

**CHECK IN LOCATION:**

- MRI, MRA, US, XRAY, HSG/UGI/ESOPHAGRAM**  
2428 Santa Monica Bl., Lower Level, Santa Monica CA 90404
- PET SCAN (with or without CT)**  
2336 Santa Monica Bl., Suite 206, Santa Monica CA
- CT SCAN**  
Please call and confirm your check in location



**David Allegra, MD     Robert Krasny, MD**

**SAME PARKING LOT - SEE MAP ON BACK**

**(310) 828-SCAN (7226)     (310) 315-1000     (310) 828-4426 FAX**

**PATIENT INFORMATION:**

resolutionimaging.com

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  Male  Female  
**Primary Insurance** \_\_\_\_\_ **Insurance ID #** \_\_\_\_\_  
**Authorization # (if known)** \_\_\_\_\_ *(Provide copies of the front and back of current insurance cards)*  
**Creatinine (if known):** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUESTED APPOINTMENT: DATE & TIME** \_\_\_\_\_**REQUESTED EXAM:**

**PET/CT**     Skull base to thigh     Head to toe     Brain     F-18 PET Bone     Other \_\_\_\_\_

**CT**

<input type="radio"/> Neck	<input type="radio"/> Chest	<input type="radio"/> Abdomen	<input type="radio"/> Pelvis
<input type="radio"/> NCAP	<input type="radio"/> CAP	<input type="radio"/> Abd/Pel	<input type="radio"/> CT Angiogram _____
<input type="radio"/> Enterography	<input type="radio"/> CT-KUB W/WO	<input type="radio"/> Urogram W/WO	<input type="radio"/> CT Pulmonary Angio
<input type="radio"/> CT Calcium Scoring	<input type="radio"/> CT Coronary Angio	<input type="radio"/> Other/Special Instructions _____	
<input type="radio"/> With Contrast	<input type="radio"/> WO Contrast	<input type="radio"/> W/WO Contrast	<input type="radio"/> Let Radiologist Decide

**MRI**

<input type="radio"/> Brain	<input type="radio"/> Neck	<input type="radio"/> Cervical Spine	<input type="radio"/> Thoracic Spine	<input type="radio"/> Lumbar Spine
<input type="radio"/> Chest	<input type="radio"/> Abdomen	<input type="radio"/> MRCP	<input type="radio"/> Enterography	<input type="radio"/> Pelvis
<input type="radio"/> Shoulder (L / R / Bilat)	<input type="radio"/> Humerus (L / R / Bilat)	<input type="radio"/> Elbow (L / R / Bilat)	<input type="radio"/> Wrist (L / R / Bilat)	<input type="radio"/> Hand (L / R / Bilat)
<input type="radio"/> Hip (L / R / Bilat)	<input type="radio"/> Femur (L / R / Bilat)	<input type="radio"/> Knee (L / R / Bilat)	<input type="radio"/> Ankle (L / R / Bilat)	<input type="radio"/> Foot (L / R / Bilat)
<input type="radio"/> Breast W/WO Contrast	<input type="radio"/> Other/Special Instructions _____			
<input type="radio"/> With Contrast	<input type="radio"/> WO Contrast	<input type="radio"/> W/WO Contrast	<input type="radio"/> Let Radiologist Decide	

**MRA**     Brain     Neck     Abd/Renal     Abd/Mesenteric     Abd/Runoff     Other \_\_\_\_\_

**US**     Abdomen     Renal     Pelvis     Thyroid     Breast (L / R / Bilat)     Other \_\_\_\_\_

**VASCULAR US**     Carotid Artery Duplex     Venous Duplex - Arms / Legs (L / R / Bilat)     Segmental Arterial Pressures - Arms / Legs  
 James L. Skydell, MD     Other \_\_\_\_\_

**XRAY**     CXR     Other, specify \_\_\_\_\_

**BONE DENSITY**     DEXA     CT Bone Densitometry

**FLUORO**     HSG     Esophagram     UGI     UGI Lap Band POST     UGI/SBFT     SBFT     BE

**INTERVENTION**     Thoracentesis     Paracentesis     Biopsy     Ablation     Biliary / Urinary  
 Spinal/Other (please specify) \_\_\_\_\_

