

WaveImaging™ Imaging Referral Request

TO SCHEDULE: P: (714) 784-1643
F: (714) 285-9084

P: (562) 299-6230
F: (562) 627-0923

P: (949) 387-5000
F: (949) 753-9030

Scheduling Hours:
Mon-Fri 8AM-5:30PM

APPOINTMENT

Time:

Date:

For authorization support: To initiate the pre-authorization please include clinical notes with this order.

Patient

Name: _____ Date Of Birth: _____

☐ Male ☐ Female

Phone: _____ Alternate Phone: _____

Today's Date: _____

(Clinical HX/DX): _____

☐ Call PT. to Schedule ☐ Stat Order

Ins. Auth: _____

☐ Lien ☐ Work Comp ☐ PI

Provider

Name: (Print) _____ Signature: _____

CC: Physician: _____ Address: _____

Phone: _____ Fax: _____ ☐ Patient to bring images to Doctor

CT Contrast Studies Only. Labs must be completed within the past 90 days. Labs needed if: _____ Hypertension _____ Age > 80 _____ Diabetes _____ Renal Disease

If Labs have been completed within the past 90 days please provide values and fax lab results: Creatinine / GFR _____ / _____

MRI

☐ w/wo contrast ☐ no contrast
☐ w/ 3D rendering as indicated

- ☐ 3T ☐ 1.5T ☐ 1.5W ☐ 1.2 Open ☐ No preference
- ☐ Brain: ☐ IAC/S ☐ Pituitary ☐ NeuroQuant®
- ☐ Orbits
- ☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Sacrum/Coccyx
- ☐ TMJ
- ☐ Brachial Plexus: ☐ Left ☐ Right ☐ Bilateral
- ☐ Sacral Plexus: ☐ Left ☐ Right ☐ Bilateral
- ☐ Soft Tissue Neck
- ☐ Abdomen:
- ☐ Liver ☐ Eovist(liver) ☐ Kidney ☐ Adrenal Glands
- ☐ MRA Renals ☐ Pancreas ☐ MRCP ☐ Enterography
- ☐ Pelvis: ☐ Female Pelvis ☐ Prostate
- ☐ Joint: ☐ Left ☐ Right ☐ Bilateral
- ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Hip ☐ Knee ☐ Ankle
- ☐ MR Arthrogram: (with imaging guidance as needed)
- List Body Part: _____ ☐ Left ☐ Right
- ☐ MRA:
- ☐ Brain ☐ Neck ☐ Chest ☐ Thoracic Aorta
- ☐ Abdomen ☐ Abdomen (w/ contrast)
- ☐ Abdominal w/run-off ☐ Renal Arteries
- ☐ MRV:
- ☐ Head ☐ Legs/AVF (w/contrast)
- ☐ Other:

CT

☐ w/contrast ☐ w/wo contrast ☐ no contrast
☐ w/ 3D rendering as indicated

- ☐ Brain
- ☐ IAC Middle Ear
- ☐ Orbits
- ☐ Maxillofacial - Facial Bones
- ☐ Neck (Soft Tissue)
- ☐ Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Upper Extremity Joint: ☐ Left ☐ Right ☐ Bilateral
- ☐ Elbow ☐ Wrist ☐ Shoulder
- ☐ Lower Extremity Joint: ☐ Left ☐ Right ☐ Bilateral
- ☐ Hip ☐ Knee ☐ Ankle
- ☐ Extremity (non-joint):
- List Body Part: _____ ☐ Left ☐ Right
- ☐ Chest: ☐ Routine ☐ Hi-Res ☐ Lung Screen
- ☐ Coronary Calcium Score
- ☐ Abdomen: ☐ Liver ☐ Pancreas ☐ Renal Mass ☐ Adrenal
- ☐ Abdomen and Pelvis: ☐ Urogram ☐ Enterography
- ☐ Stone Protocol
- ☐ Pelvis
- ☐ Other:

DEXA

☐ Bone Density Date of last exam: _____

Reason for bone density _____

CTA (ANGIOGRAPHY)

- ☐ Head ☐ Neck
- ☐ Chest: ☐ Aorta ☐ OPE
- ☐ Abdomen ☐ Pelvis
- ☐ Extremity: ☐ Upper ☐ Lower ☐ w/runoff

FLUOROSCOPY

- ☐ Arthrography: ☐ Left ☐ Right
- List Body Part: _____
- ☐ Myelogram: ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Esophagram ☐ UGI
- ☐ Small Bowel ☐ UGI w/SBFT
- ☐ Barium Enema/Lower GI (w/air when indicated)
- ☐ Hysterosalpingogram (HSG) ☐ VCUG
- ☐ Other:

PET/CT

- ☐ PET/CT, NaF Bone
- ☐ PET/CT, Skull Bast to Mid-Thigh
- ☐ PET/CT, Whole Body (Melanoma)
- ☐ PET/CT, Brain-Metabolic (FDG)
- ☐ PET/CT, Brain Amyloid
- ☐ PET/CT, Axumin (Prostate)
- ☐ PET/CT, F-18 PSMA/PyL (Prostate)
- ☐ PET/CT, NetSpot GA 68
- ☐ Notes:

