



CEDARS-SINAI®

S. MARK TAPER FOUNDATION IMAGING CENTER

IMAGE-GUIDED OUTPATIENT PROCEDURE REFERRAL FORM

To schedule, please call: (310) 423-8000

Please fax all orders to: (310) 423-0137

PHYSICIAN'S SIGNATURE REQUIRED

Patient Name: _____ Date of Birth: _____ MONTH/DAY/YEAR

Date of Exam: _____ Check-in Time: _____ Procedure Time: _____

Confirmation Number (CSN #): _____

ALL PERTINENT IMAGING STUDIES MUST BE REVIEWED AND APPROVED BY THE RADIOLOGIST PRIOR TO SCHEDULING.

BODY PROCEDURES
[] IMAGE-GUIDED ASPIRATION
[] Thoracentesis [] Paracentesis
[] Diagnostic [] Therapeutic
[] Right [] Left [] Radiologist's Discretion
[] IMAGE-GUIDED BIOPSY
[] Abdominal/Pelvic Mass [] Kidney
[] Liver [] Lung [] Pancreas [] Prostate
[] Specific Location(s): _____
[] Site and Side at Radiologist's Discretion
[] ULTRASOUND-GUIDED THYROID BIOPSY
[] Specific Nodule(s)
Site: _____
Side: [] Left [] Right
[] Any suspicious nodule and additional sites at the discretion of the Radiologist (Note: This selection requires prior diagnostic ultrasound performed at Cedars-Sinai Imaging Department)

BREAST PROCEDURES
[] IMAGE-GUIDED BIOPSY
[] Ultrasound-Guided [] Stereotactic [] MRI
Side: _____
[] NEEDLE LOCALIZATION
[] Mammography or Ultrasound-Guided [] MRI
Side: _____
MUSCULOSKELETAL PROCEDURES
[] ASPIRATION / DRAINAGE / INJECTION
[] Fluid Collection or Joint Aspiration
[] Therapeutic Injections [] Drainage
Site: _____
Side: [] Left [] Right
[] ARTHROGRAM
[] MRI [] CT [] Fluoro
Site: _____
Side: [] Left [] Right
[] IMAGE-GUIDED BIOPSY
[] Bone [] Soft Tissue
Site: _____
Side: [] Left [] Right

CLINICAL INDICATION/DIAGNOSIS: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____

REFERRING PHYSICIAN NAME (PLEASE PRINT): _____

REFERRING PHYSICIAN SIGNATURE (REQUIRED): _____ DATE: _____ MONTH/DAY/YEAR

PHONE: _____ FAX: _____

PATIENT INFORMATION AND PREPARATION INSTRUCTIONS

P Cedars-Sinai Visitor Parking
Partially Validated Parking

A **S. Mark Taper Foundation Imaging Center**

Corner of San Vicente Blvd. & Gracie Allen Dr.
8705 Gracie Allen Drive
Los Angeles, CA 90048
Valet Service Available
Phone: (310) 423-8000 Fax: (310) 423-0137

B **Marcia Israel Mammography Center**

310 San Vicente Blvd., 2nd Floor
Los Angeles, CA 90048
Phone: (310) 423-8000 Fax: (310) 423-0137

Please note: For purposes of insurance verification, please use the following address:

Cedars-Sinai Medical Center
8700 Beverly Blvd., Room M-335
Los Angeles, CA 90048



BODY PROCEDURES

Image-Guided Aspiration: *Thoracentesis and Paracentesis*

- Continue taking all medications. Ask your doctor about discontinuing blood thinners, aspirin or Vitamin E for 7 days before procedure.
- Continue eating and drinking as normal before procedure.
- You will need a ride home; please do not use a taxi service.

Image-Guided Biopsy

- Continue taking all medications with sips of water. Ask your doctor about discontinuing blood thinners, aspirin or Vitamin E for 7 days before procedure.
- Do not eat or drink anything after midnight before procedure.
- You will need a ride home; please do not use a taxi service.

Ultrasound-Guided Thyroid Biopsy

- Continue taking all medications. Ask your doctor about discontinuing blood thinners, aspirin or Vitamin E for 7 days before procedure.
- Continue eating and drinking as normal before procedure.
- You will be able to drive after procedure.

BREAST PROCEDURES

Image-Guided Biopsy: *Ultrasound-Guided*

- Continue taking all medications. Ask your doctor about discontinuing blood thinners, aspirin, or Vitamin E for 7 days before procedure.
- Continue eating and drinking as normal before procedure.
- You will be able to drive after procedure.

Image-Guided Biopsy: *Stereotactic*

- Continue taking all medications with sips of water. Ask your doctor about discontinuing blood thinners, aspirin or Vitamin E for 7 days before procedure.
- Do not eat or drink anything 6 hours before procedure.
- You will be able to drive after procedure.

Image-Guided Biopsy: *MRI*

- Continue taking all medications with sips of water. Ask your doctor about discontinuing blood thinners, aspirin or Vitamin E for 7 days before procedure.
- Do not eat or drink anything after midnight before procedure.
- You will be able to drive after procedure.

Needle Localization

- Please consult with the surgeon's office for specific preparation instructions.

MUSCULOSKELETAL PROCEDURES

Aspiration/Drainage/Injection

- No preparations required.
- You will need a ride home; please do not use a taxi service.

Arthrogram

- No preparations required.
- You will be able to drive after procedure.

Image-Guided Biopsy

- Continue taking all medications with sips of water. Ask your doctor about discontinuing blood thinners, aspirin or Vitamin E for 7 days before procedure.
- Do not eat or drink anything after midnight before procedure.
- You will need a ride home; please do not use a taxi service.

**IF ANESTHESIA IS REQUIRED FOR ANY ABOVE MENTIONED PROCEDURE:
DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT, INCLUDING WATER.
YOU WILL NEED A RIDE HOME; PLEASE DO NOT USE A TAXI SERVICE.**