



# ARCADIA MRI & IMAGING CENTER

3T LARGE BORE MRI | CT | ULTRASOUND | X-RAY

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Call to become a registered user.

638 WEST DUARTE ROAD, SUITE TWO, ARCADIA, CA 91007  
SCHEDULING: (626) 446-0080 | FAX: (626) 446-0262

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Exam Time: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Insurance: \_\_\_\_\_

Indication: \_\_\_\_\_

**X** \_\_\_\_\_  
Physician's Signature (Required) Phone # Date

## MRI - 3T Large Bore MRI

Contrast:  w/o  w&w/o

**Creatinine Blood Test Required for MRI Contrast Studies** for patients with a history of kidney disease/failure or diabetes at any age; any patient 60 years old and over.

### Head and Neck

- Brain
- IAC's
- Pituitary
- Orbits
- Face
- Soft Tissue Neck
- 3T Advanced Concussion Study
- Sinuses
- TMJ-Bilateral
- MRA Head
- MRA Carotids
- MRV Head

### Trunk

- Chest
- Brachial Plexus
- Abdomen
- Liver
- Kidneys
- Pelvis
- MRCP - Cholangiogram
- CE-MRA (Area: \_\_\_\_\_)
- 3T Prostate

### Extremities

- Hand / Finger (Which: \_\_\_\_\_) R L
- Wrist R L
- Shoulder R L
- Arm (Area: \_\_\_\_\_) R L
- Elbow R L
- Knee R L
- Ankle R L
- Foot R L
- Leg (Area: \_\_\_\_\_) R L
- Hip R L
- CE-MRA Upper extremity R L
- CE-MRA Lower extremity R L
- MRI - Other: \_\_\_\_\_ R L

### Spine

- Cervical
- Thoracic
- Lumbar
- Sacrum/Coccyx
- with MR Myelogram
- with MR Myelogram

### Arthrogram

- Hip - including CT guidance for injection
- Shoulder - including CT guidance for injection
- Wrist - including CT guidance for injection
- Knee - including injection

## Multi-Slice CT

Contrast:  Oral  IV

**Creatinine Blood Test Required for CT IV Contrast Studies:** for patients with a history of kidney disease/failure or diabetes at any age; any patient 55 years old and over.

### Head and Neck

- Brain
- Sinuses
- Orbits
- Temporal Bones
- Facial Bones
- Soft Tissue Neck
- CT Angiography-Head
- CT Angiography-Carotids

### Trunk

- Chest
- Chest-High Resolution
- Kidneys
- Abdomen
- Pelvis
- Abdomen/Pelvis
- Liver
- CT Angiography (Area: \_\_\_\_\_)

### Extremities

- Arm (Area: \_\_\_\_\_) R L
- Finger (Which: \_\_\_\_\_) R L
- Hand R L
- Wrist R L
- Shoulder R L
- Elbow R L
- Knee R L
- Ankle R L
- Foot R L
- Leg (Area: \_\_\_\_\_) R L
- Hip R L
- CT Angiography Lower extremity R L
- CT - Other: \_\_\_\_\_ R L

### Spine

- Cervical
- Thoracic
- Lumbar
- Sacrum/Coccyx

### Arthrogram

- Hip - including injection
- Shoulder - including injection
- Wrist - including injection
- Knee - including injection

## Ultrasound

- Abdomen
- Pelvis (non OB) Transabdominal
- Pelvis (non OB) Transvaginal
- Pelvis OB Transabdominal
- Pelvis OB Transvaginal
- Abdominal Aorta

- Renal (kidneys & bladder)
- Carotid
- Testicular (scrotum)
- Thyroid (Neck)
- Breast
- Ultrasound - Other: \_\_\_\_\_

### Arterial

- Upper Ext R L
- Lower Ext R L
- With Pressures
- Upper/Lower Extremity Nonvascular R L

### Venous

- Upper Ext R L
- Lower Ext R L

## Digital X-Ray

Complete  Limited

- Chest 1V
- Sinuses
- KUB
- Chest 2V
- Skull
- Ribs

- Abdominal Series
- Cervical
- X-Ray - Other: \_\_\_\_\_
- Pelvis
- Thoracic

- Extremity: \_\_\_\_\_ R L
- Lumbar



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## FOR ALL PATIENTS:

