

Center Hours for all locations: 7:00am – 6:00pm Monday through Friday. Email orders to: orders@ra-slo.com
Authorization Tax ID #: 30-0449168 / NPI #: 1821271727 Facility Name: "California Managed Imaging Medical Group"

Patient Name: _____ DOB: _____ Phone: _____ Authorization #: _____

Requesting Physician: _____ Phone: _____ Fax: _____

Clinical Indication (ICD-10 Code): _____

Requesting Physician Signature: _____ Today's Date: _____

Special Instructions: _____

Phone Order: Requesting Physician Approval: _____ Staff Initials: _____ Date: _____

STAT ROUTINE
Phone # for Results: _____
CC Physician(s): _____
CD Requested: Yes No

MRI	<input type="checkbox"/> 1.5T MRI <input type="checkbox"/> 3T MRI <input type="checkbox"/> 1.2T Open MRI (DMI) <input type="checkbox"/> With/Without Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> Arthrogram (Intra-articular Contrast)	<input type="checkbox"/> Chest <input type="checkbox"/> Bilateral Breast <input type="checkbox"/> Breast Biopsy <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Prostate <input type="checkbox"/> Abdomen <input type="checkbox"/> MRCP <input type="checkbox"/> Eovist Liver <input type="checkbox"/> Enterography <input type="checkbox"/> Whole Body (3T Only)	<input type="checkbox"/> Foot (Midfoot/Forefoot) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle (Hindfoot) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Lower Leg/Tib Fib <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Femur/Thigh <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Humerus/Upper Ext <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Forearm <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hand/Finger/Thumb <input type="checkbox"/> R <input type="checkbox"/> L		MRA (Angiography) <input type="checkbox"/> MRA Head (COW) <input type="checkbox"/> MRA Neck (Carotid/Vertebral) <input type="checkbox"/> MRA Head/Neck/Chest (Arch) <input type="checkbox"/> MRA Thoracic Aorta (Chest) <input type="checkbox"/> MRA Renal <input type="checkbox"/> MRA Abdomen <input type="checkbox"/> MRA Aortogram with Bilateral Lower Extremities <input type="checkbox"/> Other MRA: _____ <input type="checkbox"/> Other MRV: _____		
CT	<input type="checkbox"/> Without Contrast <input type="checkbox"/> With Contrast <input type="checkbox"/> With/Without Contrast <input type="checkbox"/> Intra-Articular	GFR/Creatinine is required for patients over the age of 70, have diabetes, have kidney disease, and/or are currently taking medication for high blood pressure.			CTA (Angiography) <input type="checkbox"/> CTA Brain/Head <input type="checkbox"/> CTA Neck/Carotid <input type="checkbox"/> CTA Carotid/Vertebral (Arch/Neck) <input type="checkbox"/> CTA Thoracic Aorta (Chest) <input type="checkbox"/> CTA Chest for PE <input type="checkbox"/> CTA Renal <input type="checkbox"/> CTA Abdomen <input type="checkbox"/> CTA Pelvis <input type="checkbox"/> CTA Aorta with Runoff <input type="checkbox"/> CTA Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> CTA Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B		
ULTRASOUND	*Templeton (RDC) & Santa Maria (DMI) Only* <input type="checkbox"/> Arterial Segmental Pressures <input type="checkbox"/> Neck Soft Tissue/Thyroid <input type="checkbox"/> Dplx Venous Lwr Ext <input type="checkbox"/> Dplx Arterial Lwr Ext <input type="checkbox"/> Dplx Venous Upr Ext <input type="checkbox"/> Dplx Arterial Upr Ext <input type="checkbox"/> Soft Tissue: _____	<input type="checkbox"/> Aorta <input type="checkbox"/> Dplx Carotid <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Other: _____	<input type="checkbox"/> Abdomen Complete <input type="checkbox"/> Abdomen Limited: _____ <input type="checkbox"/> Renal & Bladder <input type="checkbox"/> Renal Only <input type="checkbox"/> Dplx Renal <input type="checkbox"/> Bladder Only <input type="checkbox"/> Pelvic- TA & TV <input type="checkbox"/> Transvaginal Only <input type="checkbox"/> Pelvic -TA Only		<input