



IMAGING INFORMATION



FOR THE PATIENT

FOR THE PATIENT:

1. BRING THIS WITH YOUR REQUISITION FOR YOUR IMAGING STUDY AND GIVE IT TO THE FRONT DESK
2. PLEASE OBTAIN A DISC OF YOUR STUDY TO HAND CARRY TO YOUR NEXT APPOINTMENT

PARA EL PACIENTE

1. TRAER ESTA CON SU REQUISITION PARA SU ESTUDIO DE IMAGEN Y DAR A LA RECEPCION
2. POR FAVOR OBTENER UN DISCO DE SU ESTUDIO PARA LLEVAR LA MANO PARA SU PROXIMA CITA



TO THE IMAGING CENTER

SINUS CT SCAN

1. FOR ALL SINUS CT SCANS PLEASE USE FUSION/LANDMARK PROTOCOL
2. THIS INCLUDES FINE CUT CT SCAN FROM ABOVE BASE OF SKULL TO BELOW MANDIBLE
3. PLEASE GIVE THE PATIENT A DISC WHICH INCLUDES ONLY THE AXIAL CUTS TO HAND CARRY TO MY OFFICE
4. PLEASE FAX A REPORT TO MY OFFICE AT (323) 268-6738

MRI SCAN IAC

1. PLEASE INCLUDE A DISC WITH T1, T2, T2 WITH GAD AND FLAIR AND GIVE IT TO THE PATIENT
2. PLEASE FAX A REPORT TO MY OFFICE AT (323) 268-6738