

Newport Diagnostic Center

Scheduling: (949) 467-3100
Main Number: (949) 760-3025
Fax: (949) 720-3944
Email: orders@newportdiagnosticcenter.com
1605 Avocado Avenue
Newport Beach, CA 92660



- STAT
- Phone Results
- Report Only
- Online Image Access
- AUC G Code _____
- M Modifier _____

Today's Date: _____ Exam Date: _____ Exam Time: _____
 Patient Name: _____ Phone: _____ Date of Birth: _____ Male Female
 Referring Physician (Print) _____ Phone: _____ Fax: _____
 Referring Physician Signature: _____ Email: _____
 Clinical History/Symptoms: _____

CC Physician(s): _____
 For Contrast Exams: Age >60 Diabetes Renal Disease Currently on Chemotherapy Creatinine: _____ Lab Date: _____

MAGNETIC RESONANCE IMAGING (MRI)

W/O Contrast W & W/O Contrast
 Sedation IV Versed / Claustrophobia

Brain Neuroquant Orbits
 Pituitary Internal Auditory Canals (IAC's)
 Neck (soft tissue)
 Chest
 Shoulder Right Left
 Breast Breast Cancer Evaluation Implant Integrity
 Abdomen MRCP
 Cervical Spine Thoracic Spine Lumbar Spine
 Knee Right Left
 Arthrogram
 Upper Extremity: _____
 Lower Extremity: _____
 Angiography: W/O Contrast W & W/O Contrast
 Brain Angiography Carotid Angiography MRA Aorta
 Abdominal Angiography Renal Angiography
 Lower Extremity - Angiography Run-off
 Pelvis
 Other: _____

WOMEN'S IMAGING / BREAST CENTER

Screening Digital Mammo 3D Tomosynthesis
 Diagnostic Digital Mammo (w/ ultrasound as indicated)
 Bilateral Unilateral Right Left
 Breast Ultrasound Right Left
 Ultrasound Guided Breast Biopsy Right Left
 Breast MRI
 Stereotactic Breast Biopsy
 Bone Density
 Other: _____

ULTRASOUND / NON-INVASIVE VASCULAR STUDIES

Ultrasound
 Thyroid Abdomen Renal w/bladder Scrotal w/ Doppler
 Female Pelvis w/ Transvaginal (as indicated) Male Pelvis
 OB Trimester: _____
 Other: _____

Vascular Studies
 Carotid
 Echocardiogram
 Venous Doppler Lower R L Upper R L
 Arterial Doppler Lower R L Upper R L
 Other: _____

CYBERKNIFE CONSULTATION

Diagnosis: _____

COMPUTERIZED TOMOGRAPHY (CT)

Please notify scheduler if you have a known allergy to IODINE

W/O Contrast W/ Contrast

Head Neck (Soft Tissue) Chest
 Abdomen Pelvis
 Cervical Spine Thoracic Spine Lumbar Spine
 Sinuses Temporal Bones
 Myelogram
 Upper Extremity: _____
 Lower Extremity: _____
 Coronary Artery Calcium Scoring
 CT Angiogram - Head CT Angiogram - Neck
 CT Angiogram - Coronary Vessels CT Angiogram - Abdomen
 Lower Extremity - CT Angiogram (Run-off)
 Other: _____

POSITRON EMISSION TOMOGRAPHY (PET/CT)

Whole Body PET/CT with Diagnostic CT
 Includes Diagnostic CT: Head, Neck, Chest Abdomen and Pelvis
 W/O Contrast W/Contrast

Whole Body PET/CT
 Brain PET/CT
 Isotope: _____

NUCLEAR MEDICINE

Renal Scan W/ Diuretic
 Bone Scan Whole Body Limited of SPECT
 Hepatobiliary Scan only W/ CCK for Ejection Fraction
 Thyroid Scan only Uptake & Scan I-131 Therapy
 Other: _____

INTERVENTIONAL RADIOLOGY

Paracentesis Liver Bx Seroma Drainage
 Thoracentesis Soft Tissue Bx PICC Line Placement
 Bone Bx

X RAY / FLUOROSCOPY

Routine:
 Electrocardiogram (ECG)
 Chest Abdomen Series KUB
 Sinus Skull
 Cervical Spine Thoracic Spine Lumbar Spine
 Other: _____

Special Procedures:
 Esophagram Upper GI Small Bowel
 Myelogram Cervical Thoracic Lumbar
 Arthrogram: _____
 Other: _____

Directions to Newport Diagnostic Center:

1605 Avocado Ave Newport Beach, CA 92663

Please remember to bring your parking ticket for validation.



From South County:

5 North to 405 North
Exit MacArthur
Turn Left and Drive 5.5 Miles
Right on San Miguel
Right on Avocado Ave.
Continue Past Stop Sign
NDC Will Be on Your Left

73 Toll Road:

North 73 Toll
Exit Bison & Turn Left
Left on MacArthur Blvd.
Right on San Miguel
Right on Avocado Ave.
Continue Past Stop Sign
NDC Will Be on Your Left

Pacific Coast Highway:

PCH to Avocado Ave.
North on Avocado Ave.
Continue Past San Miguel
Continue Past Stop Sign
NDC Will Be on Your Left

From North County:

405 South
Exit MacArthur Blvd.
Turn Left and Drive 5.5 Miles
Right on San Miguel
Right on Avocado Ave.
Continue Past Stop Sign
NDC Will Be on Your Left

From 55 Southbound:

55 South to 73 South
Exit MacArthur Blvd.
Drive 2.3 miles
Right on San Miguel
Right on Avocado Ave.
Continue Past Stop Sign
NDC Will Be on Your Left

Patient Preparation for Diagnostic Procedures:

PROCEDURE	PREPARATION
UGI Upper Gastrointestinal Series <i>(Also Esophagram & Small Bowel Series)</i>	Nothing to Eat or Drink for 8 hours prior to exam.
CT Computed Tomography <i>* Please notify scheduler if you have a known allergy to IODINE.</i>	CT with contrast: Nothing to Eat or Drink for 4 hours prior to exam. Patients with Kidney problems, please contact our office. CT non-contrast: No preparation required. CT Calcium Score: DO NOT EAT or DRINK caffeine or chocolate 8 hours prior to your appointment.
Mammogram or Breast Imaging	Plan to bring your prior mammography films if they were not taken at NDC. No powder, perfumes, lotions or deodorants between your neck and waist the day of the exam. Please email mr@ndcmail.com to obtain your prior imaging studies from any other facilities before your appointment.
Pelvic Ultrasound	Female – Finish 32 oz of clear liquid one hour before your exam time. Male – Finish 24 oz of clear liquid one hour before your exam time. DO NOT EMPTY YOUR BLADDER
Abdominal Ultrasound	Nothing to drink 4 hours before exam. Water is ok.
MRI Magnetic Resonance Imaging	No preparation necessary. Please notify scheduler if any of the following pertains to you: Cardiac Pacemaker, Aneurysm Clips, Cochlear Implants, you are an Occupational Metal Worker or may be Claustrophobic, have Stimulators, Pumps, or Wires.
PET/CT Positron Emission Tomography/ Computed Tomography	If possible, drink plenty of fluids beginning 24 hours before your examination. Nothing to Eat or Drink for 6 hours prior to exam. You may take medications with a small amount of water if necessary. This exam is 2 hours in length. Dress warmly and minimize wearing metal.
Sedation IV Versed/ Claustrophobia	A driver is required. You will be under twilight sedation and not able to drive yourself home.