

O Chest 1V

O Sinuses

O KUB

O Chest 2V

O Skull

O Ribs

ARCADIA MRI & IMAGING CENTER

3T LARGE BORE MRI | CT | ULTRASOUND | X-RAY BYRON M. SOTOMAYOR, M.D., MEDICAL DIRECTOR

PACS images and reports available online. Call to become a registered user.

638 WEST DUARTE ROAD, SUITE TWO, ARCADIA, CA 91007 SCHEDILLING: (626) 446-0080 J. FAX: (626) 446-0262

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Patient's Name:		Date of Birth:		
Home Phone:		Cell Phone:	Work Phone:	
Appointment Date:				
		Insurance:		
XPhysic	ian's Signature (Rec	uired) Pho	one #	Date
		MRI - 3T Large Bore M	31	
Contrast:□	O w/o □ O w&v			
	Required for MRI	Contrast Studies for patients with a history	of kidney disease/failure or diabete	s at any age;
Head and Neck		Trunk	Extremities	
O Brain	O Sinuses	O Chest	O Hand / Finger (Which:) R I
	O TMJ-Bilateral	O Brachial Plexus	O Wrist	RI
	O MRA Head	O Abdomen	O Shoulder	RI
	O MRA Carotids	O Liver	O Arm (Area:) R L
	O MRV Head	O Kidneys	O Elbow	RI
O Soft Tissue Neck	an Chudu	O Pelvis	O Knee O Ankle	R
O 3T Advanced Concussi	on Study	O MRCP - Cholangiogram O CE-MRA (Area:		RI
• •		O 3T Prostate	O Leg <i>(Area:</i>	
Spine			O Hip	— ′ RI
O Cervical	4D 14 1	Arthrogram	O CE MPA Upper extremity	Rι
	MR Myelogram MR Myelogram	 Hip - including CT guidance for injection Shoulder - including CT guidance for inject 	O CE-MRA Lower extremity	R l
O Lumbar O with N O Sacrum/Coccvx	win iviyelogrami	O Wrist - including CT guidance for injection	O MRI - Other:	R L
O Gacium Goccyx		O Knee - including injection		
		Multi-Slice CT		
Contrast: O Oral		ne Blood Test Required for CT IV Contra		ory of kidney
lland and Nant	disease/	failure or diabetes at any age; any patient 55	•	
Head and Neck		Trunk	Extremities) R l
O Brain		O Chest High Resolution	O Arm (Area: O Finger (Which:) Rl) Rl
O Sinuses		O Chest-High Resolution	O Hand	— / 👸 i
O Orbits O Temporal Bones		O Kidneys O Abdomen	O Wrist	Ri
O Facial Bones		O Pelvis	O Shoulder	Ri
O Soft Tissue Neck		O Abdomen/Pelvis	O Elbow	R I
O CT Angiography-Head	i	O Liver	O Knee	RI
O CT Angiography-Caro		O CT Angiography (Area:) O Ankle	RI
5 6 . ,		Authorane	O Foot	RI
Cnina		Arthrogram	O Leg (Area:) R l
Spine		O Hip - including injection	O Hip	RU
O Cervical O Lumb	ar ım/Coccyx	O Shoulder - including injection O Wrist - including injection	O CT Angiography Lower extre	
O Thoracic O Sacru	im/Coccyx	O Knee - including injection	O CT - Other:	R L
	•			
		Ultrasound		
O Abdomen		Tieriai (Maricys a bladdor)	Arterial Venou	
O Pelvis (non OB) Trans			O Upper Ext R L O Upper	
O Pelvis (non OB) Trans		3 Tooliodiai (oorotam)	O Lower Ext R L O Lowe	er Ext R L
O Pelvis OB Transabdo		O Trigitola (INCOM)	O With Pressures	lor D I
O Pelvis OB Transvagin	aı	5 2,5333	O Upper/Lower Extremity Nonvascu	lar R L
O Abdominal Aorta		O Ultrasound - Other:		
		Digital X-Ray		
Complete O Limit	ed O			

O Pelvis

O Thoracic

O Extremity: _

O Lumbar

O Abdominal Series

O X-Ray - Other:_

O Cervical

R L