Walker Street
IMAGING CARE, INC.

10601 Walker Street | Suite 150 | Cypress | CA | 90630
phone: 714.656.2130 | fax: 714.252.8484
Tax ID: 45-5512758 | NPI#: 1902160799

☐ **Call Report**
_____
☐ **Stat Report**

ALL INFORMATION PROVIDED IS FOR THE CARE OF THE PATIENT

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

Patient Phone #: _____ ☐ **Call Patient To Schedule**

Referring Physician (Name): _____ Referring Physician (Signature): _____

Physician phone #: _____

Insurance Company: _____ Ins. ID #: _____ Authorization Number: _____

☐ Insurance Phone Number _____ CC Physician: _____

☐ Patient To Carry ☐ CD ☐ Film ☐ Deliver ☐ CD ☐ Films to: _____

Clinical History **(CPT Code/ICD-9):** _____

Special requests/Instructions: _____

Complete for CT & MRI (with Contrast): ***Cardiovascular Disease*** ☐ Yes No

Age > 60 ☐ Yes No ***Renal Disease*** ☐ Yes No ***Diabetic*** ☐ Yes No ***Metformin*** ☐ Yes No

If yes to 1 or more, a creatine level drawn within the past 30 days must be provided.

Creatinine level: _____ ***BUN:*** _____ ***Date drawn:*** _____ ***eGFR:*** _____

MRI

☐ ***With Contrast*** ***Without Contrast*** ***With and Without Contrast***

☐ Knee R L
☐ Ankle R L
☐ Foot R L
☐ Wrist R L
☐ Elbow R L
☐ Hip R L
☐ Shoulder R L
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Abdomen
☐ Pelvis
☐ MRCP
☐ Brain
☐ IAC Protocol
☐ Pituitary Protocol
☐ OTHER: _____
☐ MR Arthrogram specify _____

☐ Abdominal MRA with runoff
☐ Cervical Carotids (MRA Neck)
☐ Circle of Willis (MRA Head)

CT

☐ ***With Contrast*** ***Without Contrast*** ***With and Without Contrast***

☐ Brain
☐ Neck (soft tissues)
☐ Chest
☐ Chest PE study
☐ Kidney stone (No IV contrast)
☐ Abdomen/Pelvis
☐ CTA Chest
☐ CTA ABD
☐ CTA Runoff
☐ CTA Renal
☐ Abdomen
☐ Pelvis
☐ Facial Bones
☐ Orbits
☐ Temporal Bones
☐ Sinus
☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Extremity: _____
☐ OTHER: _____

ULTRASOUND

☐ Abdomen Complete
☐ Abdomen Limited _____
☐ for umbilical hernia
☐ Aorta
☐ Bladder
☐ Carotids
☐ OB - Complete____ weeks
☐ OB - Follow-up ____ weeks
☐ Pelvic With Endovaginal
☐ Endovaginal Only
☐ Transabdominal Only
☐ Limited Pelvic (Male)
(No Water Prep. Needed)
☐ Pelvic limited for inguinal hernia
☐ for inguinal hernia ☐ for appendicitis
☐ Lower Extremity ☐ R ☐ L ☐ Bilat
☐ Venous ☐ Arterial
☐ STAT ☐ Routine
☐ Upper Extremity ☐ R ☐ L ☐ Bilat
☐ Venous ☐ Arterial
☐ Renal
☐ Renal Arteries
☐ Testicular
☐ Thyroid/Head/Neck
☐ Extremity - Non Vascular
☐ OTHER: _____

WALK-IN X-RAY

☐ Chest ☐ 1 View 2 View
☐ Abdomen KUB 3 View
☐ Pelvis
☐ Ribs w/PA Chest ☐ R L Bilateral
☐ Hip ☐ R L Bilateral
☐ Knee ☐ R L Bilateral
☐ Ankle ☐ R L Bilateral
☐ Foot ☐ R L Bilateral
☐ Femur R L Bilateral
☐ Tib/Fib R L Bilateral
☐ OTHER: _____

☐ Shoulder ☐ R L Bilateral
☐ Elbow ☐ R L Bilateral
☐ Wrist ☐ R L Bilateral
☐ Hand ☐ R L Bilateral
☐ Humerus R L Bilateral
☐ Forearm R L Bilateral
☐ Fingers R L Bilateral
Digit _____
☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar
☐ *Limited Views* ☐ *Complete*
☐ Sinuses
☐ *Single Waters View* ☐ *Full Series*