



Interventional Radiology

Diplomates, American Board of Radiology

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Authorization Tax ID #: 30-0449168 / NPI #: 1821271727

Facility Name: "Central Coast Radiology Associates"

STAT (Same Day) Patient on Blood Thinners? No Yes/Type _____ Authorization #: _____

Patient Name: _____ DOB: _____ Today's Date: _____

Requesting Physician: _____ Phone: _____ Fax #: _____


Clinical Indication: _____

ICD Code (Must be on the order): _____ CC Physician(s): _____

REQUESTING PHYSICIAN SIGNATURE: _____

Additional Patient History / Physician Notes:

Please include all of the following Current H&P Labs Office Notes Related to Referral
 Documents with this Order: Imaging Reports Demographic Info Insurance Cards

CONSULTATION	VENOGRAPHY	VENOUS ACCESS/ DIALYSIS	TRANSCATHETER PROCEDURES
<input type="checkbox"/> Evaluate <input type="checkbox"/> Evaluate and Treat <hr/> ARTERIAL ANGIOGRAPHY <input type="checkbox"/> Diagnostic Only <input type="checkbox"/> With Intervention if indicated Site: _____	<input type="checkbox"/> Upper Ext Venogram <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Lower Ext Venogram <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> DVT Thrombolysis <input type="checkbox"/> IVC Filter <input type="checkbox"/> Placement <input type="checkbox"/> Removal <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> Spider Veins <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Endovenous Ablation Varicose Veins	<input type="checkbox"/> Fistulogram (With declot or intervention If indicated) <input type="checkbox"/> Dialysis Catheter <input type="checkbox"/> Placement <input type="checkbox"/> Removal <input type="checkbox"/> Exchange <input type="checkbox"/> Port Catheter <input type="checkbox"/> Placement <input type="checkbox"/> Removal <input type="checkbox"/> PICC <input type="checkbox"/> Tunneled Central Line (Hickman)	<input type="checkbox"/> Abdominal Aortic Aneurysm Stent Graft <input type="checkbox"/> Carotid Artery Stenting <input type="checkbox"/> Catheter Embolization <input type="checkbox"/> Chemoembolization (TACE) <input type="checkbox"/> Coil Embolization <input type="checkbox"/> Foreign Body Retrieval Site: _____
INFERTILITY INTERVENTIONS	BILIARY INTERVENTIONS	SPINE PROCEDURES	RADIOACTIVE IODINE THERAPY
<input type="checkbox"/> Fallopian Tube Recanalization <input type="checkbox"/> Uterine Artery Embolization <input type="checkbox"/> Varicocele Embolization	<input type="checkbox"/> Percutaneous Cholangiogram <input type="checkbox"/> Biliary Tube <input type="checkbox"/> Placement <input type="checkbox"/> Removal <input type="checkbox"/> Check / Exchange	<input type="checkbox"/> Vertebroplasty <input type="checkbox"/> Sacroplasty	<input type="checkbox"/> Evaluation and Treatment with I-131 Therapy <input type="checkbox"/> I-131 Administration Dosage: _____
NON-LISTED PROCEDURES	BIOPSIES / DRAINAGE	GI / GU PROCEDURES	PAIN MANAGEMENT
_____ _____ _____ _____  0 5 0 1 0 0 0 0	<input type="checkbox"/> Biopsy <input type="checkbox"/> CT <input type="checkbox"/> MR <input type="checkbox"/> US Site: _____ <input type="checkbox"/> CT Cyst Drainage Site: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> Drainage Tube <input type="checkbox"/> Placement <input type="checkbox"/> Removal <input type="checkbox"/> Check / Exchange <input type="checkbox"/> Tunneled Indwelling Pleural Effusion Catheter <input type="checkbox"/> Tunneled Indwelling Ascites Drainage Catheter	<input type="checkbox"/> TIPS <input type="checkbox"/> Gastrostomy Tube <input type="checkbox"/> Placement <input type="checkbox"/> Removal <input type="checkbox"/> Check / Exchange <input type="checkbox"/> Nephrostomy Tube <input type="checkbox"/> Placement <input type="checkbox"/> Removal <input type="checkbox"/> Check / Exchange <input type="checkbox"/> Ureteral Stent <input type="checkbox"/> Placement <input type="checkbox"/> Exchange	<input type="checkbox"/> Celiac Plexus Block <input type="checkbox"/> Discogram <input type="checkbox"/> Epidural Injection <input type="checkbox"/> Facet Block <input type="checkbox"/> Nerve Root Block <input type="checkbox"/> SI Joint Injection Site: _____

