

- **EMERYVILLE** 1480 64th Street, Suite 100 • Emeryville, CA 94608 • T: (510) 379-4981 F: (510) 444-1312
- **PLEASANT HILL** 400 Taylor Blvd., Suite 105 • Pleasant Hill CA 94523 • T: (925) 521-8200 F: (925) 691-5038
- **SAN LEANDRO** 15035 East 14th Street, Suite B • San Leandro, CA 94578 • T: (510) 746-5817 F: (510) 276-1293

Today's Date:		Date Report is Needed By:	
PATIENT INFORMATION			
Name:		DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female WEIGHT:
Primary Phone:		Secondary Phone:	SSN:
Insurance(s):		Auth Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization #:

EXAM	
<input type="checkbox"/> MRI <input type="checkbox"/> MRA Body Part <input type="checkbox"/> R <input type="checkbox"/> L : _____ <small>(e.g., brain, T-Spine, L-Spine, C-Spine, abdomen, pelvis, humerus, thigh, IAC, pituitary, etc.)</small>	
<input type="checkbox"/> With IV Contrast * <input type="checkbox"/> Without IV Contrast <input type="checkbox"/> With/Without IV Contrast <i>* For IV contrast exams please attach recent eGFR or Creatinine result</i>	

CLINICAL INFORMATION			
Diagnosis:	ICD-10 Code:		
Pertinent Clinical History/Purpose of Exam:			
<input type="checkbox"/> Initial Treatment Strategy <input type="checkbox"/> Subsequent Treatment Strategy			
<input type="checkbox"/> Compare to Prior Exam	Exam Type:	Date:	Location:
Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No	In Skilled Nursing Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please attach copies of demographics, insurance card(s) and all prior reports for supporting documentation (i.e., MD progress notes, recent radiology, pathology and operative reports).</i>			

REQUESTING PHYSICIAN INFORMATION		
Name:	NPI:	Signature: X
Office Number:	Fax Number:	Submitted By:
CC <input type="checkbox"/> Report <input type="checkbox"/> CD To:		

EXAM INSTRUCTIONS

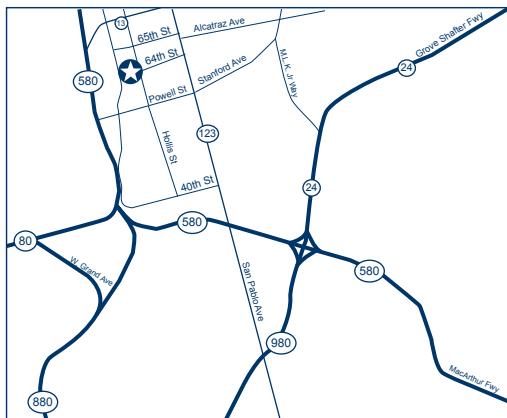
MRI/MRA:

- Wear comfortable clothing without metal clasps or zippers.
- NO implantable electronic metal devices (i.e.; cochlear ear implant, pacemaker, tens unit, hearing aids, etc.).

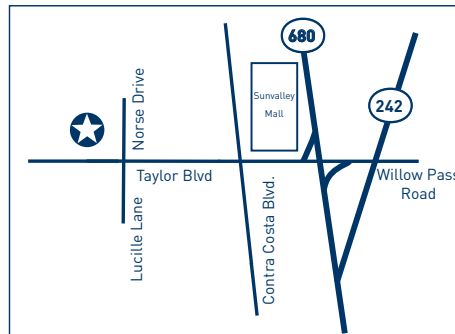
If there is a possibility of pregnancy, please inform our staff prior to your appointment.

BAYSIDE IMAGING LOCATION MAPS

EMERYVILLE LOCATION



PLEASANT HILL LOCATION



SAN LEANDRO LOCATION

