

ORDER DATE

Requisition / Doctor's Order



LOMA LINDA UNIVERSITY
FACULTY MEDICAL GROUP

399 E. 21st Street, San Bernardino, CA 92404
(909) 882-2266

FAX COMPLETED ORDERS TO (909) 474-4766

TIN# 33-0672915

San Bernardino NPI #1588273148
Rancho Cucamonga NPI #1568113827

Patient First Name: _____ Patient Last Name: _____

Patient Date of Birth: _____ Phone Number: (____) _____ Cell Home Gender: M F

Patient Address: _____ City: _____ State: _____ Zip: _____

Insurance: _____ Subscriber I.D.# _____

Ordering Provider: _____ (First Name) _____ (Last Name) _____ Signature _____
Orders Are Invalid Without Signature

Provider Phone Number: (____) _____ Reason For Exam / ICD-10 Code: _____

Weight: _____ Kidney Failure: Yes No Implant: (Metal in Body) Yes No

Diabetic: Yes No Dialysis: Yes No If Yes: Pacemaker Aneurysm Clip Stimulator

Renal Disease: Yes No Contrast Allergy? CT MRI Other: _____

OB ONLY

LMP: _____

EDD: _____

Echocardiogram 93306 **NOTE: No Pediatrics**

ECHOCARDIOGRAM

SAN BERNARDINO RANCHO CUCAMONGA

MRI / MRA

HEAD & NECK

Head/Brain - w/o.....	70551
Head/Brain - w & w/o.....	70553
Angio Head/Brain - w/o.....	70544
Angio Head/Brain w & w/o.....	70546
Orbit - w/o.....	70540
Orbit - w & w/o.....	70543

Face or Neck - w/o.....	70540
Face or Neck - w & w/o.....	70543
Angio Neck (Carotid) - w/o.....	70547
Angio Neck (Carotid) - w & w/o.....	70549

ABDOMEN & PELVIS

Abdomen - w/o.....	74181
Abdomen - w & w/o.....	74183
Angio Abdomen - w & w/o.....	74185
Pelvis - w/o.....	72195

Pelvis - w & w/o.....	72197
Angio Pelvis - w & w/o.....	72198
SPINE	
Cervical Spine - w/o.....	72141
Cervical Spine - w & w/o.....	72156
Thoracic Spine - w/o.....	72146
Thoracic Spine - w & w/o.....	72157
Lumbar Spine - w/o.....	72148
Lumbar Spine - w & w/o.....	72158

UPPER & LOWER EXTREMITIES

*Specify body part: Hand Forearm Humerus

Upper Extremity - w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L.....73218
Upper Extremity - w&w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L.....73220
Lower Extremity - w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L.....73718
Lower Extremity - w & w/o (Non Jt).....	<input type="checkbox"/> R <input type="checkbox"/> L.....73720
Angio Lower Extremity.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73725
Wrist - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73221
Wrist - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73223

Shoulder - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73221
Shoulder - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73223
Elbow - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73221
Elbow - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73223
Hip - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73721
Hip - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73723
Knee - w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73721
Knee - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73723
Ankle w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73721
Ankle - w & w/o.....	<input type="checkbox"/> R <input type="checkbox"/> L.....73723

CT / CTA

HEAD & NECK

Head - w/o.....	70450
Head - w/ only.....	70460
Head - w & w/o.....	70470
Angio Head.....	70496
Orbit/Sella/IAC - w/o.....	70480
Orbit/Sella/IAC - w/only.....	70481
Orbit/Sella/IAC - w & w/o.....	70482
Maxillofacial - w/o (TMJ/Sinus).....	70486
Maxillofacial - w/only.....	70487

Maxillofacial - w & w/o.....	70488
Soft Tissue Neck - w/o.....	70490
Soft Tissue Neck - with only.....	70491
Soft Tissue Neck - w & w/o.....	70492
Angio Neck (Carotid).....	70498

CHEST, ABDOMEN, PELVIS

Chest - w/o.....	71250
Chest - w/ only.....	71260
Chest - w & w/o.....	71270
High Resolution Chest - w/o.....	71250
Chest Angio - w & w/o.....	71275
Abdomen - w/o.....	74150

Abdomen - w/ only.....	74160
Abdomen - w & w/o.....	74170
Triple Phase Liver w & w/o.....	74170
Abdomen / Angio (AAA).....	74175
Abdomen / Pelvis - w/o.....	74176
Abdomen / Pelvis - w/ only.....	74177
Abdomen / Pelvis w & w/o.....	74178
Urogram.....	74178
Renal Mass.....	74178
Pelvis - w/o.....	72192
Pelvis - w/ only.....	72193
Pelvis - w & w/o.....	72194
Pelvis/Abdomen Angio (AAA).....	74174

