



BROADWAY IMAGING CENTER

140 N. Glendale Ave. Glendale, CA 91206 | T: 818.548.0022 | F: 818.548.8385



APPOINTMENT

DATE _____

TIME _____

STAT ☐ CD ☐

PATIENT'S NAME

DATE OF BIRTH

PATIENT'S PHONE NUMBER

REFERRING DOCTOR

TODAY'S DATE

DOCTOR'S PHONE NUMBER

REASON FOR EXAM (MANDATORY)

DOCTOR'S SIGNATURE (MANDATORY)

ATTORNEY / LAW FIRM

DATE OF INJURY

NOTES

☐ Personal Injury ☐ Medicare ☐ PPO ☐ HMO ☐ Bill to Dr. ☐ Comparison Req: _____ ☐ Other: _____

* ALL IV CONTRAST STUDIES REQUIRE A BLOOD TEST INDICATING - GFR, BUN & CREATININE ONE MONTH BEFORE THE EXAM *

OPEN MRI / MRA

☐ IV CONTRAST REQUESTED

MR - HEAD / NECK

- 1 ☐ Brain 5 ☐ Facial
2 ☐ Pituitary 6 ☐ Sinuses
3 ☐ IAC 7 ☐ TMJs
4 ☐ Orbits 8 ☐ Soft Tissue Neck

MR - BODY

- 9 ☐ Chest 12 ☐ Pelvis
10 ☐ MCRP ☐ Prostate
☐ Uterus
11 ☐ Abdomen ☐ SI Joint / ST

*Specify:

MR - SPINE

- 13 ☐ C-Spine 16 ☐ Sacrum / Coccyx
14 ☐ T-Spine 17 ☐ Brachial Plexus
15 ☐ L-Spine ☐ R ☐ L ☐ B
18 ☐ Other:

MR - EXTREMITIES

- 19 ☐ Shoulder ☐ R ☐ L ☐ B
20 ☐ Elbow ☐ R ☐ L ☐ B
21 ☐ Wrist ☐ R ☐ L ☐ B
22 ☐ Hand ☐ R ☐ L ☐ B
23 ☐ Hip ☐ R ☐ L ☐ B
24 ☐ Femur ☐ R ☐ L ☐ B
25 ☐ Knee ☐ R ☐ L ☐ B
26 ☐ Ankle ☐ R ☐ L ☐ B
27 ☐ Foot ☐ R ☐ L ☐ B
28 ☐ Other:

MRA (VASCULAR)

- 29 ☐ Brain ☐ (w/wo)
30 ☐ Neck/Carotid ☐ (w/c) ☐ (w/wo)
31 ☐ Renal

CT SCAN / 64 SLICE

☐ IV CONTRAST ☐ ORAL CONTRAST

CT - HEAD / NECK

- 32 ☐ Brain 36 ☐ Facial
33 ☐ Pituitary 37 ☐ Sinuses
34 ☐ IAC 38 ☐ TMJs
35 ☐ Orbits 39 ☐ Soft Tissue Neck

CT - BODY

- 40 ☐ Chest 44 ☐ Ribs
41 ☐ Chest Low Dose 45 ☐ Abdomen
42 ☐ Chest High Res 46 ☐ Pelvis
43 ☐ Cardiac Calcium Scoring
47 ☐ Other:

CT - SPINE

- 48 ☐ C-Spine 51 ☐ Sacrum / Coccyx
49 ☐ T-Spine 52 ☐ Brachial Plexus
50 ☐ L-Spine ☐ R ☐ L ☐ B

CT - EXTREMITIES

- 53 ☐ Shoulder ☐ R ☐ L ☐ B
54 ☐ Elbow ☐ R ☐ L ☐ B
55 ☐ Wrist ☐ R ☐ L ☐ B
56 ☐ Hand ☐ R ☐ L ☐ B
57 ☐ Hip ☐ R ☐ L ☐ B
58 ☐ Femur ☐ R ☐ L ☐ B
59 ☐ Knee ☐ R ☐ L ☐ B
60 ☐ Ankle ☐ R ☐ L ☐ B
61 ☐ Foot ☐ R ☐ L ☐ B
62 ☐ Other:

CTA (VASCULAR) W/ CONTRAST ONLY

- 63 ☐ Head 67 ☐ Abdomen/Pelvis
64 ☐ Neck 68 ☐ Chest/Abd./Pelv.
65 ☐ Chest 69 ☐ Aorta (Chest/Abd)
70 ☐ Abdomen

MAMMOGRAPHY - 3D TOMOSYNTHESIS

71 ☐ Screening 72 ☐ Diagnostic ☐ R ☐ L ☐ B

BONE DENSITY W/ TRABECULAR BONE SCORE

73 ☐ Bone Density (DEXA) with Trabecular Bone Score (TBS)

