VALLEY RADIOLOGY

OFFICE USE ONLY: FAX THIS REFERRAL FORM TO (818) 776-0544

Ranon Udkoff, Ph.D., M.D.
Diplomat American Board of Radiology
with special Competence in nuclear Radiology

J. Michael Uszler, M.D.
Director of Nuclear Medicine Dept.
Board Certified in Nuclear Medicine

17779 Ventura Blvd., Encino, CA 91316 • (818) 776-9100 • FAX: (818) 776-0544 • www.valleyradiology.net

Patient's Name: ______________________ Patient's Phone: ______________________

Examination(s) to Perform: ______________________ Referring Physician: ______________________

Diagnosis / History: ____

Special Instructions: ____

PLEASE BRING A PICTURE I.D. AND YOUR MEDICARE, MEDI-CAL, INSURANCE CARD WITH YOU.

☐ MRI ☐ MRA ☐ ULTRA FAST CT ☐ NUCLEAR MEDICINE ☐ X - RAY ☐ ULTRASOUND ☐ MAMMOGRAPHY

☐ WET READING ☐ STAT ☐ FAX REPORT ☐ SEND PAPER REPORT ☐ SEND FILM W/ PATIENT ☐ CD ☐ ONLINE ACCESS

BODY PART

☐ BRAIN / HEAD
☐ SINUSES
☐ ORBITS / IAC'S
☐ CHEST
☐ ABDOMINAL
☐ PELVIS
☐ FULL BODY SCREENING
☐ OTHER ______________

☐ **CONTRAST**
☐ RECONSTRUCTION
☐ L-SPINE
☐ T-SPINE
☐ C-SPINE

EXTREMITIES

UPPER

☐ SHOULDER ☐ R ☐ L
☐ ELBOW ☐ R ☐ L
☐ WRIST ☐ R ☐ L

LOWER

☐ HIP / PELVIS ☐ R ☐ L
☐ KNEE ☐ R ☐ L
☐ ANKLE / FOOT ☐ R ☐ L

PERFORM NUCLEAR STUDY

☐ CARDIAC IMAGING ______________
☐ BONE SCAN ☐ THYROID SCAN
☐ OTHER ______________

PRECAUTIONARY SCREENING

PATIENT PREGNANT Y ☐ N ☐
METALLIC IMPLANTS Y ☐ N ☐
CARDIAC PACEMAKER Y ☐ N ☐

Should you have any questions regarding your exam, please call (818) 776-9100
Si usted tiene algunas preguntas, relacionadas con el examen radiologico por favor llamenos al (818) 776-9100