



PATIENT INFO		PHYSICIAN INFO		INSURANCE
PT. NAME: LAST FIRST		MD. NAME:		
PT. DOB:		MD. SIGN:		
PT. TEL:		MD. TEL:		
		ORDER DATE:		
		MD. FAX:		
		INDICATION:		

NUCLEAR MEDICINE	PET-CT & CT	MRI / MRA
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**1. BONE SCAN**  
**A. Whole Body B. Three-Phase C. SPECT**  
 Metastatic Disease  Prosthetic Loosening  
 Arthritis  RSD  Plantar Fasciitis  Stress Frx.  
 Diabetic Foot  Osteomyelitis vs Cellulitis  
 (combine w/ Gallium scan #4)  
**2. BRAIN SPECT**  
 Dementia/ Stroke  DAT Scan for Parkinsons

**3. CARDIAC STRESS TEST**  
 Thallium / Technetium SPECT  Pharma  TMT  
 Chest Pain  CAD/ Stent/CABG  Pre-op Eval.  
 Dyspnea on Exertion  Abn. Resting EKG

**4. INFECTIONS Gallium Scan**  Infection

**5. LIVER AND GALL BLADDER**  
**A. HIDA (Hepato-Biliary) w/G.B. Ejection Fraction**  
 RUQ Pain  Gall Stones / Cholelithiasis  
**B. Liver - Spleen Scan**  Cirrhosis  Mass  
**C. RBC Blood Pool Study**  Hemangioma

**6. MUGA SCAN (For Accurate L.V.E.F.)**  
 CHF  Difficult Echo  Pre & Post-Chemo LVEF

**7. RENAL / KIDNEY**  
**A. Renal Scan w/ Flow**  Differential Kidney Functn.  
**B. W / Captopril**  Renal Artery Stenosis - HTN

**8. STOMACH - ESOPHAGUS**  
**A. Gastric Emptying**  Diabetes  Dyspepsia

**9. THYROID SCANS**  
**A. THYROID CANCER**  
 I-131 Whole Body Scan  I-123 Whole Body Scan  
 Thyrogen Injection I.M.  WB FDG PET-CT Scan  
 Post I-131 Rx Body Scan  I-131 Thyroid Therapy \_\_\_\_\_ mCi  
**B. HYPERTHYROIDISM**  
 Thy. Uptake & Scan  I-131 Thyroid Rx \_\_\_\_\_ mCi

**10. PARATHYROID**  
 Adenoma  ↑PTH  ↑Ca++

**11. BRAIN PET-CT**  
**A. FDG Brain PET**  
 Alzheimer's Disease Vs FrontoTemporal Dementia  
 Short term Memory loss > 6 mos. Pls Provide:  
 MMSE Score \_\_\_\_\_  TSH \_\_\_\_\_  
 Head CT\* or MRI\* \_\_\_\_\_  B-12 \_\_\_\_\_  
**B. AMYLOID Brain PET**  
 Identify Alzheimer's B-Amyloid Plaque burden  
 \*Head CT and/or MRI is required before Brain PET-CT.

**12. MEMORY DIAG. EVALUATION**  
 Brain CT or MRA/MRI, Amyloid PET & Brain FDG PET

**13. CARDIAC PET-CT**  
**A. RUBIDIUM Perfusion PET**  
 Chest Pain  CAD  SOB  Pre-op Eval.  
 Abn. Resting EKG  Inconclusive SPECT  
**B. FDG Viability PET**  
 Infarct Vs Hibernating Myo. Vs Soft tissue atten

**14. ONCOLOGY PET-CT**  
 For anatomical details, pls. include CT w/contrast  
 Please complete CT order (in Section 15)  
 Breast  Bladder  Brain  
 Bone Mets  Colorectal  Gastic/Esophagus  
 Head-Neck/Thyroid Ca.  Liver/Pancreatic Ca.  
 Lung /Pulm. Nodule  Prostate (post Dx)  
 Lymphoma  Renal Cell Ca.  
 Ovarian/Cervix/Uterus  Melanoma  
 Other \_\_\_\_\_  Unknown Primary

**15. CT SCANS (64 Slice)**  
 If ordering PET, please include CT order as needed.  
 Contrast  With  Without  Both  
 Patients >60 yrs need BUN, Creatinine, GFR  
 Oral Diabetics: No oral meds 24h pre & 48h post cont.  
 Head  Knee  High Res. CT  
 Sinus  Neck  Liver 3 Phase  
 Chest  Abdomen  Pelvis  
 Shoulder  Hip  C-Spine  
 CTA Runoff Ab/Pelvis  T-Spine  
 CTA Runoff Low Extermity  L-Spine