UPPER & LOWER EXTREMITIES

*Upper Extremity - w/o..... R L.....73200

*Upper Extremity - w & w/o..... R L.....73202

*Specify body part: Hand Wrist Forearm

Elbow Humerus Shoulder

*Lower Extremity - w/o..... R L.....73700

*Lower Extremity - w & w/o..... R L.....73702

*Specify body part: Hip Femur Knee

Tib/Fib Ankle Foot

Angio Lower Extremity.....75635

SPINE

Cervical Spine - w/o.....	72125
Thoracic Spine - w/o.....	72128
Lumbar Spine - w/o.....	72131

PET/CT

PET/CT Skull to Mid Thigh.....	78815 & A9552
PET/CT Whole Body.....	78816 & A9552
PET/CT Brain.....	78608 & A9552

ULTRASOUND

Abdomen Complete.....	76700
AAA Screening.....	76706
Gallbladder/Liver/Pancreas - RUQ.....	76705
Ventral/Umbilical Hernia.....	76705
Renal.....	76770
Pelvic, OB, complete (-14 wks).....	76801
Transvaginal - OB (-12 wks).....	76817
Pelvic OB, complete (+14 wks).....	76805
Pelvis Non-OB / Transvaginal.....	76856 & 76830

Scrotum.....	76870
Axilla - Unilat..... <input type="checkbox"/> R <input type="checkbox"/> L.....	76882
Axilla - Bilat.....	76882 Qty 2
Thyroid/Head & Neck.....	76536
Soft Tissue - Torso.....	76705
Soft Tissue - Extremity..... <input type="checkbox"/> R <input type="checkbox"/> L.....	76882
Inguinal Hernia..... <input type="checkbox"/> R <input type="checkbox"/> L.....	76882

DOPPLER

Renal Duplex.....	93975 & 76770
Aorta.....	93978

Carotid.....	93880
Arterial Bilat (Upper Extremities).....	93930
Arterial Bilat (Lower Extremities).....	93925
Arterial Unilat (Upper Extremities)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	93931
Arterial Unilat (Lower Extremities)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	93926
Venous Bilat (Upper Extremities).....	93970
Venous Unilat (Upper Extremities)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	93971
Venous Bilat (Lower Extremities).....	93970
Venous Unilat (Lower Extremities)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	93971
Venous Bilat (insufficiency).....	93970-I
Venous Unilat (insufficiency)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	93971-I

BREAST STUDIES

Mammogram Screening - Bilat.....	77067
Mammogram Screening - Unilat <input type="checkbox"/> R <input type="checkbox"/> L.....	77067
Mammogram Diagnostic - Bilat.....	77066
Mammogram Diagnostic - Unilat <input type="checkbox"/> R <input type="checkbox"/> L.....	77065
US Breast Complete - Unilat..... <input type="checkbox"/> R <input type="checkbox"/> L.....	76641
US Breast Complete - Bilat.....	76641 Qty 2
US Breast Limited - Unilat..... <input type="checkbox"/> R <input type="checkbox"/> L.....	76642
US Breast Limited - Bilat.....	76642 Qty 2
MRI Breast - w & w/o.....	77049
MRI Breast - w/o.....	77047

SPECIAL PROCEDURES

Scanogram.....	77073
Bone Density (DEXA).....	77080
Long Bones.....	73592
Bone Age Study.....	77072
Metastatic Bone Survey.....	77074
Skeletal / Arthritis Study.....	77075
Infant Osseous Survey.....	77076

X-RAY

HEAD AND NECK

Facial Bones Complete and/or Orbits.....	70150
Nasal Bone.....	70160
Paranasal Sinus - complete.....	70220
Paranasal Sinus - limited.....	70210
Skull - complete.....	70260
Skull - limited.....	70250
Sella Turcica.....	70240
Mandible - complete.....	70110
Soft Tissue Neck.....	70360

SPINE AND PELVIS

Cervical, complete.....	72050
Cervical, including FLEX & EXT.....	72052
Cervical AP & LAT.....	72040
Cervical Flex & Ext. only.....	72040
Thoracic.....	72070
Thoracolumbar.....	72080
Lumbar - limited.....	72100
Lumbosacral - complete.....	72110
Scoliosis Survey.....	72081
Pelvis - limited.....	72170

