



Tax ID # 94-3306655

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PLEASANT HILL
400 Taylor Blvd. Suite 105
Pleasant Hill, CA 94523
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CT REQUEST FOR SERVICE FORM

PATIENT INFORMATION: Today's Date Date Scan Is Needed By
Patient Name DOB Male Female
Home Phone Work Phone Weight ICD-9 Code
Primary Diagnosis
Special Notes

PLEASE FAX A COPY OF THE FRONT AND BACK OF THE PATIENT'S CURRENT INSURANCE CARD AND ALL PRIOR IMAGING REPORTS

HEAD, FACE AND NECK
Head without contrast (routine)
Head with and without contrast
Sinus (no contrast study)
Neck with contrast (routine)
Neck without contrast

BODY
Chest with contrast (routine)
Chest without contrast high resolution
Chest without contrast
Abdomen without contrast
Abdomen with contrast
Pelvis without contrast
Pelvis with contrast
Abdomen and Pelvis with and without contrast (routine)
Abdomen and Pelvis without contrast (colic CT protocol)
Abdomen and Pelvis with contrast (large bowel protocol)

MUSCULOSKELETAL (With Reformations)
Long bone, upper extremity
Long bone, lower extremity
Large joint, upper extremity - Name of joint R L
Large joint, lower extremity - Name of joint R L
Small joint, upper extremity - Name of joint R L
Small joint, lower extremity - Name of joint R L

REQUESTING PHYSICIAN'S SIGNATURE:
Name UPIN
Office # Fax # Submitted by:
Authorization Number
CC : Reports