**17. MRI** **3-TESLA**  
**A. HEAD/NECK** Contrast  W /  W/o  BOTH  
 MRI Brain  Pituitary  
 MRA Brain  IAC's  
 MRA Neck/Carotid  MRI Orbits  
 MRI Neck/Face  
**TIA/Stroke protocol**  
**Includes all 3 above**

**B. BODY** Contrast  With  W/out  BOTH  
 Abdomen  Enterography  
 Pelvis  Chest/ Mediastinum  
 MRCP / Biliary  Brachial Plexus  
 Breast  Left  Right

**C. SPINE**  Cervical  Thoracic  Lumbar

**D. JOINTS** Contrast  With  W/out  BOTH  
 Shoulder  Hip  Left  Right  Bilat.  
 Elbow  Knee  Please select location  
 Wrist  Ankle  
 Hand  Foot  Other \_\_\_\_\_

**E. MRA** Contrast  With  W/out  BOTH  
 MRA Brain  MRA Renal Arteries  
 MRA Neck/Carotid  Runoff Abdomen/Pelvis  
 Thoracic Aorta  Runoff Lower Extermity  
 Abdominal Aorta

**18. DOPPLER (Vascular)**  
**A. Carotid Arteries**  
 Neck bruit  TIA  Syncope  Prior CVA  
**B. Transcranial Doppler (TCD)**  
 Dizziness  TIA  Syncope  Prior CVA  
**C. Abdominal Aortic Aneurysm Screen**  
 Hx. Smoking  AAA  Bruit  >70 Yrs  
**D. Lower Extermity - Arterial w/ ABI**  
 Claudication  Numbness  PVD/PAD  
**E. Lower Extermity - Venous**  
 Pain / Redness / Swelling  DVT  Varicose

**19. ECHOCARDIOGRAPHY** *No Stress Echo*  
 Resting 2D Echo  LVH  CHF  Valve Dx  
 Hypertension  Cardiomyopathy

**NOTES**

Printed May 2018 **24 Hr Cancellation Required**

**16. INTERVENTIONAL RADIOLOGY**  
**A. Joint Injections:**  Arthrogram  Therapeutic Inj.  
 Hip  Shoulder  Knee  Other \_\_\_\_\_  
**B. Varicose Veins' Ablation:**  
 Right leg  Left Leg  Both legs  
**C. Epidural Spinal Injections (Need < 6 mth. old MRI)**  
 Low back Pain  Sciatica

**20. ULTRASOUND**  
 Abdomen -  Limited  Complete  
 Pelvis -  Limited  Complete  
 Other \_\_\_\_\_ Reason \_\_\_\_\_

**21. X-RAY**  
 Chest -  AP  Lat  Spine \_\_\_\_\_  
 Shoulder  Hips  Knees  Ankle  
 Other \_\_\_\_\_

## CHECKLIST / GENERAL INSTRUCTIONS

- **Bring your ID and health insurance cards.**
- **Wear warm and comfortable clothing.**
- **Arrive 15 minutes before your appointment.**
- **Bring ALL medicines with you.**
- **If diabetic, bring insulin with you.**

*If you are a diabetic on insulin, ask for afternoon appointment.* Bring insulin along. If you have special requirements such as children, transportation, a time constraint, upcoming doctor's appointment, large wheel chair, stroke or difficult venous access, please notify us before.

**DUE TO TIME SENSITIVE MEDICINES 24 HOUR NOTICE REQUIRED FOR ALL CANCELLATIONS OR RESCHEDULING REQUESTS. PLEASE SEE GRAY BOX ON BOTTOM.**

### CARDIAC STRESS TEST / THALLIUM / RUBIDIUM SCANS

- Do not eat or drink at least 4 hours prior to scan.
- **No caffeine 24 hours before scan.** No soda, no coffee, no tea, no chocolate.
- You will lie with arms above your head on the scanning table for 15 minutes each time for the two studies.
- Images may be repeated if they are not satisfactory.
- You may be asked to have food either before or after the first images, so please bring a snack or a meal with you.
- Do not take Beta blockers such as Atenolol, Propranolol, Metopro, Inderal, lol, etc. 24 hours before.
- Please bring all your medications and inhalers with you.
- If you are a male patient, your chest may be shaved at some places to put the EKG leads on.
- Wear warm and loose clothes and tennis shoes for the treadmill exercise test. If you are not able to exercise on the treadmill, you will be given a chemical stress test.
- An informed consent for the procedure will be obtained. Usual time to complete test: 2 - 3 hours.

