

## PHYSICIAN REFERRAL FORM

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Time of Exam: \_\_\_\_\_

**REPORT & IMAGE DELIVERY**

- STAT Report
- CC Physician Report: \_\_\_\_\_
- CD of Images: Patient to carry
- CD of Images: Mail to \_\_\_\_\_

Person Scheduling Exam: \_\_\_\_\_

Office Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Referring Physician: \_\_\_\_\_  
 (PRINT NAME)

Physician Signature: \_\_\_\_\_  
 (REQUIRED)

DIAGNOSIS / ICD-9: \_\_\_\_\_  
 (Please do not use "Rule-Out" as the primary diagnosis)

**X-RAY EXAMS**

- ABDOMEN - KUB
- ABDOMEN - KUB & UPRIGHT
- ABDOMEN - KUB, UP, PA CHEST
- A-C JOINTS. . . . . R L B
- ANKLE . . . . . R L B
- CALCANEUS/HEEL . . . . . R L B
- CERVICAL - AP & LAT
- CERVICAL - COMPLETE
- CHEST - PA & LATERAL
- CHEST - I VIEW
- CLAVICLE . . . . . R L B
- ELBOW . . . . . R L B
- FACIAL BONES
- FEMUR . . . . . R L B
- FINGER(S). . . . . R L B
- FOOT . . . . . R L B
- FOREARM . . . . . R L B
- HAND. . . . . R L B
- HIP - UNILAT . . . . . R L B
- HIP - BILAT & PELVIS . . . . . R L B
- HUMERUS . . . . . R L B
- KNEE . . . . . R L B
- LUMBAR - AP & LAT
- LUMBAR - COMPLETE
- MANDIBLE COMPLETE
- NASAL BONES
- NECK - SOFT TISSUE
- ORBITS
- PELVIS - AP ONLY
- RIBS . . . . . R L B
- RIBS PA CHEST. . . . . R L B
- SACRUM & COCCYX
- SCAPULA. . . . . R L B
- SHOULDER. . . . . R L B
- SI JOINTS
- SINUSES
- SKULL
- SCOLIOSIS SERIES

**CT SCANS**

- STERNUM
- THORACIC - AP, LAT & SWIMMERS
- TIBIA - FIBULA (LOWER LEG) . R L B
- TOE(S) . . . . . R L B
- WRIST. . . . . R L B

**INFANT X-RAY EXAMS**

- PELVIS AND HIPS INFANT/CHILD
- UPPER EXT. INFANT 2 VIEWS. R L B
- LOWER EXT. INFANT 2 VIEWS R L B
- BONE AGE
- BONE SURVEY

**BONE DENSITOMETRY**

- DEXA - COMPLETE SPINE, PELVIS
- DEXA - PERIPHERAL RADIUS, WRIST

**DOPPLER ULTRASOUND**

- ARTERIAL DUPLEX
  - LOWER EXTREMITY . . . R L B
  - UPPER EXTREMITY . . . R L B
- VENOUS DUPLEX
  - LOWER EXTREMITY . . . R L B
  - UPPER EXTREMITY . . . R L B
- CAROTID DOPPLER

**ULTRASOUND**

- ABDOMINAL COMPLETE
- BREAST. . . . . R L B
- HEAD/NECK SOFT TISSUE - THYROID
- RENAL
- OB < 14 WEEKS
- OB > 14 WEEKS
- PELVIC (NON-OB) TRANSVAGINAL & TRANSABDOMINAL
- PELVIC TRANSVAGINAL (NON-OB)
- PELVIC TRANSABDOMINAL (NON-OB)
- SCROTUM
- EXTREMITY SOFT TISSUE . . . R L B

**CT SCANS**  
 BUN & Creatinine Lab Results  
 REQUIRED for ALL CT Contrast Studies

**CONTRAST**

- CT BRAIN/HEAD . . . . . wo / w & wo
- CT IAC (INTERNAL AUDITORY CANALS)
- CT ORBITS
- CT TEMPORAL BONES
- CT FACIAL BONES
- CT SINUSES - COMPLETE
- CT SOFT TISSUE NECK. . . . . wo / w
- CT CERVICAL SPINE
- CT THORACIC SPINE
- CT LUMBAR SPINE
- CT CHEST . . . . . wo / w / w & wo
- CT ABDOMEN. . . . . wo / w / w & wo
- CT PELVIS. . . . . wo / w / w & wo
- CT EXTREMITY . . . . . R L B  
 (Please specify \_\_\_\_\_)

**NUCLEAR MEDICINE**

- Bone Scan (Please specify area)
  - WHOLE BODY
  - 3-PHASE \_\_\_\_\_
  - SPECT \_\_\_\_\_
  - MULTIPLE \_\_\_\_\_
  - LIMITED \_\_\_\_\_
- HIDA (HEPATOBIILIARY)
- LIVER & SPLEEN IMAGING
- RENAL IMAGING W/ VASC FLOW
- PARATHYROID IMAGING
- GALLIUM FOR TUMOR
  - MULTIPLE \_\_\_\_\_
  - WHOLE BODY
  - SPECT \_\_\_\_\_
- THYROID IMAGING, ONLY
- I-131 WHOLE BODY THYROID CANCER SCAN

