

To Schedule: (310) 423-8000 - GENERAL REFERRAL FORM
To Fax Orders: (310) 423-0137 Pati Patient preps on reverse. cedars-sinai.edu

* Required Fields	PLEASE U	JSE OUR SPECIALIZED <u>PROCEDURE PAD</u> TO ORDER ALL INVASIVE PROCEDURES, BIOPSIES, DRAINAGES OR ASPIRATIONS.
* Patient Name:	СТ	IV CONTRAST: Contrast No Contrast Iodine Contrast Allergy?
MRN:*DOB/		Body part and side:
* Patient Phone #:		Special Instructions:
Exam Date:/Exam Location:		IV CONTRAST: Contrast No Contrast MRI Contrast Allergy?
Check-in Time: Scan Time:	MRI	Body part and side:
Clinical Signs/Symptoms:		Special Instructions:
		Implantable device(s)?
* Printed MD Name:	Ultrasound	Body part and side:
* MD Signature: Date: Date: MM/DD/YY	Vascular Ultrasound	Special Instructions:
* MD Phone #:		
* MD FAX #:	X-Ray & Fluoro	Body part and side:
Duplicate Report(s) To:		Special Instructions:
WET READ/Immediate Results Requested If YES, phone number: If PPO, Request Assist With This Authorization? ☐ Yes ☐ No	Mammo- graphy	If previous mammogram was not performed at Cedars-Sinai, please have patient bring prior films and reports.  Mammogram: Screening With 3D Tomo Diagnostic If Diagnostic: Right Left Bilateral Ultrasound Laterality: Automated Whole Breast Ultrasound (ABUS)
If No, Authorization #:	PET/CT	C D PTT Parks (Para of Clarifle Think) Add D Hard D Francision
By checking here, physician requests and directs the Medical Center to act as physician's agent in initiating and acquiring authorization for payments from all relevant insurance payers for all imaging services requested above.		Reason for Head and/or Extremities:  PET Bone (F18)  For brain only, choose:  FDG Dotatate - Neuroendocrine
Low-Dose CT Lung Cancer Screening	FILL IN ALL 3	choose: PSMA - Prostate  CT Information for PET/CT Body: Must Check One: IV Contrast:
Provider-managed CT Lung Cancer Screening  Provider will need to confirm patient's eligibility, perform and document a counseling and shared decision-making visit, schedule follow-up studies and visits, in-	SECTIONS	CT for localization only ☐ Diagnostic CT - Check area of interest: ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Diagnostic CT - Check area of interest: ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Iodine Contrast Allergy? ☐ Y ☐ N
cluding for incidental findings. Communication with the patient will be done by the ordering provider.	Nuclear Medicine	Type of exam:
Choose:  Baseline  Annual  Diagnosis:		Special Instructions:
Diagnosis:  ☐ Current smoker (Nicotine dependence, cigarettes)	Cardiac	
☐ Former smoker (Personal history of nicotine dependence)  Confirm patient meets the following CMS Eligibility Criteria:  Is patient age 50-77? (Other insurers may cover older patients.) ☐ Yes ☐ No  Does patient show any signs or symptoms of lung cancer? ☐ Yes ☐ No  Is patient a current smoker or quit within the past 15 years? ☐ Yes ☐ No  If patient quit smoking, how many years since quitting?  Patient's total pack-years (avg # packs per day × total years smoked?)  Is there documented shared decision-making? ☐ Yes ☐ No		NUCLEAR CARDIOLOGY  Stress Myocardial Perfusion SPECT  Exercise Stress  (Pharmacologic if indicated)  Vasodilator Stress  (Adenosine, Pharmacologic)  PET Rubidium Stress  PET Myocardial Viability  PET Cardiac Sarcoidosis  No Contrast  Cardiomyopathy/Myocarditis  Cardiomyopathy/Myocarditis  LV Function and Viability  Stress Perfusion (Vasodilator)  Specific Q (eg RV, Aorta, Mass)  Congenital  Pacemaker / Defibrillator:  Y N  MRI Contrast Allergy:  Y N
Did patient receive smoking cessation guidance? Yes No Has patient had a CT Chest exam within the past 12 months? Yes No		Pyrophosphate for Amyloid (PYP)  Special Instructions:

# PATIENT INFORMATION AND PREPARATIONS

**Abdomen and/or Pelvis** (approx. visit time: 2-2½ hours) You may need oral contrast.

- Do not eat 3 hours before your exam. You may drink liquids.
- Take medications as prescribed.

