Western Medical Center Anaheim
Department of Diagnostic Imaging

1025 S. Anaheim Blvd.
Anaheim, CA 92805

Shaded fields must be completed

Patients name	Patients date of birth	Patients phone number
Clinical Diagnosis and history **Required** *(A detailed clinical history is essential in planning and interpreting the most effective procedure for your patient's care and diagnostics.)*		
Referring physician's name	Ordering physician's signature Date of request	Referring physician's phone and fax number *Phone* / *Fax*
Date of examination appointment	Time of appointment / Order taken by	Please send report copies to:

DIAGNOSTIC IMAGING REQUEST

Scheduling (714) 563-2813 • Fax (714) 502-2691

RADIOLOGY

- ❑ Abdomen 1 view
- ❑ Abdomen 2 view
- ❑ Acute Abdomen Series
- ❑ A-C Joints
- ❑ Ankle Complete ❑ R ❑ L
- ❑ Ankle Limited ❑ R ❑ L
- ❑ Bone Age
- ❑ Bone Survey
- ❑ Cervical Spine Complete
- ❑ Cervical Spine Limited
- ❑ Chest 1 View
- ❑ Chest 2 View
- ❑ Clavicle ❑ R ❑ L
- ❑ Elbow Complete ❑ R ❑ L
- ❑ Elbow Limited ❑ R ❑ L
- ❑ Esophogram
- ❑ Facial Bones
- ❑ Femur ❑ R ❑ L
- ❑ Finger ❑ R ❑ L
- ❑ Foot Complete ❑ R ❑ L
- ❑ Foot Limited ❑ R ❑ L
- ❑ Forearm ❑ R ❑ L
- ❑ Hand Complete ❑ R ❑ L
- ❑ Hand Limited ❑ R ❑ L
- ❑ Hip ❑ R ❑ L
- ❑ Humerus ❑ R ❑ L
- ❑ Hysterosalpingogram
- ❑ IVP
- ❑ Knee Complete ❑ R ❑ L
- ❑ Knee Limited ❑ R ❑ L
- ❑ Lumbar Spine Compete
- ❑ Lumbar Spine Limited
- ❑ Mandible ❑ R ❑ L
- ❑ Modified Barium Swallow
- ❑ Myelogram
- ❑ Nasal Bones
- ❑ Orbits
- ❑ Os Calcis ❑ R ❑ L
- ❑ Pelvis
- ❑ Ribs bilateral
- ❑ Ribs Unilateral ❑ R ❑ L
- ❑ Sacrum/Coccyx
- ❑ Scapula ❑ R ❑ L
- ❑ Scolosis Series
- ❑ Shoulder Complete ❑ R ❑ L
- ❑ Shoulder Limited ❑ R ❑ L
- ❑ S-I Joints
- ❑ Sinuses
- ❑ Skull
- ❑ Small Bowel Series
- ❑ Soft Tissue Neck
- ❑ Sternum
- ❑ Thoracic Spine
- ❑ Thoracolumbar Junction
- ❑ Tib-Fib ❑ R ❑ L
- ❑ Toe ❑ R ❑ L
- ❑ T-Tube
- ❑ UGI
- ❑ UGI with SBS
- ❑ VCUG
- ❑ Wrist Complete ❑ R ❑ L
- ❑ Wrist Limited ❑ R ❑ L
- ❑ Zygomatic Arches
- ❑ Other _____

COMPUTERIZED TOMOGRAPHY (CT)

- ❑ With ❑ Without
- ❑ With and Without Contrast
  - ❑ Abdomen
  - ❑ Abdomen/Pelvis
  - ❑ Brain
  - ❑ Cervical Spine
  - ❑ Chest
  - ❑ Extrermity, Area _____
  - ❑ Facial
  - ❑ IAC's
  - ❑ Lumbar Spine
  - ❑ Mastoids
  - ❑ Neck
  - ❑ Orbits
  - ❑ PE Chest
  - ❑ Pelvis
  - ❑ Sinuses
  - ❑ Thoracic Spine
  - ❑ Other _____

NUCLEAR MEDICINE

- ❑ Bone Scan
- ❑ Bone - Triple Phase
- ❑ Cardiac stress/rest _____ Type
  - ❑ Adenosine
  - ❑ Dobutamine
  - ❑ Persantine
  - ❑ Thallium
  - ❑ Treadmill
- ❑ Gallium
- ❑ Gastric Emptying
- ❑ GI Bleed
- ❑ Hepatobiliary
  - ❑ With CCK
- ❑ Indium WBC
- ❑ Kidney Function – Mag 3
  - ❑ with lasix
- ❑ Liver/Spleen
- ❑ Lung VQ Scan
- ❑ Thyroid Uptake & Scan
- ❑ Meckels
- ❑ Other _____

ULTRASOUND

- ❑ Abdominal Survey
- ❑ Amniocentesis
- ❑ Aorta
- ❑ BioPhysical Profile
- ❑ Breast ❑ R ❑ L ❑ Bilateral
- ❑ Chest
- ❑ Gallbladder
- ❑ Kidney ❑ R ❑ L ❑ Bilateral
- ❑ Neonatal Head
- ❑ OB Complete
- ❑ OB Limited
- ❑ Pelvic
- ❑ Scrotum
- ❑ Transvaginal
- ❑ Thyroid
- ❑ Other _____

VASCULAR IMAGING

- ❑ Abdominal Doppler
- ❑ Arterial Segmental Pressure
  - ❑ Upper ❑ Lower
- ❑ Arterial Doppler
  - ❑ Upper ❑ Lower
- ❑ Carotid
- ❑ Venous ❑ R ❑ L ❑ B
  - ❑ Upper ❑ Lower

CARDIOLOGY DIAGNOSTIC TESTING

- ❑ Cardioversion
- ❑ Echocardiography
- ❑ EKG's
- ❑ Holter Monitoring
- ❑ Non-Invasive EP Study
- ❑ Pediatric Echocardiography
- ❑ Treadmill Exercise Test
- ❑ Transesophageal Echocardiography
- ❑ Stress Echocardiogram

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