ULTRASOUND

☐ Doppler if indicated
☐ 3D as indicated

- ☐ Thyroid
- ☐ Thyroid w/BX: ☐ Core ☐ FNA ☐ w/Afirma
- ☐ Lymph Node Bx ☐ Core ☐ FNA
- ☐ Abdomen: ☐ Limited ☐ Complete
- ☐ Area of concern: ☐ Liver ☐ Gallbladder
- ☐ Upper Right Quadrant ☐ Lower Right Quadrant
- ☐ Renal: ☐ w/Bladder
- ☐ Bladder (w/pre and post voiding)
- ☐ Aorta/Retroperitoneal ☐ Pelvis (TV if indicated)
- ☐ Hysterosonogram ☐ Scrotum/Testicular
- ☐ Venous Doppler (Duplex):
- ☐ Left ☐ Right ☐ Bilateral ☐ Upper ☐ Lower
- ☐ Venous Insufficiency
- ☐ Carotid Doppler (Duplex)
- ☐ Arterial Doppler (Duplex): ☐ Upper ☐ Lower
- ☐ ABI: ☐ Segmental Pressures
- ☐ Renal Artery (Duplex)
- ☐ Other:

OB ULTRASOUND

- ☐ 0-14 weeks ☐ 14 weeks or greater
- ☐ OB Ultrasound (TV if indicated)
- ☐ Limited: ☐ Viability ☐ Heart Beat ☐ Position
- ☐ Fluid ☐ Placental Location
- ☐ Follow-up - specify documented problem:
- ☐ Other:

INTERVENTIONAL PROCEDURES

- ☐ US Guided Thyroid Biopsy ☐ Core ☐ FNA ☐ w/Afirma
- ☐ US Guided Lymph Node Biopsy ☐ Core ☐ FNA
- ☐ US Guided Liver Biopsy
- ☐ CT Guided Myelogram (with Fluoroscopy)
- ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Fluoroscopy Guided Hysterosalpingogram (HSG)

NUCLEAR MEDICINE

- ☐ Parathyroid Scan ☐ w/spect
- ☐ Lymphoscintigraphy ☐ Thyroid Uptake Scan
- ☐ I 123 MIBG Scan ☐ Octreoscan
- ☐ MUGA (Cardiac Blood Pool)
- ☐ Liver (Hemangioma) Scan
- ☐ Liver/Spleen: ☐ w/vascular flow ☐ w/o vascular flow
- ☐ Gallbladder (HIDA) ☐ w/EF ☐ w/o EF (Bile leakage)
- ☐ GI Emptying Scan ☐ GI Bleed Scan
- ☐ Meckels Scan ☐ Gallium (lmted) ☐ whole body
- ☐ White Blood Cell (WBC) ☐ w/sulfur colloid
- ☐ Bone Scan: ☐ 3-Phase ☐ Whole Body ☐ Limited
- ☐ SPECT Location:
- ☐ Renal Scan w/Vascular Flow & Function
- ☐ Lasix ☐ Captopril
- ☐ Other:

BREAST IMAGING

- ☐ Screening Mammogram:
- ☐ Diagnostic Mammogram: ☐ Left ☐ Right ☐ Bilateral
- Breast Ultrasound (if indicated): ☐ Unilateral ☐ Bilateral
- ☐ Breast Ultrasound: ☐ Left ☐ Right ☐ Bilateral
- ☐ Breast MRI - Evaluation for Breast CA (w/wo contrast)
- ☐ Breast MRI - Evaluation of implant Integrity (w/o contrast)
- Date of last mammogram: _____

X-RAY

- ☐ Extremity: ☐ Left ☐ Right ☐ Bilateral
- ☐ Weight Bearing ☐ Non-Weight Bearing
- ☐ List Body Part: _____
- ☐ Sinus: ☐ Waters ☐ Series
- ☐ Spine:
- ☐ Routine ☐ AP/LAT ☐ Add Flex/Ext ☐ Cervical
- ☐ Scoliosis Study ☐ Thoracic ☐ Lumbar
- ☐ Chest:
- ☐ 1 View ☐ 2 View ☐ Special View
- ☐ Rib:
- ☐ Including Chest ☐ Left ☐ Right ☐ Bilateral
- ☐ Abdomen: ☐ 2 View ☐ KUB ☐ AAS
- ☐ Pelvis AP
- ☐ Other:

To schedule your X-Ray & find the nearest locations with walk-in hours, please visit [OCwalkin.com](https://www.ocwalkin.com) or scan this QR code



3T = 3T MRI **1.5** = 1.5T MRI **O** = Open System

For exam preparation instructions and more visit WavelmagingNetwork.com

- 1 It is required that we have a doctor's order to perform your exam.
- 2 Please bring a valid id card with you along with your insurance card.
- 3 Some exams require authorization.
- 4 Please plan on completing registration forms prior to your exam.
- 5 If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
- 6 To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
- 7 Study times may vary.

- Simple step by step instructions for patients and a quick and easy way to communicate with our staff.
- Reduced lobby traffic and greater social distancing by waiting in the comfort of patient's vehicle.

- During your pre-check-in process you will be given a number to text, notifying us of your arrival.
- We will text back and include links to complete check-in from outside the center.