- Coronary CTA (approx. visit time: 2-3 hours)

  Continue taking all of your current medications.
- Do not take Viagra®, Cialis® or Levitra® for 48 hours before exam.

CT Virtual Colonography (approx. visit time: 1½ hour)

For preps, please search our website: <u>cedars-sinai.e</u>du. Or call (310) 423-8000 (option 1.)

**All other CT studies** (approx. visit time: 1 hour) No preparations are required.

### INTERVENTIONAL/INTERVENTIONAL NEURORADIOLOGY

Please call (310) 423-2468 to schedule a patient and for prep information.

**Abdomen and/or Pelvis** (approx. visit time: 2 hours)

Do not eat or drink 3 hours before exam.

Cholangiogram/MRCP (approx. visit time: 2½ hours)

Do not eat or drink 8 hours before exam.

**Dynamic Pelvic MR** (approx. visit time: 2 hours)

You must empty your bladder two hours before the exam and not void again until the exam is complete.

Enterography (approx. visit time: 21/2-3 hours) You may need oral and rectal contrast before exam.

- Do not eat or drink 8 hours before exam.
- Take medications as prescribed with a sip of water.

Prostate or Spectroscopy of Prostate (approx. visit time: 2 hours)

• Use a saline Fleet Enema two hours before exam.

#### **NUCLEAR CARDIOLOGY**

For PET Myocardial Viability or PET Cardiac Sarcoidosis, you will be contacted with your preps. Stress Myocardial Perfusion SPECT or Stress Myocardial Perfusion Rubidium PET (approx. visit

time: SPECT 3-4 hours; PET 1.5-2 hours):

- DO NOT alter any medications without consulting your physician.
- Consult your physician about going off beta blockers for 48 hours and calcium channel blockers 24 hours béfore vour exam.
- Do not eat or drink caffeine products (chocolate, soda, tea, coffee or Excedrin®) for 24 hours before exam. Note: Decaffeinated products contain caffeine.
- Do not eat or drink for 3 hours before your appointment. Drinking water is okay.
- Bring all your medications or a list of them with doses.
- For SPECT exams, wear a comfortable 2-piece outfit and walking shoes.

## **NUCLEAR MEDICINE/MOLECULAR IMAGING**

Biliary Scan (HIDA) (approx. visit time: 3 hours; Depending on the scan results, you may need to return after 3 hours and/or 24 hours for another scan)

• Do not eat or drink anything 4 hours before exam.

### FDG PET/CT Body & FDG PET/CT Brain (for Brain also see below) (approx. visit time: 3½ hours)

The following is for FDG PET only, for all other PET/CT exams, including neuroendocrine (NETSPOT) and prostate (PSMA), please see the "Preparing for Your Exam" section on our website.

- 48 hours before exam: Do not do any strenuous exercise or deep-tissue massage.
- 24 hours before exam: Stay on a VERY LOW-carbohydrate, NO-sugar diet. Do NOT eat: sweet foods or drinks; desserts or candy; fruits or fruit juices; starchy foods like cereal, potatoes, rice, pasta; milk, yogurt, nutritional shakes, or smoothies. Do NOT use chewing gum or mints. You may eat a HIGH PROTEIN diet including meat and poultry, eggs, nuts, and green vegetables. You may drink water and zero-calorie
- 6 hours before exam: Please do not eat or drink anything, with the exception of water. Drinking water is encouraged to assure hydration for best test results.
- Continue to take medications as prescribed. If you are diabetic, ask your doctor about diet and medication, including withholding insulin for 4 hours prior to the exam (with the exception of an insulin pump, which is permitted). Carefully monitor and control your blood sugar for 48 hrs before the scan. Call (310) 423-8738 for more information.

