

# PROHEALTH

Advanced Imaging

7345 Medical Center Dr., Ste. 130  
West Hills, CA 91307  
phone: 818.710.6011  
fax: 818.710.6311

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

10767 Riverside Dr.  
North Hollywood, CA 91602  
phone: 818.301.6700  
fax: 818.301.6701

Appointment Date & Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Additional Report To: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Clinical Information: \_\_\_\_\_

Images:  None  CD  Film  Web Access

STAT REPORT:  Phone  Fax  Web Access

## EXAM REQUEST

- |   |   |
|---|---|
| <input type="checkbox"/> <b>MRI</b><br>AREA to be covered _____<br>ADD <input type="checkbox"/> IV Contrast _____<br><input type="checkbox"/> at Radiologist's Discretion<br><input type="checkbox"/> Intra-articular _____ | <input type="checkbox"/> <b>CT</b><br>AREA to be covered _____<br>ADD <input type="checkbox"/> IV Contrast _____<br><input type="checkbox"/> at Radiologist's Discretion<br>BUN/Creatinine level _____<br><small>* If patient is going to have IV contrast, please give us the patient's most recent BUN/CRE level, if available.</small> |
| <input type="checkbox"/> <b>MR CHOLANGIOGRAM (MRCP)</b>   | <input type="checkbox"/> <b>CT ANGIOGRAM (CTA)</b><br>AREA to be covered _____  |
| <input type="checkbox"/> <b>MR ANGIOGRAM (MRA)</b><br>AREA to be covered _____  | <input type="checkbox"/> <b>XRAY</b><br>AREA to be covered _____  |
| <input type="checkbox"/> <b>ULTRASOUND</b><br>AREA to be covered _____<br>Special instruction: _____  | <input type="checkbox"/> <b>DENTAL SCAN</b> <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla<br><input type="checkbox"/> <b>BODY SCREEN</b><br><input type="checkbox"/> Cardiac Screen <input type="checkbox"/> Lung Screen<br><input type="checkbox"/> Full Body Screen  |

## INSTRUCTIONS

1. Wear comfortable, loose clothing without metal zippers, snaps or trim and please leave valuables at home.
2. Please plan to arrive a minimum of 15 minutes before your appointment time and sign in at the reception area.
3. You CANNOT have an MRI if you have a cardiac pacemaker, intracranial aneurysm clip or metal fragments in your eyes or if you weigh more than 325 pounds.
4. You may eat and drink as usual on the day of your exam. CT and Ultrasound scan patients should call for special instructions.
5. If you think you might be claustrophobic, please call us in advance for special instructions.
6. Please bring a completed insurance form, insurance card and driver's license. Pre-registration forms are available on our website.