GEMCare A Medical Group, Inc.

Dignity Health Medical Network.

Imaging Request

☐ Urgent / Stat

REFERRING PHYSICIAN	HEALTH PLAN

Patient Information

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE

PHONE NUMBER	PERTINENT HISTORY	DIAGNOSIS

No appointment is necessary for these services:

☐ X-Rays

HEAD
- ☐ Skull
- ☐ Sinus Series
- ☐ Orbits
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Mandible

CHEST
- ☐ 1 View
- ☐ 2 Views
- ☐ Sternum

ABDOMEN
- ☐ KUB
- ☐ Abdomen Series

SPINE
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbosacral
- ☐ Sacrum & Coccyx
- ☐ Scoliosis Study

UPPER EXTREMITY	L	R	B
☐ Fingers	☐	☐	☐
☐ Hand	☐	☐	☐
☐ Wrist	☐	☐	☐
☐ Forearm	☐	☐	☐
☐ Elbow	☐	☐	☐
☐ Shoulder	☐	☐	☐
☐ Clavicle	☐	☐	☐

LOWER EXTREMITY	L	R	B
☐ Hips / Pelvis	☐	☐	☐
☐ Femur	☐	☐	☐
☐ Knee	☐	☐	☐
☐ Lower Leg	☐	☐	☐
☐ Ankle	☐	☐	☐
☐ Foot/Toes	☐	☐	☐

An appointment is necessary for these services:

☐ X-Rays

ABDOMEN
- ☐ Barium Swallow
- ☐ Upper GI
- ☐ Upper GI w/Small Bowel
- ☐ Small Bowel
- ☐ Barium Enema
- ☐ IVP
- ☐ Voiding Cystogram

☐ Mammogram
- ☐ Routine / Screening
- ☐ Diagnostic
  - ☐ Uni Left ☐ Uni Right
  - ☐ Bilateral

☐ Ultrasound
- ☐ Thyroid
- ☐ Breast
  - ☐ Uni Left ☐ Uni Right
  - ☐ Bilateral
- ☐ Abdominal - Special Attention to: _____
- ☐ Gall Bladder
- ☐ OB - Special Attention to: _____
- ☐ Renal
- ☐ Renal / Bladder
- ☐ Pelvic - Special Attention to: _____

☐ Send Films
- ☐ With Patient
- ☐ With Courier

☐ Phone Report
Phone Number Where Doctor May be Reached:

_____

☐ Fax Report
Fax Number:

_____

Physician's Signature _____ Date _____

Locations

Appointment Date and Time

APPOINTMENT DATE	APPOINTMENT TIME

Appointment Locations

For all GEMCare members, including Dignity Health employees:

☐ **Kern Radiology**
2301 Bahamas Dr.
Bakersfield, CA 93309
Phone: 661.324.7000
Fax: 661.334.3164

☐ **Kern Radiology**
4500 Morning Dr, #202
Bakersfield, CA 93309
Phone: 661.324.7000
Fax: 661.334.3164

☐ **Kern Radiology**
9330 Stockdale Hwy, #100
Bakersfield, CA 93311
Phone: 661.324.7000
Fax: 661.334.3164

☐ **Kern Radiology**
3838 San Dimas St., A-120
Bakersfield, CA 93301
Phone: 661.324.7000
Fax: 661.334.3164

☐ **Kern Radiology**
Oak Tree Medical Building
432 S Mill St
Tehachapi CA 93561
Phone: 661.326.9600
Fax: 661.334.3065

This is a walk in facility;
no appointment necessary.
Hours are M-F 8-5.

Additional Location For Dignity Health Employees Only MAMMOGRAMS ONLY

☐ **Mercy Southwest Hospital**
400 Old River Rd.
Bakersfield, CA 93311
Phone: 661.663.6281
Fax: 661.663.6041

THIS FORM IS AVAILABLE AT: MCSOnline/Provider Resources/Forms/Authorization Forms/Imaging Request Form