UPPER EXTREMITIES

Clavicle - complete..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73000
Scapula - complete..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73010
Shoulder - complete..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73030
Acromioclavicular Joints..... <input type="checkbox"/> B.....	73050
Humerus..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73060
Elbow - complete..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73080
Elbow - limited..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73070
Forearm..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73090
Wrist - complete..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73110
Wrist - limited..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73100
Hand - complete (3 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73130
Hand - limited (2 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73120
Finger(s)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73140

LOWER EXTREMITIES

Infant BLE (0-11 months only).....	73592
Hips, bilat, complete.....	73521
Hips, unilat, 2 View..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73502
Femur..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73552
Knee, complete (w/patella)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73564
Knee, complete (3 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73562
Knee, limited (2 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73560
AP Standing Knee, bilat.....	73565
Tibia & Fibula..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73590
Ankle, complete (3 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73610
Ankle, limited (2 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73600
Foot, complete (3 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73630
Foot, limited (2 views)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73620
Os Calcis (heel)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73650
Toe(s)..... <input type="checkbox"/> R <input type="checkbox"/> L.....	73660

ABDOMEN

Abdomen (KUB) (1 view).....	74018
Abdomen (2 views).....	74019
Abdomen, Acute, Abd Series.....	74022

FLUOROSCOPY EXAMS

Esophagram/Barium Swallow.....	74220
Upper GI series.....	74240
Upper GI & Small Bowel.....	74240 & 74248
Small Bowel only.....	74250
Barium Enema & Air Contrast.....	74280

Please Note: Incomplete requisition/orders will DELAY appointment processing. Rev 8/22

San Bernardino Location / Locacion de San Bernardino

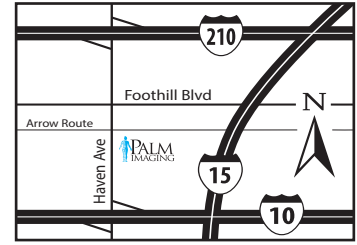


399 E. 21st Street, San Bernardino, CA 92404



(909) 882-2266

Rancho Cucamonga Location
Locacion de Rancho Cucamonga



8599 Haven Ave., Suite 210, Room 204
Rancho Cucamonga, CA 91730

BY APPOINTMENT ONLY
INSTRUCCIONES PARA DIAGNOSTIC EXAMINATIONS

Please arrive 30 minutes prior to appointment

PREPARATION FOR BARIUM ENEMA:

OPTION 1

- For two days before: clear liquids only (broth or jello).
- 3pm the **day before** the procedure take two (5mg) Dulcolax tablets (cleansing, not softener).
- 5pm the **day before** the procedure take 5 oz of magnesium citrate and follow immediately with 8 oz of water.
- Drink at least **three** additional 8 oz of any clear liquid. The more liquids the better.
- 5am the **morning of** the exam, again, take 5 oz of magnesium citrate and follow immediately with 8 oz of water.

OPTION 2

- For **two days before**: clear liquids only (broth or jello).
- 1pm the **day before** the procedure take 2 quarts of Go Lately mixture.
- 5pm the **day before** the procedure take 2 quarts of Go Lately mixture.

***For option 2**, the patient must get a prescription for Go Lately mixture from their Doctor.

EXAM DAY: Starting at 5am repeat the procedure from the previous day. You can continue to drink clear liquids up to 3 hours before the exam. Take your blood pressure or heart medicine as needed.

ULTRASOUND OB AND PELVIC

Drink 32 ounces of water one hour prior to exam. **DO NOT USE RESTROOM.** Procedure requires a full bladder.

ULTRASOUND ABDOMEN AND GALLBLADDER

Fast 8 hours before the appointment time.

ULTRASOUND OF KIDNEYS

Nothing to eat 4 hours prior to exam. Procedure requires full bladder. Drink 24oz of water 1 hour before exam. **DO NOT USE RESTROOM.**

G.I. SERIES (Esophagus and Stomach)
Nothing by mouth after midnight.

SMALL BOWEL FOLLOW THRU
Nothing by mouth after midnight. Exam may take several hours to complete.

CT OF ABDOMEN
Clear liquid only for 4 hours prior to exam time. Nothing to eat after midnight the night before the exam. No barium studies within 1 week prior to exam.

CT OF PELVIS
(Please arrive 30 minutes prior to appt.)
Fasting 4 hours before exam time. Clear liquids only. No barium studies within one week prior to exam.

ALL CONTRAST CT / MRI EXAMS
Stay hydrated up to 48 hours prior to appointment time and drink clear liquids only for 4 hours prior to exam.
NO FOOD (4) FOUR HOURS PRIOR TO EXAM.

