

IMAGING GENERAL REFERRAL FORM

To schedule: 310-423-8000

To fax orders: 310-423-0137 Patient preps on reverse. cedars-sinai.edu



***Required fields**

***Patient Name:** _____

MRN: _____ ***DOB:** ____/____/____
MM/DD/YYYY

***Patient Phone #:** _____

Exam Date: ____/____/____ Exam Location: _____

Check-in Time: _____ Scan Time: _____

Clinical Signs/Symptoms: _____

***Printed MD Name:** _____

***MD Signature:** _____

***Signature Date:** ____/____/____ ***Signature Time:** ____:____ AM/PM
MM/DD/YYYY

***MD NPI:** _____

***MD Phone #:** _____

***MD FAX #:** _____

Duplicate Report(s) To: _____

☐ **WET READ/Immediate Results Requested**

If "Yes," phone number: _____

If PPO, Request Assist With This Authorization? ☐ Yes ☐ No

If No, Authorization #: _____

☐ **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.**

Low-Dose CT Lung Cancer Screening

☐ **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, including for incidental findings. Communication with the patient will be done by the ordering provider.

Choose: ☐ Baseline ☐ Annual

Diagnosis: ☐ Current smoker (nicotine dependence, cigarettes)
☐ 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

Did patient receive smoking cessation guidance? ☐ Yes ☐ No

Has patient had a CT Chest exam within the past 12 months? ☐ Yes ☐ No

Please use our specialized procedure pad to order all invasive procedures, biopsies, drainages or aspirations.

CT <input type="checkbox"/>	IV CONTRAST: <input type="checkbox"/> Contrast <input type="checkbox"/> No Contrast Iodine Contrast Allergy? <input type="checkbox"/> Y <input type="checkbox"/> N Body part and side: _____ Special Instructions: _____		
MRI <input type="checkbox"/>	IV CONTRAST: <input type="checkbox"/> Contrast <input type="checkbox"/> No Contrast MRI Contrast Allergy? <input type="checkbox"/> Y <input type="checkbox"/> N Body part and side: _____ Special Instructions: _____ Implantable device(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe: _____		
Ultrasound <input type="checkbox"/>	Body part and side: _____ Special Instructions: _____		
Vascular U/S <input type="checkbox"/>	Special Instructions: _____		
X-Ray & Fluoro <input type="checkbox"/>	Body part and side: _____ Special Instructions: _____		
Breast Imaging <input type="checkbox"/>	If previous mammogram was not performed at Cedars-Sinai, please have patient bring prior images and reports. Mammogram: <input type="checkbox"/> Screening (3D) <input type="checkbox"/> Diagnostic If Diagnostic: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Ultrasound Laterality: _____ <input type="checkbox"/> Screening Breast Ultrasound (HHUS)		
PET/CT <input type="checkbox"/>	<div> <div> 1 <input type="checkbox"/> PET Body (Base of Skull to Thigh) Add: <input type="checkbox"/> Head <input type="checkbox"/> Extremities Reason for Head and/or Extremities: _____ </div> <div> 2 For body, choose: <input type="checkbox"/> FDG <input type="checkbox"/> Dotatate—Neuroendocrine <input type="checkbox"/> PSMA—Prostate </div> <div> 3 CT Information for PET/CT Body: Must Check One: <input type="checkbox"/> CT for localization only <input type="checkbox"/> Diagnostic CT—Check area of interest: <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis </div> </div> <div> <input type="checkbox"/> PET Bone (F18) <input type="checkbox"/> PET Brain only For brain only, choose: <input type="checkbox"/> FDG <input type="checkbox"/> Amyvid <input type="checkbox"/> TAUVID </div>		
Nuclear Medicine <input type="checkbox"/>	Type of exam: _____ Special Instructions: _____		
Cardiac <input type="checkbox"/>	NUCLEAR CARDIOLOGY <input type="checkbox"/> PET Myocardial Perfusion/blood flow <input type="checkbox"/> Rubidium <input type="checkbox"/> flurpiridaz <input type="checkbox"/> PET Exercise Perfusion (flurpiridaz) <input type="checkbox"/> SPECT Myocardial Perfusion <input type="checkbox"/> PET Myocardial Viability <input type="checkbox"/> PET Cardiac Sarcoidosis <input type="checkbox"/> PET Infection <input type="checkbox"/> FDG <input type="checkbox"/> Indium WBC <input type="checkbox"/> Pyrophosphate for Amyloid (PYP)	CARDIAC CT <input type="checkbox"/> Coronary Calcium Scan (CCS) <input type="checkbox"/> with consult <input type="checkbox"/> Coronary CT Angiogram (CCTA) <input type="checkbox"/> with FFRct if recommended <input type="checkbox"/> with Plaque Analysis if recommended <input type="checkbox"/> Pulmonary Vein / LAA / mass <input type="checkbox"/> Valve: pre <input type="checkbox"/> / post <input type="checkbox"/> procedure <input type="checkbox"/> Other: _____ Iodine Contrast Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No	CARDIAC MRI <input type="checkbox"/> Contrast <input type="checkbox"/> No Contrast <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Myocarditis/Pericarditis <input type="checkbox"/> Viability/Mass <input type="checkbox"/> Stress Perfusion <input type="checkbox"/> Valve <input type="checkbox"/> Congenital Pacemaker/Defibrillator: <input type="checkbox"/> Y <input type="checkbox"/> N MRI Contrast Allergy: <input type="checkbox"/> Y <input type="checkbox"/> N Implantable Device(s): <input type="checkbox"/> Y <input type="checkbox"/> N
	Special Instructions: _____		

