




**Magnetic Imaging Affiliates, LLC**  
**MRI, PET, and CT Services**  
 5730 Telegraph Avenue, Suite 200 Oakland, CA 94609  
 MRI PH: (510) 204-2744      FX: (510) 658-1277  
 PET/CT PH: (510) 204-2005      FX: (510) 204-2022

Tax ID#47-3696091

Standard operating procedure is our Radiologist may modify this order per protocol to meet clinical needs of patient. If you do NOT approve mark no:  
 NO

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Patient's Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ *Referring Physician's Signature:* \_\_\_\_\_  
 Referring Office Phone: \_\_\_\_\_ Referring Office Fax: \_\_\_\_\_  
 Diagnosis & Codes: \_\_\_\_\_

**\*\* ATTACH CHART NOTE FOR INSURANCE AUTHORIZATION \*\***

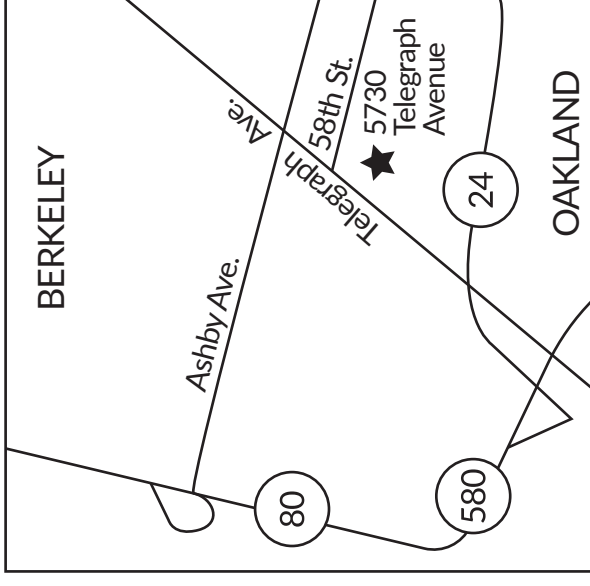
<b>MRI/MRA</b>					
Contrast? <input type="checkbox"/> Without <input type="checkbox"/> With and Without <input type="checkbox"/> Rad's Discretion					*No labs required for MRI contrast
MRI-HEAD	MRI-BODY	MRI-SPINE	MRI-BREAST	MRI-EXTREMITY	MRA/MRV
<input type="checkbox"/> Brain Routine <input type="checkbox"/> Brain Perfusion <input type="checkbox"/> Brain Attention to: _____ <input type="checkbox"/> IACs <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary/Sella <input type="checkbox"/> Sinus <input type="checkbox"/> TMJ <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Neck (Soft Tissue) <input type="checkbox"/> Chest/Mediastinum <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Abdomen/Liver/Kidneys <input type="checkbox"/> Pelvis <input type="checkbox"/> MRCP <input type="checkbox"/> Prostate <input type="checkbox"/> Rectum <input type="checkbox"/> Other _____	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> SI Joint <input type="checkbox"/> Neurogram Pelvis <input type="checkbox"/> Neurogram Lower Extremity <input type="checkbox"/> Neurogram Upper Extremity	<input type="checkbox"/> MR Breast (Tumor) <input type="checkbox"/> MR Breast (Implants) <input type="checkbox"/> Breast Biopsy Procedure <input type="checkbox"/> MR Breast Pre Op Loc	Please Select: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Shoulder <input type="checkbox"/> Hip <input type="checkbox"/> Wrist <input type="checkbox"/> Femur <input type="checkbox"/> Knee <input type="checkbox"/> Humerus <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Ankle/Hind Foot <input type="checkbox"/> Elbow <input type="checkbox"/> Forefoot/Toes <input type="checkbox"/> Forearm <input type="checkbox"/> Other _____ Arthrogram Injection: <input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Head Only (Circle of Willis) <input type="checkbox"/> Neck Only (Carotids/Vertebrae) <input type="checkbox"/> Head and Neck Only <input type="checkbox"/> MRV (Brain Only) <input type="checkbox"/> Aortic Arch <input type="checkbox"/> Aorta <input type="checkbox"/> Renal Arteries <input type="checkbox"/> Mesenteric Arteries <input type="checkbox"/> Aortoiliac Run Off