type="checkbox"/> OB < 14 weeks -TA & TV <input type="checkbox"/> OB < 14 weeks - TV Only <input type="checkbox"/> OB < 14 weeks - TA Only <input type="checkbox"/> OB > Than 14 weeks <input type="checkbox"/> Testicular/Scrotal <input type="checkbox"/> Infant Hip <input type="checkbox"/> Infant Spine <input type="checkbox"/> Axilla <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Ultrasound Guided Biopsy <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> Axillary Node <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Thyroid <input type="checkbox"/> Soft Tissue Mass <input type="checkbox"/> Other: _____	
XR	<input type="checkbox"/> Skull (4v) <input type="checkbox"/> Mandible (4v) <input type="checkbox"/> Facial Bones (3v) <input type="checkbox"/> Nasal Bones (3v) <input type="checkbox"/> Sinus (3v) <input type="checkbox"/> Waters view only <input type="checkbox"/> Orbits (4v) <input type="checkbox"/> SC Joints (2v Both) <input type="checkbox"/> Cervical Spine (3v) <input type="checkbox"/> Thoracic Spine (2v) <input type="checkbox"/> Bone Length Bilat <input type="checkbox"/> Scanogram done in CT	<input type="checkbox"/> Chest (2v) <input type="checkbox"/> Sternum (2v) <input type="checkbox"/> Abdomen Series (3v) <input type="checkbox"/> KUB (1v) <input type="checkbox"/> Pelvis (1v) <input type="checkbox"/> SI Joints (3v Both) <input type="checkbox"/> AC Joints (4v Both) <input type="checkbox"/> Scoliosis (2v) <input type="checkbox"/> Thoracolumbar (2v) <input type="checkbox"/> Lumbar (3v) <input type="checkbox"/> Sacrum/Coccyx (3v) <input type="checkbox"/> Other: _____	*The number of views listed in parentheses are the default unless otherwise indicated* Select Laterality: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Ribs (3v) <input type="checkbox"/> Shoulder (3v) <input type="checkbox"/> Clavicle (2v) <input type="checkbox"/> Scapula (2v) <input type="checkbox"/> Humerus (2v) <input type="checkbox"/> Elbow (3v) <input type="checkbox"/> Forearm (2v) <input type="checkbox"/> Wrist (3v) <input type="checkbox"/> Hand (3v) <input type="checkbox"/> Finger (3v)		PET	*Templeton & Pismo Beach ONLY* <input type="checkbox"/> FDG-Skull to Mid-Thigh <input type="checkbox"/> FDG-Whole Body* *For multiple myeloma, melanoma, bone mets, masses or tumors on extremities, merkel cell carcinoma, and/or sarcoma ONLY. <input type="checkbox"/> FDG-Brain <input type="checkbox"/> Axumin-Skull to Mid-Thigh Fluciclovine-18 <input type="checkbox"/> Beta Amyloid-Brain <input type="checkbox"/> F-18 Sodium Fluoride Whole Body <input type="checkbox"/> Ga-68 Dotatate-Skull to Mid-Thigh (Templeton Only)	
FLUOROSCOPY	<input type="checkbox"/> Cervical Myelogram with CT to Follow <input type="checkbox"/> Thoracic Myelogram with CT to Follow <input type="checkbox"/> Lumbar Myelogram with CT to Follow <input type="checkbox"/> VCUg (Voiding Cystourethrogram) <input type="checkbox"/> Retrograde Cystourethrogram <input type="checkbox"/> IVP (XR Only) <input type="checkbox"/> HSG (Hysterosalpingogram) <input type="checkbox"/> BA Swallow/Esophagram <input type="checkbox"/> Upper GI (UGI) <input type="checkbox"/> Small Bowel Follow Through	Therapeutic Injection <input type="checkbox"/> Shoulder <input type="checkbox"/> Epidural (IR Doc Only) <input type="checkbox"/> Facet (IR Doc Only) <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Fine Needle Aspiration of Joint <input type="checkbox"/> Other: _____		MAMMOGRAPHY	*Templeton (RDC) & Santa Maria (DMI) Only* <input type="checkbox"/> Screening 3D (with Diagnostic MG and US if indicated) <input type="checkbox"/> Diagnostic 3D (with US if indicated) <input type="checkbox"/> Add Views 3D (with US if indicated) <input type="checkbox"/> Stereotactic Breast Biopsy <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	BONE DENSITY	<input type="checkbox"/> Bone Density DEXA* *Templeton (RDC) Only <input type="checkbox"/> QCT Bone Density* *Santa Maria (DMI) and Pismo Beach (FCMI) Only

