## MRI, PET, & CT Order Form

Please see instructions on back Patient Name: \_\_\_



1720 Esplanade Chico, CA 95926 O: 530-898-0500 F: 530-898-0533

	DOB: & BT	halobreastcare.com
Comments:		Breast Imaging Center of Excellence
<u>MRI</u>		☐ HALO Hereditary Cancer Gene Panel
HEAD & NECK  Contrast	ABDOMEN/PELVIS  Contrast □w/out □Both □ Multiphasic Abdomen ○ Liver ○ Pancreas ○ Adrenal ○ Renal □ MRCP with 3D Rendering □ Routine Pelvis □ Female Pelvis (GYN) □ Soft Tissue Pelvis	Test descriptor and intended/appropriate use: The HALO Hereditary Cancer Gene Panel is a comprehensive analysis of 23 genes (APC, ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, NF1, ALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, and TP53) associated with hereditary cancer predisposition and is intended to be used for patients who are at increased risk for a pathogenic variant based upon personal or family history of cancer.
☐ Brain Icometrix ☐ Neck (Soft Tissue) ☐ Brachial Plexus	☐ Boney Pelvis ☐ MPMRI (Male Prostate) Multi-Parametric MRI	Contrast □w/ □w/out □Both □ Brain □ Facial Bones □ Temporal Bones
SPINE Contrast	MR ANGIOGRAPHY (MRA)  Contrast	☐ Orbits ☐ Sinus ☐ Soft Tissue Neck ☐ Cervical Spine ☐ Lung Screening ☐ Chest ☐ Calcium Scoring ☐ Abdomen ☐ Shoulder ☐ Left ☐ Right ☐ Thoracic Spine ☐ Lumbar Spine ☐ Elbow ☐ Left ☐ Right ☐ Wrist ☐ Left ☐ Right
BREAST MRI Contrast □w/out □Both □ Right □ Left □ Bilateral	☐ MRA Abdomen /Pelvis (AAA)  MUSCULOSKELETAL  Contrast ☐ □ w/out ☐ Both	<ul> <li>☐ Hand ○ Left ○ Right</li> <li>☐ Forearm ○ Left ○ Right</li> <li>☐ Humerous/Lower Leg ○ Left ○ Right</li> <li>☐ Hip ○ Left ○ Right</li> </ul>
PET/CT    F-18 NaF Bone   F-18 Flutemetamol (Vizamyl)   FDG-18 (Skull Base to Mid Thigh)   F-18 Fluoroestradial (Cerianna)   FDG-18 Metabolic Brain   Ga 68 Dotatate (Netspot)   F-18 Fluciclovine (Axumin)   FDG-18 (Melanoma/Sarcoma)   F-18 Florbetapir (Amyvid)   F-18 Flortaucipir (Tauvid)   PSMA	□ Shoulder ○ Left ○ Right □ Hip ○ Left ○ Right □ Wrist ○ Left ○ Right □ Hand ○ Left ○ Right □ Elbow ○ Left ○ Right □ Knee ○ Left ○ Right □ Ankle ○ Left ○ Right □ Foot ○ Left ○ Right □ Non-joint: ○ Cleft ○ Right	☐ Hip O Left O Right ☐ Pelvis ☐ Abdomen & Pelvis ☐ CT Urogram ☐ Knee O Left O Right ☐ Ankle O Left O Right ☐ Foot O Left O Right ☐ CT Chest High Res ☐ CT Tri Phase Abdomen  CTA ☐ CTA Brain ☐ CTA Head/Neck ☐ CTA Carotids ☐ CTA Abd with Runoff ☐ CTA Abdomen ☐ CTA Pelvis ☐ CTA Chest Aort ☐ CTA Chest Pulmonary





















## PATIENT INSTRUCTIONS

Please call us if you have any questions regarding your procedure or preparation for your procedure. Study times vary in length. Bring your insurance card and a picture I.D. with you on the day of your exam.

Please drink plenty of fluids. Call in to receive implant info asap!

- ☐ **MRI Scan:** Please inform us if you have a pacemaker or any metal in your body at the time of scheduling. Remove any metal, jewlery or hair pins prior to your scan. Specific preperation information will be given when your appointment is scheduled.
- ☐ **CT Scan:** Some CT's require contrast, please inform us if you are allergic to iodine.

For questions, please call our center at 530-898-0500.

To pre-register for exams, to get results and other information, please register and log in to our patient portal at www.halobreastcare.com/patient-portal/