www.rasloimaging.com

FACILITIES

Radiology Diagnostic Center

RDC

1310 Las Tablas Rd., Suite 103
Templeton, CA 93465
805.434.0829
805.434.0826 - Fax

Five Cities Medical Imaging

FCMI

921 Oak Park Blvd., Suite 102
Pismo Beach, CA 93449
805.779.7900
805.779.7910 - Fax

Digital Medical Imaging

DMI

522 East Plaza Drive
Santa Maria, CA 93454
805.928.3673
805.928.9588 - Fax

Interventional Radiology (IR) Clinic

PO Box 2920
Atascadero, CA 93423
805.792.0115
805.461.5570 - Fax

HOSPITAL AFFILIATES

Coastal Diagnostic Center

921 Oak Park Blvd., Suite 100
Pismo Beach, CA 93449
805.481.4705
805.481.7279 – Fax

Sierra Vista Medical Center

1010 Murray Ave.
San Luis Obispo, CA 93405
805.546.7676
805.546.7752 – Fax

French Hospital Medical Center

1911 Johnson Ave
San Luis Obispo, CA 93401
805.542.6392
805.542.6696 –Fax

Scan the QR Code below to go directly to our website.



Pre-Examination Instructions

- ▶ Our office must have a copy of this order prior to the day of your appointment.
- ▶ Call our office, prior to your examination, if your insurance requires authorization, need to change your appointment time or date, have an allergy to contrast media or iodine, or if you are pregnant.
- ▶ You may take any routine medications on the day of your examination.

Fluoroscopy

- UGI Series/Small Bowel** ▶ Nothing to eat or drink eight (8) hours prior to the study.
 - ▶ Exam could take up to 3-4 hours.
- Barium Enema** ▶ Pick up a Barium Enema kit at our office at least two (2) days before your study and follow the enclosed instructions.
- IVP** ▶ Do not eat or drink anything for two (2) hours prior to your scheduled exam.

Mammography - Walk-in Screening Mammos Available.

- ▶ No perfumes, powders, or deodorants prior to your exam.

Ultrasound

- Abdomen** ▶ Nothing to eat or drink eight (8) hours prior to study.
- Renal, Pelvis, or OB/GYN** ▶ Drink 4-5 8oz. glasses of water (24-36 oz) 1 hour prior to exam.
 - ▶ DO NOT urinate. A full bladder is essential.
 - ▶ **Note:** The slower the bladder fills, the less discomforting.

CT Scan

- Abdomen/Pelvis** ▶ Pick up oral contrast preparation at our office the afternoon before your examination and follow the enclosed instructions (if exam requires contrast).
- All other IV Contrast exams** ▶ Nothing to eat or drink two (2) hours prior to exam.

CT Colonography

- ▶ Pick up a prep kit at our office at least two (2) days before examination and follow instructions.

Magnetic Resonance Imaging (MRI)

- MRI of the Abdomen/Pelvis** ▶ Nothing to eat or drink four (4) hours prior to your examination.
- PLEASE NOTE:** ▶ Patients with pacemakers or certain brain aneurysm clips cannot be scanned.
 - ▶ If you have metal or prostheses elsewhere in your body, notify us before your examination.
 - ▶ Special Arrangements must be made for pregnant patients.

DMI DIRECTIONS 522 East Plaza Drive, Santa Maria

From the South
Exit Stowell Rd.
Turn Right on Stowell Rd.
Turn Left on Cecelia
Turn Right on Plaza Drive

From the North
Exit Stowell Rd.
Turn Right at first street
Turn Left on Stowell Rd.
Turn Left on Cecelia
Turn Right on Plaza Drive



FCMI DIRECTIONS 921 Oak Park Blvd. Suite 102, Pismo Beach

From the South
Exit Oak Park Blvd.
Turn Left on W. Branch
Turn Right on Oak Park Blvd.
Turn Left on James Way
Turn Right at First Driveway
Pismo Medical Campus

From the North
Exit Oak Park Blvd.
Turn Left on El Camino Real
Turn Left on Oak Park Blvd.
Turn Left on James Way
Turn Right at First Driveway
Pismo Medical Campus



RDC DIRECTIONS 1310 Las Tablas Road, Suite #103, Templeton

From the South
Highway 101 North
Exit Las Tablas Road
Turn left and drive ½ mile
Drive past the hospital
Office on right corner
Omkar Medical Plaza
Turn right on Celestial Way
Entrance to parking lot on left

From the North
Highway 101 South
Exit Las Tablas Road
Turn right and drive ½ mile
Drive past the hospital
Office on right corner
Omkar Medical Plaza
Turn right on Celestial Way
Entrance to parking lot on left

