



MORGAN HILL  
IMAGING

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Referring MD \_\_\_\_\_

Clinical History \_\_\_\_\_

ICD10 \_\_\_\_\_

MD Signature \_\_\_\_\_

This scan is routine  This scan is STAT

### 3T WIDE BORE MRI

- w/o contrast  Right
- w/wo contrast  Left
- Per Radiologist  Bilateral

MRI contrast: (Age>60, Renal disease, HTN, Diabetes)

Most recent GFR/Creatinine Date \_\_\_\_\_

### NEURO MRI

- |  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| Spine <input type="checkbox"/> Cervical            | <input type="checkbox"/> Lumbar | <input type="checkbox"/> Thoracic |
| Brain <input type="checkbox"/> wo                  | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| Brain IAC <input type="checkbox"/> wo              | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| Brain Pituitary <input type="checkbox"/> wo        | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| Brain Orbits <input type="checkbox"/> wo           | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| Brain Trigeminal Nerve <input type="checkbox"/> wo | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| MRA Brain <input type="checkbox"/> wo              | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| MRV Brain <input type="checkbox"/> wo              | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| MRA Neck (Carotids) <input type="checkbox"/> wo    | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| Sacrum & Coccyx <input type="checkbox"/> wo        | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| Soft Tissue Neck <input type="checkbox"/> wo       | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |
| TMJ <input type="checkbox"/> wo                    | <input type="checkbox"/> w/wo   | <input type="checkbox"/> w/wo     |

Other \_\_\_\_\_

### MUSCULOSKELETAL MRI

- |  |                               |
|--|-------------------------------|
| Knee <input type="checkbox"/> wo           | <input type="checkbox"/> w/wo |
| Shoulder <input type="checkbox"/> wo       | <input type="checkbox"/> w/wo |
| Elbow <input type="checkbox"/> wo          | <input type="checkbox"/> w/wo |
| Wrist <input type="checkbox"/> wo          | <input type="checkbox"/> w/wo |
| Hand <input type="checkbox"/> wo           | <input type="checkbox"/> w/wo |
| Forearm <input type="checkbox"/> wo        | <input type="checkbox"/> w/wo |
| Humerus <input type="checkbox"/> wo        | <input type="checkbox"/> w/wo |
| Hip <input type="checkbox"/> wo            | <input type="checkbox"/> w/wo |
| Pelvis(MSK) <input type="checkbox"/> wo    | <input type="checkbox"/> w/wo |
| Femur <input type="checkbox"/> wo          | <input type="checkbox"/> w/wo |
| Tib/Fib <input type="checkbox"/> wo        | <input type="checkbox"/> w/wo |
| Ankle/Hindfoot <input type="checkbox"/> wo | <input type="checkbox"/> w/wo |
| Foot <input type="checkbox"/> wo           | <input type="checkbox"/> w/wo |

Other \_\_\_\_\_

### BODY MRI

- |  |                               |
|--|-------------------------------|
| Abdomen (general) <input type="checkbox"/> wo        | <input type="checkbox"/> w/wo |
| Liver <input type="checkbox"/> wo                    | <input type="checkbox"/> w/wo |
| Kidney <input type="checkbox"/> wo                   | <input type="checkbox"/> w/wo |
| Adrenal <input type="checkbox"/> wo                  | <input type="checkbox"/> w/wo |
| Pancreas <input type="checkbox"/> wo                 | <input type="checkbox"/> w/wo |
| MRCPC <input type="checkbox"/> wo                    | <input type="checkbox"/> w/wo |
| MRA _____ <input type="checkbox"/> wo                | <input type="checkbox"/> w/wo |
| Pelvis(soft tissue mass) <input type="checkbox"/> wo | <input type="checkbox"/> w/wo |