www.rasloimaging.com

FACILITIES

Radiology Diagnostic Center - RDC

1310 Las Tablas Rd., Suite 103
Templeton, CA 93465

805.434.0829 Phone

805.434.0826 Fax

Five Cities Medical Imaging - FCMI

921 Oak Park Blvd., Suite 102
Pismo Beach, CA 93449

805.779.7900 Phone

805.779.7910 Fax

Digital Medical Imaging - DMI

522 East Plaza Drive
Santa Maria, CA 93454

805.928.3673 Phone

805.928.9588 Fax

Interventional Radiology (IR)

805.792.0115 Phone

805.461.5570 Fax

HOSPITAL AFFILIATES

Coastal Diagnostic Center

921 Oak Park Blvd., Suite 100
Pismo Beach, CA 93449

805.481.4705 Phone

805.481.7279 Fax

Sierra Vista Medical Center

1010 Murray Ave.
San Luis Obispo, CA 93405

805.546.7676 Phone

805.546.7752 Fax

French Hospital Medical Center

1911 Johnson Ave
San Luis Obispo, CA 93401

805.542.6392 Phone

805.542.6696 Fax

Selma Carlson Diagnostic Center

77 Casa St Suite 102
San Luis Obispo, CA 93405

805.546.7733 Phone

805.549.9217 Fax

Plaza Diagnostic Imaging

525 E Plaza Dr
Santa Maria, CA 93454

805.739.3848 Phone

805.739.3849 Fax

Arroyo Grande Community Hospital

345 S Halcyon
Arroyo Grande, CA 93420

805.403.0313 Phone

805.473.7682 Fax

Marian Regional Medical Center

1400 Church St
Santa Maria, CA 93454

805.403.0313 Phone

805.473.7682 Fax

Mission Hope Cancer Center

1325 E Church St Suite 201
Santa Maria, CA 93454

805.346.3490 Phone

805.349.0271 Fax

Pre-Examination Instructions

- Our office must have a copy of this order prior to the day of your appointment
- You must provide a picture ID and insurance at the time of your appointment
- Prior to you exam, please call our office if: you need to change your appointment time or date, have an allergy to contrast media or iodine, if you are pregnant, or your insurance requires authorization

Fluoroscopy

UGI Series/Small Bowel - Nothing to eat or drink eight (8) hours prior to the study. Exam can take up to 4 hours.

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/Pelvis - Nothing to eat or drink eight (8) hours prior to the 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 your exam requires contrast). Nothing to eat or drink three (3) hours prior to exam.

CT/IVP - Nothing to eat or drink three (3) hours prior to exam.

Chest - Nothing to eat or drink three (3) hours prior to exam.

CT Colonography

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

MRI (Magnetic Resonance Imaging)

Abdomen - Nothing to eat or drink four (4) hours prior to your exam.

PLEASE NOTE: Patients with *pacemakers* or certain *aneurysm clips* cannot be scanned. If you have metal or prostheses elsewhere in your body, notify us before your exam. Special arrangements must be made for pregnant patients.

Directions to DMI

From the South

Exit Stowell Rd
Turn Right on Stowell
Turn Left on Cecelia
Turn Right on Plaza Drive

From the North

Exit Stowell Rd
Turn Right at the first street
Turn Left on Stowell
Turn Left on Cecilia
Turn Right on Plaza Drive

Directions to FCMI

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 into first driveway
Look for 921 building entrance closest to street

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 into first driveway
Look for 921 building entrance closest to street

Directions to RDC

From the South

Exit Las Tablas Rd
Turn Left
Pass Twin Cities Hospital
Turn Right on Celestial Way
Turn Left into the parking lot
Entrance will be on the left in the back corner of the rose garden

From the North

Exit Las Tablas Rd
Turn Right
Pass Twin Cities Hospital
Turn Right on Celestial Way
Turn Left into the parking lot
Entrance will be on the left in the back corner of the rose garden