

CEDARS-SINAI.

S. MARK TAPER FOUNDATION IMAGING CENTER

PHYSICIAN REFERRAL FORM ORTHOPEDIC AND SPINE SURGEONS

To Schedule: (310) 423-8000 - To Fax Orders: (310) 423-0137

Patient preps on reverse side. For exam information, please visit us at www.cedars-sinai.edu/ImagingPreps

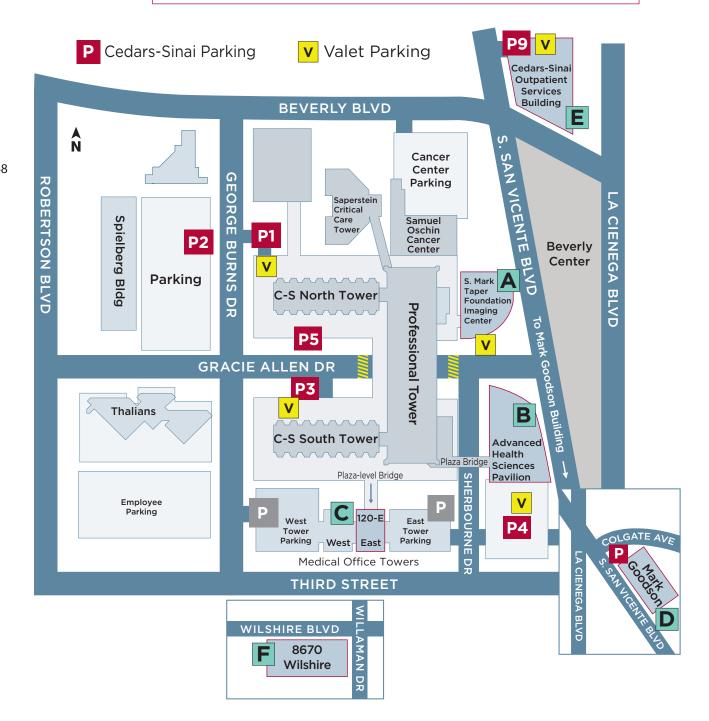
	* Required Fields	
	K-IN TIME: EXAM LOCATION:	*
	* ======	* PT D.O.B
	* REFERRING	MD PHONE #:
CLINICAL SIGNS/SYMPTOMS:		
* MD SIGNATURE:		DATE SIGNED: / /
DUPLICATE REPORTS TO:		
WET READ/Immediate Results	s Requested. If yes, phone #:	
PLEASE CHECK ONE:	CT MRI NUCLEAR	R MEDICINE (NM)
IV CONTF If Contrast, Contrast Allergy	_ 0	☐ No Contrast RI Contrast Allergy: ☐ Yes ☐ No
SKELETAL R L UPPER EXT: LOWER EXT: SHOULDER HIP HUMERUS FEMUR ELBOW KNEE FOREARM TIB/FIB WRIST ANKLE HAND FOOT FINGERS/THUMB XRAY CHEST RIBS SCOLIOSIS SPINE CERVICAL THORACIC LUMBAR SACRUM / SI JOINTS BRACHIAL PLEXUS OTHER:	ARTHROGRAM ARTHROGRAM ART ARR CT XR SITE/SIDE: NUCLEAR MEDICINE (NM) ART DXA BONE DENSITY SCAN: HIP SPINE EXTREMITIES NM BONE SCAN NM WITH SPECT/CT (NM BONE SCAN WHOLE BODY WITH SPECT/CT) WITH DIAGNOSTIC CT DIAG CT OF: LUMBAR SACRUM THORACIC CERVICAL HEAD AND NECK (SOFT-TISSUE, NON-SPINE) BRAIN RECK	PAIN MANAGEMENT THERAPEUTIC INJ. US-GUIDED SHOULDER HIP PEPIDURAL TRANSLAMINAR TRANSFORAMINAL FACET BLOCK LEVELS MYELOGRAPHY CCERVICAL THORACIC LUMBAR ANGIOGRAPHY HEAD/BRAIN RECK/CAROTID SPINE OTHER
SPECIAL INSTRUCTIONS:		
IF YES, PLEASE COMPLE HAS T Physical Therapy? Yes No How Prescribed Medication? Yes No T Has the Patient seen a Specialist? Previous Imaging? X-Ray C Previous Imaging Results: Norma	Yes No Is this study for Pre-Operatve Evaluati	Treatment effective? Yes No Medication effective? Yes No on? Yes No
	and directs the Medical Center to act as physician's agent in payers for all imaging services requested above.	intiating and/or obtaining authorization for

PATIENT INFORMATION

INTERVENTIONAL RADIOLOGY INTERVENTIONAL NEURORADIOLOGY

PLEASE CALL (310) 423-2468 TO SCHEDULE A PATIENT AND FOR PREP INFORMATION.

PEDIATRIC - FOR CHILDREN UNDER 16: CALL (310) 423-8000 (OPTION 1) AND ASK FOR SPECIFIC PEDIATRIC PREPARATION INSTRUCTIONS, INCLUDING SEDATION REQUIREMENTS.



S. MARK TAPER FOUNDATION IMAGING CENTER CORNER OF SAN VICENTE BLVD. & GRACIE ALLEN DR. 8705 GRACIE ALLEN DRIVE, LOS ANGELES CA 90048 VALET AND PATIENT DROP OFF IN FRONT:

VALET AND PARKING IN LOT P4

Α

B ADVANCED HEALTH SCIENCES PAVILION 127 S. SAN VICENTE BLVD.,

SUITE #A-2500, PLAZA LEVEL LOS ANGELES CA 90048 VALET AND PARKING AVAILABLE IN LOT P4

C MEDICAL OFFICE TOWERS 8631 W. THIRD ST., SUITE 120 EAST LOS ANGELES CA 90048 PARKING LOT P4 SUGGESTED

D MARK GOODSON BUILDING 444 S. SAN VICENTE BLVD., SUITE 106, FIRST FLOOR LOS ANGELES CA 90048 PARKING ON SITE