



Expo Pointe Imaging Center

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Diagnostic Imaging Referral

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Sacramento, CA 95815

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www.expopointemri.com

Patient Information

Patient's Name

Date of Birth

Height-Weight

Patient's Phone

Diagnosis

ICD9

Referring Physician

Physician's Phone

Physician's Fax

Insurance Carrier

I.D. Number

Authorization Number

For Lien Patients Only

Attorney's Name

Attorney's Address

Attorney's Phone

Attorney's Fax

PLEASE FAX BOTH SIDES OF PATIENT'S INSURANCE CARD WITH THIS REQUEST

BUN & creatinine required for all patients 60 years of age or older for contrast studies. Bloodwork is also required for diabetic and/or renal patients. Please include patient's phone and relevant chart notes.

MRI Without contrast With **and** without contrast

- | | | | | | | | | | |
|---|--|-----------------------------------|-----------------------------|-----------------------------|--------------------------------|------------------------------------|-----------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Orbits | <input type="checkbox"/> Shoulder | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT | <input type="checkbox"/> Ankle | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> TMJ | <input type="checkbox"/> Elbow | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT | <input type="checkbox"/> Thigh | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT |
| <input type="checkbox"/> IAC | <input type="checkbox"/> Clavicle | <input type="checkbox"/> Wrist | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT |
| <input type="checkbox"/> Stem/
Post. Fossa | <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> Humerus | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT | <input type="checkbox"/> Foot | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT |
| <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Sacrum/Coccyx | <input type="checkbox"/> Forearm | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT | | | | |
| <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> S I Joints | <input type="checkbox"/> Hip | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT | | | | |
| <input type="checkbox"/> Lumbar Spine | | <input type="checkbox"/> Knee | <input type="checkbox"/> RT | <input type="checkbox"/> LT | <input type="checkbox"/> BILAT | | | | |

MRA Without contrast With **and** without contrast **MRV** Without contrast With **and** without contrast

Brain

Physician's Signature

Date

A signed report will be faxed to the number provided above within 24 to 48 hours of the exam. A CD of the images can be provided on request.

Patient Preparation for All Exams

- Please bring your health insurance information, forms and cards with you.
- Arrive 30 minutes prior to your exam to complete paperwork.
- **If you need to reschedule your appointment, please call us at least 24 hours in advance.**
- Please leave valuables at home. EPIC cannot be held responsible for lost belongings.
- Children 12 and under cannot be left unattended or go into the exam room with you.
- Patients should wear warm, comfortable, loose-fitting clothing without metal snaps, buttons, or zippers. In some cases, patients may be asked to change into a gown or scrubs.
- Women may want to wear a sports bra without metal hooks or wires.
- **If you are pregnant or breast feeding, or there's a possibility of pregnancy, please inform our staff prior to your appointment.**



Driving Instructions

FROM EAST SAC/MIDTOWN:

Travel NORTH on HWY 80 (CAPITAL CITY FREEWAY)
EXIT Cal Expo/Exposition Blvd., turn LEFT on Exposition Blvd.
Turn RIGHT into parking lot

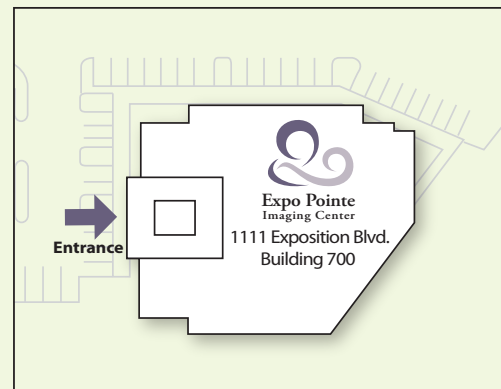
FROM RENO:

Travel SOUTH on HWY 80 (CAPITAL CITY FREEWAY)
EXIT Cal Expo/Exposition Blvd., travel WEST on Exposition Blvd.
Turn RIGHT into parking lot

Patient Preparation & Expectations

MRI Time Varies

- Please inform staff if you have any implanted medical devices.
- Remove all metal objects including jewelry, hair pins, eyeglasses and credit cards.
- If you are known to have space-related anxieties we encourage having a friend or family member in the room during your exam. If your physician has prescribed medication, be sure you have a designated driver.
- You will lie down on a padded table as it is moved into the scanner. Multiple images are taken, during which time you will be asked to remain completely still or hold your breath for a few seconds at a time. You may feel air moved by the fan of the machine and hear it make a series of knocking sounds, which are normal. At all times you will have two-way communication with the technologist.
- Most exams require no special preparation. You may eat, drink and take medications as you normally would.
- **AFTER YOUR EXAM**, your images will be interpreted by a Board Certified Radiologist, who will provide a report to your physician within 24 to 48 hours of your exam. Your physician will review the exam results with you.



FROM HWY 50:

EXIT HWY 80 E toward Reno (CAPITAL CITY FREEWAY)
EXIT Cal Expo/Exposition Blvd., turn LEFT on Exposition Blvd.
Turn RIGHT into parking lot

FROM STOCKTON:

Travel NORTH on I-5
MERGE onto Bus 80 East (CAPITAL CITY FREEWAY)
EXIT Cal Expo/Exposition Blvd., turn LEFT on Exposition Blvd.
Turn RIGHT into parking lot