FDG PET/CT Brain (approx. visit time: 3 hours)

- Follow above preps for FDG PET/CT Body & FDG PET/CT Brain.
- Do not eat or drink caffeine products (chocolate, soda, tea, coffee, or Exedrin®) for 24 hours before exam. Note: Decaffeinated products contain caffeine.

Gastric Emptying (approx. visit time: 4-6 hours)

Do not eat or drink 12 hours before exam.

PET/CT: for FDG PET/CT Body and FDG PET/CT Brain, see above. For all other PET/CT see the "Preparing for Your Exam" section on our website.

**Renal Scan** (approx. visit time: 1½-2½ hours)

Drink two 8 oz. glasses of water 1 to 2 hours before exam. You may use the restroom as needed.

Thyroid Uptake and Scan (3 visits over 2 days)

- No iodinated contrast material (CT, IVP or angio) for 6 weeks before exam.
   Ask your doctor about discontinuing Synthroid®, Levoxyl® or Levothyroxine® 6 weeks before exam; Cytómel® (T3) or Liothyronine 2 weeks before exam; and anti-thyroid medication 5 days before exam.
- Avoid eating sushi, séaweed, kelp products or seafood 1 wéek before exam.

#### ULTRASOUND

Abdominal Ultrasound (Liver, Spleen, Gallbladder, Kidneys, Pancreas, Abdominal Aorta and Biliary System) (approx. visit time: 11/2 hours)

Do not eat or drink 8 hours before exam.

• Take medications with a sip of water.

Pelvic Ultrasound (Uterus, Ovaries, Fallopian Tubes and Bladder; Transvaginal Ultrasound included for females) (approx. visit time: 1½ hours)

- Please have a full bladder; drink 32 oz. of water before exam.
- Male patients do not need a full bladder for the exam.

Prostate Ultrasound (approx. visit time: 1½ hours)
○ Use any saline Fleet Enema two hours before exam.

### **VASCULAR ULTRASOUND**

Renal Artery Stenosis, Aorta, Iliac Vena Cava (approx. visit time: 1-1½ hours)

- Do not eat or drink for 6 hours before exam.
- Take any medications with a sip of water.

### X-RAY AND FLUOROSCOPY

Barium Enema (approx. visit time: 1½ hours)

For preps, please search our website: cedars-sinai.edu. Or call (310) 423-8000 (option 1.)

Upper GI/Esophagram (approx. visit time: 1-21/2 hours) or Upper GI with Small Bowel Study (approx. visit time: 11/2 - 31/2 hours or longer)

Do not smoke, drink or eat anything including gum or mints after midnight.

Hysterosalpingogram (approx. visit time: 1½ hours)
Schedule 5 to 10 days after first day of menstrual cycle.
No sexual intercourse from first day of menstrual cycle until 48 hours after exam, not even with protection.

IVP (Intravenous Pyelogram; Kidney X-ray) (approx. visit time: 1½ hours)

Do not eat or drink for 4 hours before exam.

• If allergic to jodine, tell scheduler, tech, nurse, or radiologist.

PEDIATRIC - For children under 16: Call (310) 423-8000 (option 1) and ask for specific pediatric preparation instructions, including sedation requirements.



# S. Mark Taper Foundation **Imaging Center**

Corner of San Vicente Blvd. & Gracie Allen Dr.

8705 Gracie Allen Drive. Los Angeles CA 90048

Valet and Patient Drop Off in Front; Valet and Parking available in **Pavilion Parking** 



**Susanne and Ervin Bard Pavilion** 127 S. San Vicente Blvd., Suite #A-2500 Los Angeles CA 90048 Valet and Parking Available in Pavilion Parkina



Medical Office Towers 8631 W. Third St., Suite 120-East Los Angeles CA 90048 **Pavilion Parking Suggested** 



Mark Goodson Building 444 S. San Vicente Blvd., Suite 106 Los Angeles CA 90048 Parking On Site



**Breast Health Services Building** 310 N. San Vicente Blvd. West Hollywood CA 90048 Parking On Site