



Visalia Imaging
Visalia Women's Imaging Specialists
"Your private medical imaging center"

1700 South Court Street, Suites A & C • Visalia, California 93277
(559) 734-5674 • (800) 804-4674 • Fax (559) 734-1787
www.visaliaopenmri.com

NAME: _____

DATE: ____/____/____

CT

- BRAIN
- MAXILLOFACIAL/SINUS
- NECK
- CHEST
- ABDOMEN
- ABDOMEN & PELVIS
- EXTREMITY _____
- SPINE _____
- CORONARY ARTERY SCORE
- CT ANGIOGRAPHY _____

Contrast requires renal panel if age >65
or if history of renal disease

SPECIAL IMAGING SERVICES

- DEXA BONE MINERAL ANALYSIS
- VEIN LASER TREATMENT (EVLT)

OPEN MRI

- BRAIN
- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- PELVIS
- SHOULDER
- KNEE

MRA

- BRAIN
- CAROTID
- RENAL

X-RAY

- CHEST (PA/LAT)
- CHEST (PA ONLY)
- ABDOMEN (2 VIEW)
- KUB
- EXTREMITY _____

ULTRASOUND

- THYROID/ NECK
- ABDOMEN
- RENAL
- PELVIS/ ENDOVAGINAL
- OB
- TESTICULAR

VASCULAR ULTRASOUND

- CAROTID (ARTERIAL)
- LOWER EXTREMITY (VENOUS)

MAMMOGRAPHY (FAX) 734-4283

- SCREENING (V76.12)
- DIAGNOSTIC _____
- BREAST ULTRASOUND
- STEREOTACTIC BREAST BIOPSY

SPECIAL REQUEST

CALL REPORT _____

REASON FOR EXAM OR CLINICAL QUESTION TO BE ANSWERED:

PHYSICIAN SIGNATURE: _____

MAP ON REVERSE SIDE