

Mission Viejo

27401 Los Altos, Suite 150
 Mission Viejo, CA 92691
 949-367-1010 FAX: 949-367-1011
 1.5T MRI | CT | US | X-RAY | DEXA



Newport Beach/Irvine

4501 Birch Street, Suite C
 Newport Beach, CA 92660
 949-387-0591 FAX: 949-387-0575
 3 Tesla MRI

Please fax this completed form to **949-367-1011** or e-mail to **scheduling@cvimaging.net**

Patients must arrive prior to their appointment time

Patient Name		Creatinine for contrast studies is only required if any of below conditions is present:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	<input type="checkbox"/> Age > 65 <input type="checkbox"/> Any Renal Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension Treatment
Phone			<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CT</p> <input type="checkbox"/> Creatinine within 90 days attached <input type="checkbox"/> Creatinine to be done at CVI </div> <div style="width: 45%;"> <p>MRI</p> <input type="checkbox"/> GFR > 60: within 6 months <input type="checkbox"/> GFR 30-59: within 2 weeks <input type="checkbox"/> Any acute disease: within 2 weeks <input type="checkbox"/> Labs to be done at CVI </div> </div>
History/Diagnosis	<input type="checkbox"/> Stat <input type="checkbox"/> Routine	GFR > 30 is the cut off for CT and MRI	
Physician Name		<input type="checkbox"/> Achilles Injury <input type="checkbox"/> Ligament Injury <input type="checkbox"/> Plantar Fasciitis <input type="checkbox"/> Arthritis <input type="checkbox"/> Lisfranc Injury <input type="checkbox"/> Sesamoid Injury/Sesamoiditis <input type="checkbox"/> Cellulitis/Abscess <input type="checkbox"/> Mass/Tumor/Cyst <input type="checkbox"/> Tarsal Tunnel Syndrome <input type="checkbox"/> Fracture/Stress Fracture <input type="checkbox"/> Morton's Neuroma <input type="checkbox"/> Tendonitis/Tenosynovitis <input type="checkbox"/> Intra-Articular Pathology <input type="checkbox"/> Osteomyelitis	
Signature			

MRI

CT

X-Ray

U/S

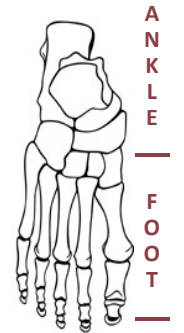
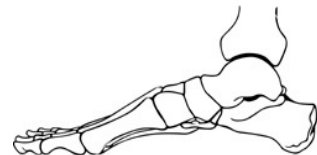
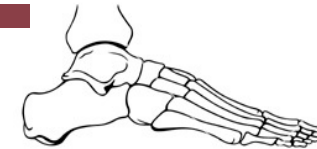
- Newport Beach 3 Tesla
- Mission Viejo

- Ankle
- Foot
- Other _____
- Left Right
- Contrast

- Ankle
- Foot
- Other _____
- Left Right
- Contrast

- Ankle
- Foot
- Toes
- Other _____
- Left Right
- Weightbearing

- Ankle
- Foot
- Other _____
- Left Right



Comments:

| FOOT | ANKLE |

FACILITY DIRECTIONS

Mission Viejo

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Mission Viejo, CA 92691
949-367-1010 FAX: 949-367-1011
1.5T MRI | CT | US | X-RAY | DEXA

Heading South on 5

Exit Left on Crown Valley Pkwy
Turn Left on Los Altos
Turn Left into the second driveway

Heading North on 5

Exit Right on Crown Valley Pkwy
Turn Left on Los Altos
Turn Left in the second driveway

From PCH

Head East on Crown Valley Pkwy
Cross over 5 freeway
Turn Left on Los Altos
Turn Left into the second driveway

Newport Beach/Irvine

4501 Birch Street, Suite C
Newport Beach, CA 92660
949-387-0591 FAX: 949-387-0575
3 Tesla MRI

Heading North on 405

Exit Left on MacArthur Blvd
Turn Right on Birch St.
Turn Right into 4501 Birch
(located Next to EnVy)

Heading South on 405 to 73 South (NO TOLL)

Exit Straight on SE Bristol St./ Irvine Ave.
Turn Left on Birch St.
Turn Left into 4501 Birch St.

Heading South on 405

Exit Right on MacArthur Blvd.
Turn Right on Birch St.
Turn Right into 4501 Birch St.

For all Examinations: If possible, dress in loose, comfortable two-piece clothing. No belts, buckles or zippers. Please arrive 20 minutes prior to your appointment time. Bring your insurance card and Picture ID with you.

MRI

Please contact us at 949-367-1010 if you have any of the following:

- Cardiac Pacemaker
 - Aneurysm Clips
 - Metal in Eyes (Metal Workers)
 - Claustrophobia
 - Cochlear Implants
 - Shrapnel or bullet wounds
 - Implanted Drug Infusion Devices
- (Including spinal stimulators e.g. Tens-unit)
- Pregnant
 - Currently breast feeding
 - Electromechanical Aids

CT

- If your exam requires IV Contrast, **DO NOT** eat or drink anything other than water for 4 hours prior to your appointment time.
- If you are diabetic, have kidney disease or taking Metformin containing medication, please notify the scheduler.
- If you have an allergy to CT Contrast, please notify the scheduler.
- If your exam requires Oral Contrast, please come by our office at least 1 day prior to your exam to pick it up along with instructions.

ULTRASOUND

Pelvic U/S

Drink 32 ounces of water 45 minutes before your exam time.
DO NOT EMPTY YOUR BLADDER

Renal U/S

Drink 24 ounces of water 45 minutes before your exam time.
DO NOT EMPTY YOUR BLADDER

Abdominal U/S

NO food or drink other than water 6 hours prior to your appointment.

DEXA

- No Calcium supplements 48 hours prior to appointment.
- No radiographic contrast 24 hours prior to appointment.