**NUCLEAR MEDICINE - CONT'D**

- I-131 THERAPY
- THYROID ABLATION FOR CANCER
- GALLIUM / INDIUM FOR INFECTION
  - LIMITED
  - WHOLE BODY
  - SPECT
- INDIUM WBC SCAN (WHITE BLOOD CELL)
- CARDIAC STRESS THALLIUM W/ SPECT
- MUGA REST

**OPEN MRI**  
 GFR Lab Results  
 REQUIRED for ALL MRI Contrast Studies

**CONTRAST**

- MRI ANKLE. . . . . R L B
- MRI BRAIN / HEAD
- MRI CERVICAL SPINE. . . wo / w & wo
- MRI ELBOW . . . . . R L B
- MRI FEMUR. . . . . R L B
- MRI FOOT . . . . . R L B
- MRI HAND . . . . . R L B
- MRI HIP . . . . . R L B
- MRI IAC (INTERNAL . . . wo / w & wo AUDITORY CANALS)
- MRI KNEE. . . . . R L B
- MRI LUMBAR SPINE. . . . . wo / w & wo
- MRI ORBIT / FACE / NECK . wo / w & wo
- MRI OTHER JOINT/EXTREMITY R L B  
 (Please specify \_\_\_\_\_)
- MRI PITUITARY W/ & W/O (SELLA)
- MRI PELVIS . . . . . wo / w & wo
- MRI SOFT TISSUE NECK . wo / w & wo
- MRI THORACIC SPINE . . wo / w & wo
- MRI WRIST . . . . . R L B

**MRA ANGIO**

- MRA CIRCLE OF WILLIS
- MRA CAROTID

OTHER EXAM(S): \_\_\_\_\_

**IMPORTANT PATIENT INFORMATION**

**Patient: Please bring any previous X-Rays/Scans with you.**  
**Please follow any special exam preparation/PREP instructions as required for your exam.**  
**Please provide at least 48 hours advance notice if you need to reschedule your appointment.**  
**Notify the technologist if you are pregnant or you think you might be, or if you are breast-feeding.**



## MAP & DIRECTIONS



(Map not to scale)



**San Gabriel Valley Diagnostic Center**  
**1509 W. Cameron Avenue, Suite D-100**  
**Tel 626.962.3525 • [www.sgvdidiagnostic.com](http://www.sgvdidiagnostic.com)**

### FROM THE 10 FWY HEADING EAST

10 FWY, EXIT WEST COVINA PARKWAY/PACIFIC AVENUE  
STAY IN THE RIGHT LANE (EXIT FORKS)  
MERGE ONTO ORANGE AVENUE  
LEFT ON CAMERON AVENUE  
END AT 1509 W. CAMERON AVENUE  
ON THE LEFT-HAND SIDE.

### FROM THE 10 FWY HEADING WEST

10 FWY, EXIT WEST COVINA PARKWAY  
RIGHT ON TO WEST COVINA PARKWAY  
RIGHT ON TOLUCA STREET  
LEFT ON CAMERON AVENUE  
END AT 1509 W. CAMERON AVENUE ON THE LEFT-HAND SIDE.

### FROM THE 210 FWY HEADING EAST

210 FWY EXIT IRWINDALE AVENUE  
RIGHT ON IRWINDALE  
AFTER BADILLO STREET, IRWINDALE BECOMES SUNSET AVENUE  
RIGHT ON CAMERON AVENUE  
END AT 1509 W. CAMERON AVENUE  
ON THE RIGHT-HAND SIDE.

### FROM THE 210 FWY HEADING WEST

210 FWY EXIT IRWINDALE AVENUE  
LEFT ON IRWINDALE  
AFTER BADILLO STREET, IRWINDALE BECOMES SUNSET AVENUE  
RIGHT ON CAMERON AVENUE  
END AT 1509 WEST CAMERON AVENUE  
ON THE RIGHT-HAND SIDE.

## SCHEDULING HOURS

### BONE DENSITY / DEXA

MONDAY - FRIDAY 8:00AM - 6:00PM SATURDAY 8:00AM - 3:00PM

### SPIRAL CT

MONDAY - FRIDAY 9:00AM - 6:00PM

### NUCLEAR MEDICINE

MONDAY, WEDNESDAY & FRIDAY 8:00AM - 4:00PM

### OPEN MRI

MONDAY - FRIDAY 8:00AM - 8:00PM SATURDAY 8:00AM - 4:00PM

### DOPPLER ULTRASOUND

MONDAY - FRIDAY 8:00AM - 7:00PM SATURDAY 8:00AM - 6:00PM

### GENERAL ULTRASOUND

MONDAY - FRIDAY 8:00AM - 7:00PM SATURDAY 8:00AM - 6:00PM

### DIGITAL X-RAY

\*No Appointment Required/Walk-Ins Welcome\*

MONDAY - FRIDAY 8:00AM - 6:00PM SATURDAY 8:00AM - 3:00PM

## PATIENT INSTRUCTIONS

1. Wear comfortable loose clothing (e.g. Jogging suit) without metal zippers, snaps, or trim. Please leave all unnecessary valuables at home.
2. Please arrive 30 minutes before your scheduled exam time.
3. Please bring your Insurance Card(s) and Photo ID.
4. Please call 24 hours in advance if you are unable to keep your appointment.
5. Payment is required at the time of service, if your insurance co-pay or deductible has not been satisfied.
6. Please note that all children must be accompanied & supervised by a parent or legal guardian.