<b>COMPUTED TOMOGRAPHY (CT)</b>				
For CT IV Contrast, we require BUN/Creatinine levels on all patients age 60 or older, with kidney disease, or are diabetic. LABS CANNOT BE OLDER THAN 60 DAYS. BUN: _____ Creatinine: _____ Draw Date: _____				
CT-HEAD	CT-EXTREMITY	CT-SPINE	CT-ANGIOGRAM	CT-BODY
<input type="checkbox"/> Brain <input type="checkbox"/> Temporal Bones/IACs <input type="checkbox"/> Maxillofacial Bones <input type="checkbox"/> Orbits <input type="checkbox"/> Sinuses <input type="checkbox"/> Other _____	Please Select: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> TruMatch Knee <input type="checkbox"/> Other _____	<input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbosacral Spine	<input type="checkbox"/> Brain (Circle of Willis) <input type="checkbox"/> Neck (Carotids) <input type="checkbox"/> Pulmonary Embolism (Chest) <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Other _____	<input type="checkbox"/> Neck (Soft Tissue) <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Kidney Stone <input type="checkbox"/> Chest/Abdomen/Pelvis <input type="checkbox"/> Urogram <input type="checkbox"/> Other _____

<b>PET</b>
<input type="checkbox"/> Whole Body <input type="checkbox"/> Skull to Thigh <input type="checkbox"/> Axumin <input type="checkbox"/> Pylarify (PSMA)
Cancer Type: _____ Non-Cancer: _____ <b>Staging:</b> <input type="checkbox"/> Recently diagnosed Cancer <b>Re-Staging:</b> <input type="checkbox"/> Treatment monitoring <input type="checkbox"/> Completed Therapy, check for residual cancer <input type="checkbox"/> Suspected recurrence

Patient needs a CD of their images.     Report Only

# MIA MAP



## MRI EXAMS

### **Preparation:**

There may be minimal preparation necessary before having an MRI exam. Specific instructions will be given to you while scheduling your appointment. For your comfort, please wear loose, comfortable clothing with no metal snaps, hooks or zippers (e.g. sweat clothes). You will be provided a locker before entering the scan room to secure all of your valuables. However, it's very helpful if you leave as many valuables at home as possible.

### **MRI Procedure:**

The examination itself is performed in a room that houses the MRI scanner. You'll be asked to lay down on a table that gently guides you into the magnet bore. While the scanner is operating, you will hear some humming and loud knocking sounds throughout your procedure. These are normal and shouldn't worry you. Hearing protection will be provided to help reduce the noise produced from the MRI scanner. The most important thing for you to do is relax and lay still. Most exams take between 30-45 minutes, although some may take as long as 90 minutes.

### **Note:**

Inform the staff if there is any possibility of PREGNANCY at the time of scheduling your appointment.

### **Questions:**

If you have any questions or concerns about your appointment, please call our staff at (510) 204-2744.

### **Report:**

We cannot give you or any of your family members the results of your exam over the phone. Your results will be faxed to your physician's office within 48-72 hours. You should direct your questions to your physician.

## PET EXAMS

### **Preparation:**

The day before AND after your PET exam you should NOT: exercise, smoke cigarettes, chew gum, mints, cough drops, drink coffee, juice, or cough syrup. 6 hours prior to your appointment you should stop eating, no food; however, you may continue to drink water. The day before your scan you should drink extra water to hydrate. You will be asked to bring copies of any recent Radiology scans done at other facilities.

### **PET Procedure:**

At the beginning of the PET scan procedure, you will sit in a chair and receive an injection of a small amount of radioactive material called FDG in a vein in your arm. This will not make you feel differently at all. You will be asked to sit quietly for a period of time, usually about 30-60 minutes. During this time you must sit and relax and will not be able to get up and walk around, talk to friends, or read. This allows the tracer to travel throughout your body while it is in a relaxed state. You will be asked to lay down on a table which will move you through the PET/CT scanner. The machine has a larger opening than an MRI, and it does not make any sound.

### **Note:**

Inform the staff if there is any possibility of PREGNANCY at the time of scheduling your appointment.

### **Report:**

We cannot give you or any of your family members the results of your exam over the phone. Your results will be faxed to your physician's office within 48-72 hours. You should direct your questions to your physician.