MRI PREP – ABDOMEN AND PELVIS EXAM
Nothing to eat 4 hours prior to exam.
*Medications may be taken.

MRI PREP – ABDOMEN MRCP
Stay hydrated up to 48 hours prior and drink clear liquids and eat nothing 8 hours prior to appointment time.
*Medications may be taken.

INSTRUCTION IF STUDY IS ORDERED WITH CONTRAST
If your doctor has ordered a study that requires a contrast injection and if you are 60 years or older, diabetic or have known kidney disease you will need to have lab work showing your GFR levels within 30 days of your MRI/CT appointment. Otherwise, we will not be able to perform your scan. Ask your Physician if you are not sure.

PLEASE DO NOT BRING UNATTENDED CHILDREN

CON CITA SOLAMENTE
INSTRUCCIONES PARA EXAMENES DIAGNÓSTICOS

Llegue 30 minutos antes de la cita

PREPARACION PARA EL ENEMA DE BARIO:

OPCIÓN 1

- Durante **dos días antes**: líquidos claros solamente (caldo o gelatina).
- 3pm el día antes del procedimiento tome 2 pastillas de Dulcolax (de 5 mg.) (limpieza, no suavizador).
- 5pm el **día antes** del procedimiento tome 5 onz. del citrato de magnesio y sigue inmediatamente con 8 onz. del echar agua.
- Beba por lo menos **tres** vasos de 8 onzas adicionales de agua. Cuantos más líquidos mejor.
- A las 5 de la mañana del examen, nuevamente, tome 5 oz de citrato de magnesio y siga inmediatamente con 8 oz de agua.

OPCIÓN 2

- Durante **dos días antes**: líquidos claros sólo (caldo o gelatina).
- A la 1 pm del día anterior al procedimiento, tome 2 cuartos de galón de la mezcla Go Lately.
- A las 5 pm del día anterior al procedimiento, tome 2 cuartos de galón de la mezcla Go Lately.

***Para la opción 2**, el paciente debe obtener una receta de su médico para la mezcla Go Lately.

DÍA DEL EXAMEN: A las 5am repita el procedimiento del día anterior. Puede continuar de beber líquidos claros hasta 3 horas antes del examen. Tome su medicina para la presión o el corazón como sea necesario.

ULTRASONIDO OB Y PÉLVICO (Pelvis)
Beba 32 onzas de agua una hora antes del examen. **NO UTILICE EL BAÑO.**
El procedimiento requiere una vejiga llena.

ULTRASONIDO DEL ABDOMEN Y VESÍCULA BILIAR
Ayune 8 horas antes de la hora de la cita.

ULTRASONIDO DE RIÑONES
Nada para comer 4 horas antes del examen. El procedimiento requiere vejiga llena. Beba 24 oz de agua 1 hora antes del examen. **NO UTILICE EL BAÑO**

SERIE GASTRO INTESTINAL
(Esófago y estómago)
Nada de comer después de la medianoche.

CT DEL ABDOMEN
Nada de comer después de la medianoche antes del examen. Cuatro horas antes del examen solamente puede tomar líquidos claros. No debe de tener exámenes de bario una semana antes del examen.

CT DEL PELVIS
(Llegue 1 hora antes de la cita) Nada de comer después de la medianoche antes del examen. Cuatro horas antes del examen solamente puede tomar líquidos claros. No debe de tener exámenes de bario una semana antes del examen.

TODOS LOS EXAMENES DE CT/MRI CON CONTRASTE
Manténgase hidratado 48 horas antes de la hora de la cita y beba líquidos claros solamente durante 4 horas antes del examen. **NO COMER CUATRO (4) HORAS ANTES DEL EXAMEN.**

PREPARACION PARA MRI EXAMEN DEL ABDOMEN Y PELVIS
Nada de comer o beber cuatro (4) horas antes del examen.
*Se pueden tomar medicamentos.

EXAMEN DEL ABDOMEN MRCP
Manténgase hidratado hasta 48 horas antes y beba líquidos claros. No coma 8 horas antes de la hora de la cita.
*Se pueden tomar medicamentos.

INSTRUCCION SI SE ORDENA EL ESTUDIO CON CONTRASTE
Si su médico ha ordenado un estudio que requiere una inyección de contraste y si usted es mayor de 60 años, es diabético o tiene una enfermedad renal conocida, deberá realizarse un análisis de laboratorio que muestre sus niveles de GFR dentro de los 30 días de su cita de MRI/CT. De lo contrario, no podremos realizar su examen. Pregúntele a su médico si no está seguro.

POR FAVOR NO TRAIGA NIÑOS DESATENDIDOS