**DIAGNOSIS / REASON (REQUIRED)** \_\_\_\_\_

**Stat Results?**     Phone \_\_\_\_\_     Fax \_\_\_\_\_     Email \_\_\_\_\_

**Request for Images:**     CD     Paper Images     ImageQube (PACS)

**REFERRING PHYSICIAN**

**SIGNATURE (REQUIRED)** \_\_\_\_\_ **Name (Printed)** \_\_\_\_\_

**Tax ID #** \_\_\_\_\_ *(If Needed for Authorization)* **NPI #** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Copies to** \_\_\_\_\_



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## General Patient Information

- Arrive 15 minutes prior to the appointment time to complete paperwork.
- Your insurance plans might require a pre-authorization to be obtained prior to your test. Please check with your insurance company for your plan-specific requirements. Please note that Medicare does not require or provide pre-authorizations for any exam. Please advise us if we need to work with your physician's office.
- Please bring pertinent prior imaging exams/reports for comparison.
- Please call us if you will be arriving later than your appointment time.

## PET/CT for oncology, heart and brain

- Nothing to eat or drink for 6 hours prior to the test. Sips of water with your regular medications are ok. No candy, gum, or mints.
- Diabetic patients should have nothing to eat or drink for 4 hours prior to the test and may need to adjust insulin intake to coincide with the last meal prior to the injection for the scan.
- No vigorous exercise for 24 hours prior to the test.
- Dress comfortably and warmly.
- Please bring your most recent CT, X-ray, PET or MRI films or reports to the appointment if they were not performed at our facility.

## General CT- Scan Preparation

If your test requires oral contrast (barium), you may pick it up any day before the exam. Otherwise, we will inform you how early you will need to arrive to begin drinking contrast. Nothing to eat or drink for 3 hours prior to the test. Take regular medications with a sip of water. Please contact us with any questions.

## CT With IV Contrast

- Nothing to eat or drink (except oral contrast, if needed) 3 hours prior to the exam.
- Patients in renal failure can have the test as long as dialysis will be performed within 24 hours after the exam.
- Most patients having an abdomen and/or pelvis CT must drink oral contrast unless specified on the prescription. Follow up oncology patients may be excluded from drinking oral contrast.
- If you are pregnant or breastfeeding, or think you might be pregnant, please contact us prior to your exam.

## MRI/US

We will inform you of any preparation at the time of scheduling.

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### MRI, MRA, US, XRAY, HSG/UGI/ESOPHAGRAM

#### Check in at:

2428 Santa Monica Boulevard  
Lower Level, Santa Monica CA 90404

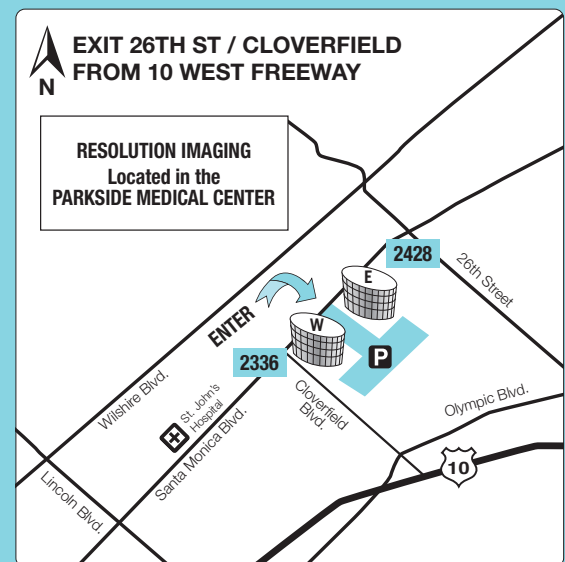
### PET SCAN (with or without CT)

#### Check in at:

2336 Santa Monica Boulevard  
Suite 206, Santa Monica CA 90404

### CT SCAN

Please call and confirm your check-in location



## Directions:

Exit the 10 FWY at Cloverfield (West of the 405), then turn right onto Santa Monica Blvd. Turn right into the first driveway and take a parking ticket (Same parking lot for both addresses).