken prior to scan

Patient is Ambulatory: ☐ Yes ☐ No

Patient Needs Lift Help: ☐ Yes ☐ No Specify: _____

If Patient has MINOR ALLERGY to contrast, MD to prescribe & advise patient to take: Prednisone 50mg po 13hr, 7hr and 1hr prior to exam.

Order Clinician's Signature: _____ **Order Clinician's Name:** _____ **Date:** _____

Office Contact Name: _____ **Office #:** _____ **Fax #:** _____

Please attach copies of demographics, insurance card(s) and appropriate clinic notes.

MRI: Emeryville, Hayward, Pleasant Hill
(Table limit: EMV 380 lbs; HAY & PH 350 lbs)

Contrast: ☐ With IV Contrast

☐ Without IV Contrast

☐ With/Without IV Contrast

☐ Brain Routine ☐ MS ☐ Seizure ☐ Pituitary
☐ Pituitary Dynamic

☐ Orbit
☐ Internal Auditory Canal (IAC)
☐ Neck (Soft Tissue)
☐ Chest (Soft Tissue Masses)

MRI Breast: Emeryville & Hayward Only
(Table limit 260 lbs. Anyone over 260 lbs, please verify with tech.)

☐ Breast ☐ Implant Rupture

Lifetime Risk Score: _____

Calculate Score at: www.bcrisktool.cancer.gov

Personal History of Breast Cancer: ☐ Yes ☐ No

MRI MSK (Musculoskeletal): Hayward Only

☐ MARS Protocol

☐ Shoulder	☐ RT	☐ LT
☐ Elbow	☐ RT	☐ LT
☐ Wrist	☐ RT	☐ LT
☐ Hand	☐ RT	☐ LT
☐ Hip	☐ RT	☐ LT
☐ Knee	☐ RT	☐ LT
☐ Ankle	☐ RT	☐ LT
☐ Foot	☐ RT	☐ LT

Hayward Only

☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Extremity ☐ RT ☐ LT

Specify: _____

☐ Abdomen Routine ☐ Renal ☐ Adrenal

☐ Eovist* ☐ MRCP ☐ Pancreas/Biliary

***Eovist Protocol:** Labs for patients 60+ y.o., high blood pressure, kidney disease, diabetes.

Labs Completed: _____

☐ Pelvis (Soft Tissue) **Emeryville & Hayward Only**

☐ Female

☐ Anal Fistula

☐ Rectal

☐ Prostate **Hayward Only**

☐ Prostate - XRT Planning **Emeryville, Hayward & Pleasant Hill**

☐ OTHER: _____

MR ANGIOGRAM (MRA):

☐ Intracranial/Head

☐ Carotid/Neck

BREAST BIOPSY: Emeryville Only

☐ MRI Breast Biopsy

☐ RT ☐ LT

PET/CT: All Locations
(400 lb table limit)

Please select diagnostic CT w/con if desired in the next column

☐ PET/CT – FDG

☐ PET/CT – FES (Recurrent Breast Ca)

☐ PET/CT – Axumin (Recurrent Prostate Ca)

☐ PET/CT – PSMA (High Risk/Recurrent Prostate Ca)

☐ PET/CT – Ga 68 Dotatate (Neuroendocrine Cancers)

☐ PET – Neuraceq florbetaben (Alzheimers)

Please mark one of the following CPT codes:

☐ 78814 PET/CT – Brain

☐ 78815 PET/CT – Skull Base to Mid-thigh

☐ 78815 PET/CT – Vertex to Mid-thigh

For Myeloma, Melanoma, Osteosarcoma:

☐ 78816 PET/CT – Vertex to Feet

Please refer to your LCA for ICD-10 codes that are covered for PET/CT scans.

CT: All Locations
(400 lb table limit)

No contrast for GFR of <30mL/min. Oral hydration recommended for GFR between 30-59mL/min [see reverse side for Hydration Protocol]. *With IV contrast exams please attach recent eGFR or Creatinine result.

Labs must be within 60 days of scan date.

Labs Completed: _____

Contrast: ☐ With IV Contrast*

☐ Without IV Contrast

☐ With/Without IV Contrast

☐ With Oral Contrast

☐ Head/Brain

☐ Orbits

☐ Maxillofacial

☐ Neck

☐ Chest

☐ Abdomen ☐ Valsalva

☐ Pelvis

☐ Abdomen/Pelvis w/o con (Renal Stone)

☐ Urogram - Abdomen/Pelvis w & w/o con

☐ Angiogram Abdomen/Pelvis – Aorta Protocol

Antioch, Dublin, and Emeryville Only

☐ Temporal Bone

☐ Sinus

☐ Low Dose CT Chest

☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar

☐ Extremity: _____ ☐ RT ☐ LT

PATIENT APPOINTMENT INFORMATION

Your appointment is on (date): M T W T H F S A

TIME:

☐ AM ☐ PM

Location:

If Labs Are Needed – Please be advised of the following:

PLEASE ARRIVE 30 MINS PRIOR TO YOUR SCAN TIME. LATE ARRIVALS MAY RESULT IN RESCHEDULING OF YOUR SCAN TO A LATER DATE. Patients that do not show or cancel less than 24 hours prior to their appointment may be charged. To ensure the safety of our patients and staff, only the patient will be allowed into the scan area. Anyone that accompanies the patient will be limited to the waiting area and may be allowed in patient areas at the sole discretion of the staff. Thank you for your understanding.