1. We must confirm the appointment by phone the day before the scan and go over a medical screening questionnaire. If we do not reach you by 3:00 p.m., please call our office. If we cannot confirm the appointment and go over the questionnaire with you the day before the scan, your appointment may be cancelled or rescheduled.
2. Patients are asked to bring any prior CT or MRI films/CDs or other diagnostic studies of the area of interest with them for comparison.
3. MRI or CT studies requiring IV contrast may require blood tests prior to scheduling the exam; Please see notes below.

## MRI PATIENTS:

1. **CONTRAINDICATIONS FOR MRI SCANS:** Pregnancy, cardiac pacemaker, intercranial aneurysm clips, cochlear implant, TENS electrode, neurostimulator, cardioverter defibrillator, electronic implant and infusion pump.
2. **BLOOD TESTS REQUIRED FOR MRI CONTRAST AND MRA CONTRAST STUDIES** for patients 60 years old and over, with a history of kidney disease/failure, or diabetes at any age. Renal Function Tests: Creatinine or BUN. Your referring Doctor will order these tests.
3. If you require some medication to calm you for the procedure, then a prescription should be obtained from your referring Doctor. You must have someone drive you home.
4. If you have a written order for the MRI from your Doctor or an IPA/Insurance Authorization, please bring it with you to your appointment to avoid unnecessary delays or possible cancellation.

## CT PATIENTS:

1. **CONTRAINDICATIONS FOR CT SCANS without contrast:** Pregnancy
2. **CONTRAINDICATIONS FOR CT SCANS with contrast:** Pregnancy, history of allergy to iodine contrast, acute renal failure or uremia.
3. If there is no oral or IV contrast, no preparation is required.
4. **BLOOD TESTS REQUIRED FOR CT IV CONTRAST STUDIES** for patients 55 years old and over, with a history of kidney disease/failure, or diabetes at any age. Renal Function Tests: Creatinine or BUN. Your referring Doctor will order these tests.
5. Many Abdomen and Pelvis studies require oral contrast; our staff will give patients instructions over the phone.
6. If you have a written order for the CT from your Doctor or an IPA/Insurance Authorization, please bring it with you to your appointment to avoid unnecessary delays or possible cancellation.

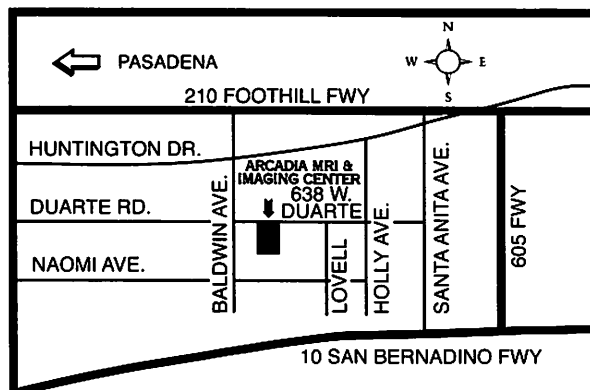
## ULTRASOUND PATIENTS:

Most studies do not require any special preparation, except for:

1. **Abdomen/Aorta:** Nothing by mouth 8 hours prior to scan. No liquids. No breakfast.
2. **Pelvic or OB:** You may be required to drink 32 oz of water before your exam. Please contact our office for specific instructions. After drinking, **DO NOT** go to the bathroom. A full bladder is required.
3. **Thyroid:** No iodized compounds for 2 days prior to exam, including iodized salt, medications with iodine or radiological procedures with contrast.

### FROM 210 FWY:

Exit 210 fwy. at Baldwin:  
Baldwin south to Duarte Road. Turn left, 1/2 block  
638 West Duarte Road,  
which will be on your right.



### FROM 10 FWY:

Exit 10 fwy. at Santa Anita Avenue, drive north to Duarte Road. Turn left, 1/2 mile to 638 West Duarte Road, which will be on your left past Holly Avenue.