Other \_\_\_\_\_

## PATIENT INFORMATION

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

DOB \_\_\_\_\_ Insurance # \_\_\_\_\_

Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

## X-RAY

Right  Left  Bilateral

- |  |                                   |                                       |  |
|--|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Abdomen             | <input type="checkbox"/> 2V       | <input type="checkbox"/> KUB          | <input type="checkbox"/> Nasal Bones   |
| <input type="checkbox"/> Ankle               | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> Orbits <input type="checkbox"/> Ltd <input type="checkbox"/> Comp   |
| <input type="checkbox"/> Cervical Spine      | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> Os Calcis (Heel)  |
|  | <input type="checkbox"/> Flex/Ext |                                       | <input type="checkbox"/> Paranasal Sinuses Complete  |
| <input type="checkbox"/> Chest               | <input type="checkbox"/> 1V       | <input type="checkbox"/> 2V           | <input type="checkbox"/> Paranasal Sinuses Waters  |
| <input type="checkbox"/> Clavicle            |                                   |                                       | <input type="checkbox"/> Pelvis  |
| <input type="checkbox"/> Elbow               | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> Rib   |
| <input type="checkbox"/> Facial Bones        | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> Sacra-Iliac Joints Comp   |
| <input type="checkbox"/> Femur               |                                   |                                       | <input type="checkbox"/> Sacrum & Coccyx   |
| <input type="checkbox"/> Finger              |                                   |                                       | <input type="checkbox"/> Scapula   |
| <input type="checkbox"/> Foot                | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> Shoulder <input type="checkbox"/> Ltd <input type="checkbox"/> Comp |
| <input type="checkbox"/> Forearm             |                                   |                                       | <input type="checkbox"/> Skull <input type="checkbox"/> Ltd <input type="checkbox"/> Comp    |
| <input type="checkbox"/> Hand                | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> Soft Tissue Neck  |
| <input type="checkbox"/> Hand/Wrist          | <input type="checkbox"/> Arth 1V  |                                       | <input type="checkbox"/> Sternoclavicular Joints   |
| <input type="checkbox"/> Hip                 |                                   |                                       | <input type="checkbox"/> Sternum   |
| <input type="checkbox"/> Humerus             |                                   |                                       | <input type="checkbox"/> Thoracic Spine  |
| <input type="checkbox"/> Knee                | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> Thoracic-Lumbar Spine   |
| <input type="checkbox"/> Knee                | <input type="checkbox"/> AP       | <input type="checkbox"/> Lat Standing | <input type="checkbox"/> Tibia & Fibula  |
| <input type="checkbox"/> Lumbar Spine        | <input type="checkbox"/> Ltd      | <input type="checkbox"/> Comp         | <input type="checkbox"/> TMJ   |
|  | <input type="checkbox"/> Flex/Ext |                                       | <input type="checkbox"/> Toe(s)  |
| <input type="checkbox"/> Mandible            |                                   |                                       | <input type="checkbox"/> Wrist <input type="checkbox"/> Ltd <input type="checkbox"/> Comp    |
| <input type="checkbox"/> Myeloma Bone Survey |                                   |                                       | <input type="checkbox"/> Other _____   |

## ULTRASOUND

Right  Left  Bilateral

- |  |                              |                               |   |
|--|------------------------------|-------------------------------|---|
| <input type="checkbox"/> Abdomen                 | <input type="checkbox"/> Ltd | <input type="checkbox"/> Comp | <input type="checkbox"/> OB First Trimester   |
| <input type="checkbox"/> Aorta                   |                              |                               | <input type="checkbox"/> OB 2nd/3rd Trimester |
| <input type="checkbox"/> Appendix (RLQ)          |                              |                               | <input type="checkbox"/> Renal                |
| <input type="checkbox"/> Arterial LE             |                              |                               | <input type="checkbox"/> Renal w/ Bladder     |
| <input type="checkbox"/> Arterial UE             |                              |                               | <input type="checkbox"/> Thyroid              |
| <input type="checkbox"/> Carotid                 |                              |                               | <input type="checkbox"/> Scrotum              |
| <input type="checkbox"/> Inguinal Canal (Hernia) |                              |                               | <input type="checkbox"/> Soft Tissue Neck     |
| <input type="checkbox"/> Pelvis                  |                              |                               | <input type="checkbox"/> Venous LE            |
| <input type="checkbox"/> Pelvic TA w/ TV         |                              |                               | <input type="checkbox"/> Venous UE            |
| <input type="checkbox"/> OB Limited              |                              |                               | <input type="checkbox"/> Other: _____         |

## CT

### HEAD AND NECK

- |   |                            |                             |
|---|----------------------------|-----------------------------|
| <input type="checkbox"/> Head           | <input type="checkbox"/> w | <input type="checkbox"/> wo |
| <input type="checkbox"/> Neck           | <input type="checkbox"/> w | <input type="checkbox"/> wo |
| <input type="checkbox"/> Facial Bones   | <input type="checkbox"/> w | <input type="checkbox"/> wo |
| <input type="checkbox"/> Temporal Bones | <input type="checkbox"/> w | <input type="checkbox"/> wo |
| <input type="checkbox"/> Sinus Complete |                            |                             |
| <input type="checkbox"/> Sinus Low Dose |                            |                             |
| <input type="checkbox"/> Sinus Landmark |                            |                             |

