



TOWER SAINT JOHN'S IMAGING

Imaging by Specialists

Tel: 310.264.9000 • Fax: 310.264.9004
2202 Wilshire Blvd., Santa Monica, CA 90403
www.towersji.com
MRI • Open MRI • PET/CT • CT • Fluoroscopy • X-ray
U/S • Digital Screening Mammography • Pain Mngmt.

REV. 7/08

PATIENT INFORMATION

NAME: _____ D.O.B.: _____
EXAM DATE: _____ EXAM TIME: _____
DIAGNOSIS/SYMPTOMS: _____

PHYSICIAN INFORMATION

REFERRING PHYSICIAN: DR. _____ DR. PHONE #: _____

C.C. TO: DR(S). _____

REPORT ONLY REPORT & CD REPORT & FILM STAT REPORT FAX REPORT #:

EXAM(S) ORDERED PLEASE COMPLETE AS FULLY AS POSSIBLE AND DIRECT PATIENT TO FOLLOW APPROPRIATE PREP ON REVERSE

NAME OF EXAM EXAM FOCUS

MRI OPEN MRI
CONTRAST: W W/D W/D & W
 RADIOLOGIST DISCRETION

BRAIN PITUITARY ORBITS IAC'S NECK SHOULDER
 C-SPINE T-SPINE L-SPINE PELVIS (BONY) HIPS KNEE
 FOOT ANKLE ABDOMEN PELVIS (SOFT TISSUE)
 BREAST GUIDED BREAST BIOPSY OTHER (SPECIFY) _____

MR ANGIOGRAPHY

BRAIN CAROTID RENAL RUNOFF OTHER (SPECIFY) _____

MR ARTHROGRAPHY

SHOULDER WRIST KNEE OTHER (SPECIFY) _____

CT
CONTRAST: W W/D W/D & W
 RADIOLOGIST DISCRETION

BRAIN TEMP. BONES/IAC'S FACIAL BONES SINUS ORBITS
 NECK C-SPINE T-SPINE L-SPINE LUNG SCREEN
 CHEST ABDOMEN PELVIS UROGRAM QCT (BONE DENSITY)
 OTHER (SPECIFY) _____

CT ANGIOGRAPHY

HEAD CAROTID PULMONARY CHEST RENAL RUNOFF
 ABDOMEN/PELVIS OTHER (SPECIFY) _____

PET/CT (ANATOMICAL LOCALIZATION)

DIAGNOSIS STAGING RESTAGING BRAIN
(SPECIFY INDICATION) _____

DIAGNOSTIC CT
CONTRAST: W W/D W/D & W
 RADIOLOGIST DISCRETION

NECK CHEST ABDOMEN PELVIS

ULTRASOUND

CAROTID AORTA RENAL L.E. VENOUS INFANT HEAD
 COMPLETE ABD. LIMITED ABD. PELVIS APPENDIX INFANT SPINE
 COMPLETE OB LIMITED OB SCROTUM THYROID PYLORIC STENOSIS
 OTHER (SPECIFY) _____

X-RAY

SPECIFY _____

FLUOROSCOPY

ESOPHAGRAM UPPER GI SMALL BOWEL BARIUM ENEMA
 VCUG OTHER (SPECIFY) _____

MAMMOGRAPHY - DIGITAL SCREENING

DIAGNOSTIC SERVICES & BREAST ULTRASOUND PROVIDED AT SJHC

PAIN MANAGEMENT

NON-SELECTIVE EPIDURAL STEROID INJ. (NESI) SELECTIVE EPIDURAL STEROID INJ. (SESI)
 FACET INJ. (FI) DISCOGRAPHY (DG) NERVE BLOCK (SPECIFY) _____

NOTES

REFERRING PHYSICIAN SIGNATURE