

## 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

- ☐ Whole Body Screening
- ☐ 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 ☐ Unilateral ☐ Right ☐ Left
- ☐ Ultrasound Guided Breast Biopsy ☐ Right ☐ Left
- ☐ Stereotactic Breast Biopsy ☐ Right ☐ Left
- ☐ Breast MRI
- ☐ 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 W/ 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
- ☐ Bone Scan Spect W/ CT Scan ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Hepatobiliary ☐ Scan only ☐ W/ CCK for Ejection Fraction
- ☐ Thyroid ☐ Scan only ☐ Uptake & Scan ☐ I-131 Therapy
- ☐ Theranostics Prostate Therapy
- ☐ Other: \_\_\_\_\_

### INTERVENTIONAL RADIOLOGY

- ☐ Paracentesis ☐ Liver Bx ☐ Seroma Drainage
- ☐ Thoracentesis ☐ Soft Tissue Bx ☐ HSG
- ☐ Bone Marrow Bx

### X RAY / FLUOROSCOPY

#### Routine:

- ☐ Electrocardiogram (ECG)
- ☐ Chest ☐ Abdomen Series ☐ KUB
- ☐ Sinus ☐ Skull
- ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine
- ☐ Other: \_\_\_\_\_

#### Special Procedures:

- ☐ 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
<b>CT</b> Computed Tomography <i>* Please notify scheduler if you have a known allergy to IODINE.</i>	<b>CT with contrast:</b> Nothing to Eat or Drink for 4 hours prior to exam. Patients with Kidney problems, please contact our office. <b>CT non-contrast:</b> No preparation required. <b>CT Calcium Score:</b> DO NOT EAT or DRINK caffeine or chocolate 8 hours prior to your appointment.
<b>Mammogram or Breast Imaging</b>	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 <a href="mailto:mr@ndcmail.com">mr@ndcmail.com</a> to obtain your prior imaging studies from any other facilities before your appointment.
<b>Pelvic Ultrasound</b>	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. <b>DO NOT EMPTY YOUR BLADDER</b>
<b>Abdominal Ultrasound</b>	Nothing to drink 4 hours before exam. Water is ok.
<b>MRI</b> 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.
<b>PET/CT</b> 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.
<b>Sedation IV Versed/ Claustrophobia</b>	A driver is required. You will be under twilight sedation and not able to drive yourself home.