PATIENT EXAM INSTRUCTIONS – Please leave valuables at home if possible

YOU WILL BE ASKED TO CHANGE INTO A GOWN PRIOR TO YOUR SCAN.

MRI/MRA: Allow up to 1 – 1 ½ hours for total exam process. **Follow hydration instructions below.**

- NO implantable electronic medical devices (i.e. cochlear ear implant, pacemaker, tens unit, hearing aids, etc.).
- **For MRI Abdomen:** No solid food 4 hours prior to the appointment. **Follow hydration instructions below.**
- **For MRCP:** Nothing by mouth, No food or liquids 6 hours prior to the appointment.
- **For Pelvis:** No solid food 4 hours prior to the appointment. **Follow hydration instructions below.**
- **For MRI Rectal Protocol:** No food or liquids (other than water) 6 hours prior to the appointment. Administer over the counter Fleet Enema morning of the scan.
- **For All Other MRIs with or with/without contrast** that are not specifically listed with instructions, No solid food or liquids 2 hours prior to the appointment.
- Take your medications as per your normal routine.

BREAST BIOPSY: Allow 2 hours. No fasting. Take all meds except blood thinners. **STOP blood thinners 3-5 days prior to biopsy.** Coumadin, Plavix, Effient, Brilinta - stop 5 days. Eliquis, Pradaxa, Savaysa, Xarelto - stop 3 days. Lovenox- stop 1 day.

PET/CT Axumin: Allow up to 45min – 1 ½ hours for the total exam process. **Follow hydration instructions below.**

- No food (including no gum) or other liquids (coffee, tea) 4 hours prior to appointment.
- No strenuous and moderate activities/exercise 24 hours prior to your exam.
- Take your medications regularly.
- Wear comfortable clothing without metal clasps or zippers.

PET/CT NETSPOT (Ga-68 Dotatate): Allow up to 1 ½ - 2 hours for the total exam process. **Follow hydration instructions below.**

- There is no fasting for this procedure.
- Take your medications as directed. If on a somatostatin analog such as Octreotide – please talk to your doctor as there are restrictions.
- Wear comfortable clothing without metal clasps or zippers.
- Reading and phone use is allowed while in uptake.

PET/CT FDG: Allow up to 1 ½ - 2 hours for the total exam process. **Follow hydration instructions below.**

- No food (including no gum) or other liquids (coffee, tea) 4 hours prior to appointment.
- Take your medications except cough syrup or vitamins.
- **If you are diabetic – please follow separate instruction sheet specific to Diabetic Patients.**
- Wear comfortable clothing without metal clasps or zippers.
- No strenuous and moderate activities/exercise 24 hours prior to your exam.
- No reading or phone use are allowed while in uptake – however, you may use electronic devices (CD, radio or iPods).

PET/CT FES (Cerianna): Allow up to 1 ½ hours for the total exam process. No fasting required. **Follow hydration instructions below.**

PET/CT PSMA (Pylarify): Allow up to 1 ½ hours for the total exam process. If on androgen deprivation therapy (e.g. Lupron) please talk to your doctor before the scan. No fasting required. **Follow hydration instructions below.**

CT: Allow up to 1-1 ½ hours for the total exam process. **Follow hydration instructions below.**

- If you are having a CT scan of the Head, Neck, and/or Chest **WITHOUT IV** contrast, there are no special instructions.
- If you are having a CT Abdomen &/or Pelvis **WITHOUT IV** contrast, please do NOT eat 2 hours before your scan.
- All other CT scans and combinations **WITH IV** contrast, please do NOT eat 2 hours before your scan.
- CT Scans **WITH ORAL CONTRAST** - 3 bottles of 16oz water mixed with 12ml OMNI 300. Drink a bottle 2 hours prior to exam time, 1 hour prior to exam time, and upon arrival of exam.
- CT Scans **WITH IV** or **ORAL CONTRAST**, if you are on **Mefformin** – **STOP** taking it 24 hours **BEFORE** scan and **START** taking it again 48hrs **AFTER** the scan.

BREASTFEEDING: For PET Scan patients, please wait 24 hours after scan before resuming breastfeeding.

HYDRATION INSTRUCTIONS (if patient is on fluid restriction, refer to ordering MD for hydration instructions):

Beginning 3 hours before your scheduled exam time, drink 1 glass of water every hour, for a total of 3 glasses.

For example: A 12:00 appointment would have a person drinking one glass of water at 9:00, 10:00, and 11:00.

Voiding is allowed; a full bladder is not necessary. Continue to drink water for a couple of hours after the scan to flush your system.