

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**BREAST CENTER / DEXA ANALYSIS**

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 DEXA Scan  W/ DEXA Body Fat Scan  
Other: \_\_\_\_\_

**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  1-131 Therapy  
 Theranostics Prostate Therapy  
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: \_\_\_\_\_

**INTERVENTIONAL RADIOLOGY**

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

**Vascular Studies**

Carotid  
 Echocardiogram  
 Venous Doppler  Lower R L  Upper R L  
 Arterial Doppler  Lower R L  Upper R L  
Other: \_\_\_\_\_

**X RAY / FLUOROSCOPY**

**Routine:**

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

**CYBERKNIFE CONSULTATION**

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

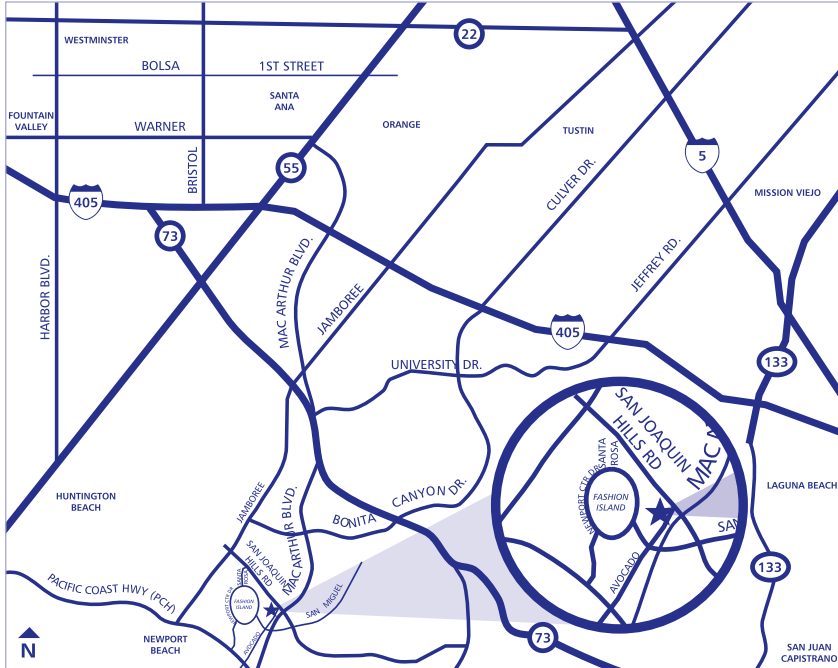
**Special Procedures:**

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	<b>Whole Body MRI:</b> No food or drink 4 hours prior. <b>All other MRI's:</b> 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.