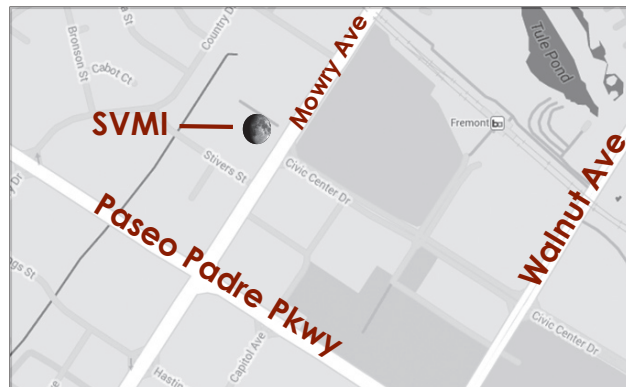
### PET-CT PATIENT PREPARATION

- Nothing by mouth (NPO) except water for 6 hours prior to your appointment.
- Patient CAN drink water that morning.
- Take all necessary medicines only with water.
- Low carbohydrate diet during prior night's meal.
- Refrain from exercise for 24-48 hours prior to test.
- If you are diabetic, and on insulin, ask for an afternoon appointment. (to have early breakfast)
- Bring insulin and all medicines to the clinic.
- Please inform us if you are claustrophobic. Bring a ride/driver along.
- Although the actual scan time is typically 20 minutes, expect to spend approximately 2 to 3 hours at our facility for your PET-CT scan.
- Wear warm clothes, since the scanner room is cold.

### CT SCAN PREPARATION

- Special preparation is NOT required for most CT Scans.
- Wear comfortable and loose-fitting two-piece clothing for your exam.
- Remove metallic clothing or jewelry that may interfere with X-Rays (no belts, earrings, underwire bras, dentures, hairpins, etc.)
- You may be asked to change into a gown.
- For IV contrast for CT, we need renal function tests if you are >65 years of age or have kidney disease or recent infection or hospitalizations.
- For oral contrast, you'll receive detailed instructions at the time of your appointment. Exams of the abdomen and pelvis may require an oral contrast agent as a drink which is given 1-2 hours prior to your scan.
- For abdomen and/or pelvis CT scan, refrain from eating after midnight before the exam. Fluids in moderation are encouraged before the exam.
- **Take plenty of fluids after a contrast exam**
- **Discontinue oral diabetic medication such as Metformin 24 hours before and 48 hours after contrast.**
- **Continue to take all medication ordered by your doctor.**

[www.svmedicalimaging.com](http://www.svmedicalimaging.com)



### DIRECTIONS TO OUR FACILITY:

#### PUBLIC TRANSPORTATION

##### From San Francisco Metro Embarcadero Station

Depart Embarcadero BART - (44 mins)  
Arrive at Fremont BART (about a 5 minute to facility)

##### From Downtown San Jose, 1st St. & Mission

Take 180 Bus to Fremont BART at San Jose Diridon Stn.  
Direction: 180 NB Express Fremont BART  
Arrive at Fremont BART (about a 5 minute walk)

#### DRIVING

**From Oakland** - Take I-880 Southbound  
Exit Mowry Ave exit, Make left at Mowry Ave.  
Go about 1.5 miles, facility on your left.

**From San Jose** - Take I-880 Northbound  
Take the Mowry Ave exit, Slight right at Mowry Ave.  
Go about 1.5 miles, on your left.

Arrive at:

**2191 Mowry Ave. Suite 500-H, Fremont, CA**

### MRI PREPARATION

- **Inform us if you have a pacemaker, heart valve, aneurysm clip or cochlear implant. Inform us if you've had brain, heart, eye, or ear surgery. Inform us if you have any metallic objects or implants.**
- In preparation for your MRI you may be asked to remove make-up and dentures depending on the study. You may also be asked to wear a hospital gown to avoid magnetic interference from buckles, zippers etc.
- Continue to take medication prescribed by your doctor unless directed.
- If you are having a MRI of the abdomen you will be asked not to eat or drink 4 hours prior to the exam.
- Fluids in moderation are encouraged before the exam.
- If you have a history of kidney disease or kidney failure and your exam is scheduled with contrast, please notify us so a technologist can determine whether contrast should be used.
- Once you are situated on the table, make sure you are comfortable so that it is easy to keep still. Breathe normally. There is nothing about the procedure to make you uncomfortable. Once the exam is over, the technologist will assist you out of the scan room.

### ULTRASOUND PATIENT PREPARATION

- **Abdomen:** Nothing by mouth (NPO) for 6 hours before your appointment.
- **Pelvis:** The patient may only drink water (32 ounces).

**We need to order special medical isotopes for your type of test. These isotopes are expensive, and usually expire on the same day and can not be used again.**

**IT IS VERY IMPORTANT THAT YOU RESCHEDULE YOUR APPOINTMENT OR CANCEL BEFORE 4:30 PM THE DAY BEFORE. IF NOT, YOU MAY BE RESPONSIBLE FOR THE COST OF THESE EXPENSIVE MEDICINES.**