

Patient Referral Form

STAT ROUTINE

Patient Information

_____ Last Name:	_____ Best Phone # to Contact Patient:	_____ Reason for Test:
_____ First Name:	_____ Date of Birth:	_____
_____ Address:	_____ ICD-10 Code:	_____
_____ City: State: Zip:	_____ Insurance Information:	_____

MRI

W+W/O With Without
 Brain Neck Chest
 Breast Abdomen Pelvis
 Prostate Spine
 C T L

Extremity:

Other:

CT

W+W/O With Without
 Brain Neck Chest
 Abdomen Lung Screening
 Pelvis Spine
 C T L

Other:

Breast Imaging

Screening Mammogram
 Diagnostic Mammogram
 L R Bilateral
 Breast Ultrasound
 L R Bilateral

Date of Last Mammogram:

Ultrasound

Neck Abdomen Pelvis
 Upper Extremities Lower Extremities

Other:

PET/CT

Brain PSMA
 Skull Base to Mid-Thigh
 Whole Body (Melanoma)

Other:

X-RAY

Chest KUB Spine C/T/L
 ABD Series Extremity

DEXA

Bone Density

Reason for Bone Density:

Date of Last Exam:

Other

PLEASE FAX OVER DEMOGRAPHIC & PERTINENT MEDICAL RECORDS.

(661) 616-6417

Referring Physician (Print):

Referring Physician (Signature):

Date:

You are unique; your diagnostics and treatment should be too.

Comprehensive, personalized treatment starts with an accurate, thorough diagnosis. At CBCC, our diagnostic team is led by physicians trained in a wide variety of medical specialties who use sophisticated tests and procedures to help guide treatment decisions.



Preparing For Your Visit:

- Bring this referral form to your appointment along with a photo ID and medical insurance card(s).
- Please arrive to your appointment on time. If you have any questions or need to reschedule, please call us at 661-322-2206 at least 24 business hours before your appointment.
- Notify our staff prior to your appointment if you are pregnant or could be pregnant.
- Please only bring one (1) visitor with you to your appointment, and avoid bringing children under 16 years of age.
- You may take prescribed medication as usual unless specified at the time of scheduling.
- Wear comfortable clothing.

Exam Specific Information:

MRI

- Please allow 1-2 hours for MRI examinations.
- Alert the technologist **if you have ever** had metal objects or shavings in your eye.
- Remove any jewelry, piercings or valuable items before arriving to your appointment.

PET

- Please allow 2-3 hours for pet examinations.
- All diabetic patients should contact CBCC to obtain guidelines on diet and medication restrictions prior to their pet scan.
- No food or liquid for a minimum of six (6) hours prior to arrival for your pet scan. You may have water only.
- Please eat a low carbohydrate diet for 48 hours prior to your appointment, before fasting.

CT

- Do not eat for a minimum of four (4) hours prior to your arrival time.

MAMMOGRAPHY

- Do not use powder, perfume or deodorant on the day of your exam.

DEXASCAN

- Do not take calcium and/or other supplements for a minimum of 24 hours prior to your exam.

ULTRASOUND PELVIC/BLADDER

- You must fill your bladder by drinking 32oz of water, 60 minutes prior to your exam.
- **DO NOT** empty your bladder.

ABDOMINAL

- Do not eat or drink six (6) hours prior to your exam.