### OTHER

CTA (Specify): \_\_\_\_\_

CT Extremity  Left  Right  Bilateral

(Specify): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

### SPINE

- Cervical
- Thoracic
- Lumbar

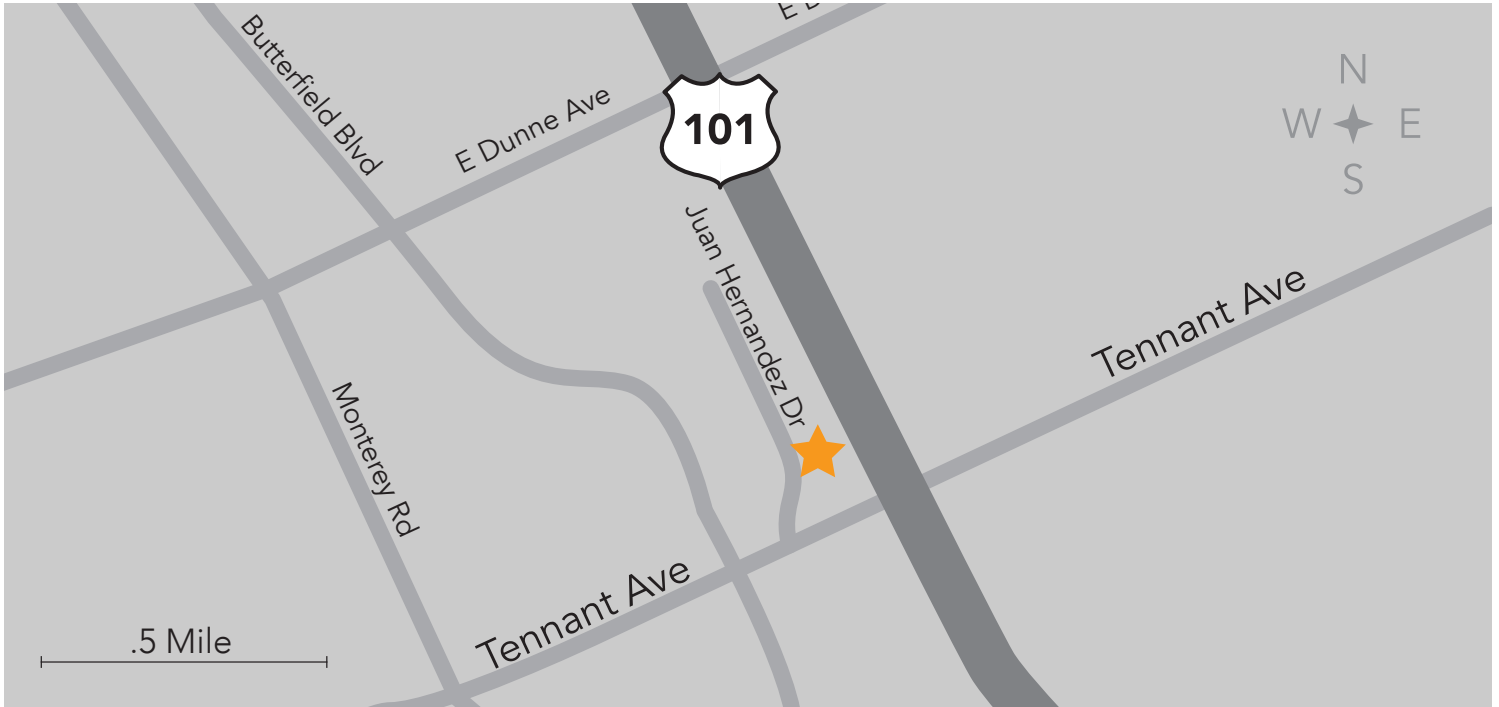
### CHEST/ABDOMEN/PELVIS

- |  |                            |                             |
|--|----------------------------|-----------------------------|
| <input type="checkbox"/> Chest             | <input type="checkbox"/> w | <input type="checkbox"/> wo |
| <input type="checkbox"/> Chest low dose    |                            |                             |
| <input type="checkbox"/> Chest HRCT        |                            |                             |
| <input type="checkbox"/> Chest PE Protocol |                            |                             |
| <input type="checkbox"/> Abdomen           | <input type="checkbox"/> w | <input type="checkbox"/> wo |
| <input type="checkbox"/> Pelvis            | <input type="checkbox"/> w | <input type="checkbox"/> wo |
| <input type="checkbox"/> Abdomen/Pelvis    | <input type="checkbox"/> w | <input type="checkbox"/> wo |



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## Directions From San Jose

Head South on Highway 101 towards Morgan Hill. Take the Tennant Avenue Exit. Turn Right on to Tennant Avenue. Drive .1 mi then turn right on to Juan Hernandez Drive. Drive .3 mi and the office will be on the right hand side.

## Directions From Gilroy

Head North on Highway 101 towards Morgan Hill. Take the Tennant Avenue Exit. Turn Left on to Tennant Avenue. Drive .1 mi then turn right on to Juan Hernandez Drive. Drive .3 mi and the office will be on the right hand side.