Fountain Valley Regional
HOSPITAL & MEDICAL CENTER

DIAGNOSTIC AND OUTPATIENT IMAGING ORDER FORM

AFFILIATED DOCTORS OF ORANGE COUNTY

Preregister for your procedure at www.fountainvalleyhospital.com

DIAGNOSTIC TESTING WILL NOT BE PERFORMED WITHOUT THIS SIGNED PHYSICIAN'S ORDER

ORDER MUST BE FAXED PRIOR TO SCHEDULING

Patient Full Legal Name: ______ Social Security #: ____-____-______ Date: ______

Patient Address: ______ Home Phone: ______ Work Phone: ______

Sex: M / F Age: ______ Date of Birth: ______ Alternate Phone: ______

Diagnosis-Signs/Symptoms (required): ______ Procedure Code (CPT): ______

Physician's Signature (required): ______

Authorization #: ______

To schedule any of procedures below, please call **(714) 966-8118** and fax this form to **(714) 966-3338**.

☐ **MAMMOGRAPHY**

- ☐ Yearly/Screening (asymptomatic) (+ ultrasound if indicated)
- ☐ Augmented
- ☐ Biopsy, Core, FNA, Aspiration ☐ RT ☐ LT
- ☐ Ductogram ☐ RT ☐ LT
- ☐ Diagnostic Mammogram (symptomatic or hx of breast ca) ☐ RT ☐ LT
- ☐ Biopsy per Radiologist
- ☐ Breast Ultrasound ☐ RT ☐ LT
- ☐ Needle Localization ☐ RT ☐ LT

☐ **ULTRASOUND**

- ☐ Abdomen ☐ Pelvis ☐ Renal ☐ Thyroid
- ☐ Appendix ☐ Scrotum ☐ OB ☐ Carotid
- ☐ Venous Doppler ☐ Arterial Doppler
- Extremity ☐ Upper ☐ Lower ☐ RT ☐ LT
- ☐ Other ______

☐ **X-RAY**

- ☐ Chest ☐ KUB
- ☐ Other ______ ☐ RT ☐ LT

______

______

☐ Magnetic Resonance Imaging (MRI)
Exam: ______
Dx: ______

☐ Nuclear Medicine
Exam: ______
Dx: ______

To schedule any of the procedures below, please call **(714) 966-8041** and fax this form to **(714) 966-8044**.

☐ CT Scan
Exam: ______
Dx: ______

☐ Invasive Ultrasound (Biopsies)
Exam: ______
Dx: ______

☐ Interventional Radiology
Exam: ______
Dx: ______

Your Patient's Examination is Scheduled at: (See Map on Back)

☐ **MAIN HOSPITAL (A)**
17100 Euclid St.
Fountain Valley, CA 92708
(Enter off of Hospital Campus Road)
Scheduling Phone: (714) 966-8118
Scheduling Fax: (714) 966-3338
Regular Phone: (714) 966-7200

☐ **MRI / NUC MED (B)**
17100 Euclid St.
Fountain Valley, CA 92708
(Enter E/R Parking Lot)
Scheduling Phone: (714) 966-8118
Scheduling Fax: (714) 966-3338
Regular Phone: (714) 966-8041

☐ **FV IMAGING CENTER (C)**
11190 Warner Ave., Suite 110
Fountain Valley, CA 92708
Scheduling Phone: (714) 966-8118
Scheduling Fax: (714) 966-3338
Department Phone: (714) 966-7220

☐ **THE BREAST CENTER (D)**
11190 Warner Ave., Suite 214
Fountain Valley, CA 92708
Scheduling Phone: (714) 966-8118
Scheduling Fax: (714) 966-3338
Department Phone: (714) 966-5001

☐ **EAST TOWER (E)**
11250 Warner Ave.
Fountain Valley, CA 92708
Scheduling Phone: (714) 966-8118
Scheduling Fax: (714) 966-3338
Regular Phone: (714) 966-8041

PREPARATIONS FOR DIAGNOSTIC EXAMINATIONS

_____ **UGI** - Approximate length of exam: 30 minutes - Nothing to eat or drink after midnight prior to test day, until after exam.

_____ **S B S (Small Bowel Series with or without UGI)** - Approximate length of exam: 2–3 hours - Same prep as UGI

_____ **B E (Barium Enema)** - Approximate length of exam: 45 minutes - Bowel prep required.

_____ **I V P (Intravenous Pyelogram)** - Approximate length of exam: 45 minutes - Bowel prep required.

_____ **Ultrasound - Pelvic / OB** - Approximate length of exam: 30 minutes - Empty bladder one hour prior to exam time. Drink 40 ozs. of tepid water. All water must be consumed 1/2 hour before exam. **Do not** urinate until exam is completed. Eat or drink as usual, avoiding any foods or drinks with caffeine or carbonation.

_____ **Ultrasound - Abdomen** - Approximate length of exam: 30 minutes - Nothing to eat or drink after midnight prior to test day, until after exam.

_____ **Ultrasound - Renal (Kidney)** - Approximate length of exam: 30 minutes - Drink 24 ozs. of liquid 1/2 hour prior to exam time. **Do not urinate.** Eat and drink as usual.

_____ **Mammography** - Approximate length of exam: 30 minutes. No powders, perfumes, deodorants, or lotions from waist up. Wear a two-piece outfit. **NOTE:** If you have had a previous mammogram at another facility, bring those films with you for your appointment.

_____ **Breast Biopsy** - No Blood thinning medications. Wear two-piece outfit. *Must bring previous films to the Center for Breast Care prior to the procedure for the Radiologist to review.

_____ **Other exams:** ________________________________

Minor Patients: Parent/Guardian must accompany minor children under the age of 18 years for their exam(s).

SPECIAL NOTE: **Due to issues of safety, we regret we are unable to watch children who come with our patients, during their exam(s). Please make the necessary arrangements prior to your exam.**

PATIENT INFORMATION

* Fountain Valley staff will complete your diagnostic study as requested by your physician. We will make your study as comfortable and efficient as possible.

* A radiologist is available during daytime hours and may be consulted if you have any concerns or questions regarding your procedure. The radiologist will supervise your exam and provide a prompt report to your doctor.

*Please be sure to bring all Medicare or other health insurance ID cards or information with you.

If you are unable to keep your appointment, please call to reschedule.

LEGEND: **A - MAIN HOSPITAL**
B - MRI / NUC MED
C - IMAGING CENTER
D - THE BREAST CENTER
E - CAT SCAN EAST TOWER