PATIENT INFORMATION AND PREPARATIONS

CT

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 for “Colonography.”
- 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.

MRI

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: 2½-3 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 before your 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 (approx visit time 3 ½ hours)

- **48 hours before exam:** Do not do any strenuous exercise or deep-tissue massage.
- **24 hours before exam:** Eat 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 drinks.
- **6 hours before the exam:** Please do not eat or drink anything except water, which is encouraged.
- 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. Insulin pumps are permitted. Carefully monitor/control your blood sugar
- 48 hrs before the scan. Call 310-423-8738 for more information.

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

- Follow the above preparations in addition to not consuming caffeine products (chocolate, soda, tea, coffee or Excedrin) for 24 hours before exam. Note: Decaffeinated products do contain caffeine.

Gallium-68 Dotatate (NETSPOT) PET/CT for Neuroendocrine tumors.

- Discontinue long-acting somatostatin drugs 21 days prior to scan.
- Discontinue short acting somatostatin drugs 48 hours prior to scan.

F-18-PSMA (Pylarify) for Prostate Cancer—there is no preparation for this scan.

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

- Do not eat or drink 12 hours before exam.

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; Cytomel® (T3) or Liothyronine 2 weeks before exam; and anti-thyroid medication 5 days before exam.
- Avoid eating sushi, seaweed, kelp products or seafood 1 week before exam.

ULTRASOUND

Abdominal Ultrasound (Liver, Spleen, Gallbladder, Kidneys, Pancreas, Abdominal Aorta and Biliary System) (approx. visit time: 1½ 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/Esoophagram (approx. visit time: 1-2½ hours) or **Upper GI with Small Bowel Study** (approx. visit time: 1½ -3½ 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 iodine, 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

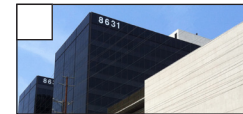
Corner of San Vicente Blvd. & Gracie Allen Dr.
8705 Gracie Allen Drive,
Los Angeles CA 90048

Valet and patient drop off in front; valet and parking available in Pavilion Parking



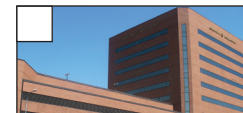
Susanne and Ervin Bard Pavilion

127 S. San Vicente Blvd.,
Suite #A-2500
Los Angeles CA 90048
Valet and parking available in Pavilion Parking



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