XRAY

XR - HEAD / NECK

74 ☐ Skull 75 ☐ Facial 76 ☐ Sinuses 77 ☐ Soft Tissue Neck / Andenoids

XR - BODY

78 ☐ Chest ☐ OBL 79 ☐ Ribs ☐ R ☐ L ☐ B 80 ☐ KUB
81 ☐ Abdomen 82 ☐ Pelvis 83 ☐ Other:

XR - EXTREMITIES

84 ☐ Shoulder ☐ R ☐ L ☐ B ☐ OBL 88 ☐ Humerus ☐ R ☐ L ☐ B
85 ☐ Elbow ☐ R ☐ L ☐ B ☐ OBL 89 ☐ Femur ☐ R ☐ L ☐ B
86 ☐ Wrist ☐ R ☐ L ☐ B ☐ OBL 90 ☐ Forearm ☐ R ☐ L ☐ B
87 ☐ Hand ☐ R ☐ L ☐ B ☐ OBL 91 ☐ Hips ☐ R ☐ L ☐ B
92 ☐ TIB/FIB ☐ R ☐ L ☐ B
93 ☐ Feet ☐ R ☐ L ☐ B 94 ☐ Ankle ☐ R ☐ L ☐ B 95 ☐ Knee ☐ R ☐ L ☐ B
☐ OBL ☐ WB ☐ OBL ☐ WB ☐ OBL ☐ WB

XR - SPINE

96 ☐ C-Spine 97 ☐ T-Spine 98 ☐ L-Spine
☐ FLEX & EXT ☐ OBL ☐ WB ☐ FLEX & EXT ☐ OBL ☐ WB ☐ FLEX & EXT ☐ OBL ☐ WB
99 ☐ Sacrum / Coccyx 100 ☐ Other:

ULTRASOUND

- 101 ☐ Abdominal 106 ☐ Renal (Kidney) 111 ☐ Scrotum/Testicular
102 ☐ Aorta 107 ☐ Renal (Artery) 112 ☐ Breast
103 ☐ Liver 108 ☐ Pelvic 113 ☐ Soft Tissue/Neck/Thyroid
104 ☐ Gallbladder 109 ☐ Transvaginal 114 ☐ Soft Tissue
105 ☐ Bladder 110 ☐ Prostate Specify: _____

US - CARDIOVASCULAR

- 115 ☐ Arterial Upper ☐ R ☐ L ☐ B 118 ☐ Venous Upper ☐ R ☐ L ☐ B
116 ☐ Arterial Lower ☐ R ☐ L ☐ B 119 ☐ Venous Lower ☐ R ☐ L ☐ B
117 ☐ Carotid

US - CARDIAC

- 120 ☐ Echocardiogram with M-Mode/2D & Color Doppler

BROADWAY IMAGING CENTER

MOST POWERFUL OPEN MRI IN LOS ANGELES

PLEASE CONTACT US TO SCHEDULE YOUR APPOINTMENT AT **818.548.0022**

MAP AND PARKING

140 N. Glendale Ave. Glendale, CA 91206



APPOINTMENT INFORMATION

- **24-hour** notice is **required** for all cancellations.
If you are visiting in your relation to a personal injury case, please bring your ID & law firm information.
- Your results will be automatically forwarded to your referring physician (3-5 business days).
- **INSURANCE PATIENTS** - Please bring your **INSURANCE CARD & ID** to your appointment.
- **PERSONAL INJURY & WORKERS COMP PATIENTS** - Please bring your ID to your appointment.

IMPORTANT NOTES

- We are **NOT ABLE** to accommodate patients with pacemakers, aneurysm clips, cochlear implants, or any other type of magnetic implant for MRI scans.
- Patients with MRI **SHOULD NOT** wear clothing with metal clips and buttons jogging suits are recommended.
- Patients must be **FASTING** for 8 hours for any abdomen studies.
- Patients with CT Contrast studies must be **FASTING for 6-8 hours** to avoid potential nausea.
- Patients with CT Contrast studies who take **METFORMIN MUST NOT TAKE** medication 24 hours before and 48 hours after the exam.

ABOUT TOMOSYNTHESIS

Tomosynthesis (3D Mammography): A 3D Mammo captures multiple slices of the breast. The images are brought together to create a crystal-clear 3D reconstruction of the breast. The 3D images are acquired in addition to and at the same time as the regular 2D Mammo images without any extra compression. There is less chance for a cancer to hide behind overlapping tissue and therefore has proven to detect cancers earlier than a 2D Mammo alone.