



WOMEN'S IMAGING REFERRAL

Ph: 702-759-8600

DESERT RADIOLOGY Fx: 702-598-3439

Your appointment is scheduled / Su cita está previsto:

Date/Fecha: \_\_\_\_\_ Time/Hora: \_\_\_\_\_

Arrival Time/Hora de llegada: \_\_\_\_\_

DATE OF ORDER: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work/Alt \_\_\_\_\_

Primary Ins \_\_\_\_\_ Policy # \_\_\_\_\_

Authorization # \_\_\_\_\_

Desert Radiology to OBTAIN AUTH

History / Symptoms (required) \_\_\_\_\_

ICD-10 / Diagnosis \_\_\_\_\_

Referring Physician \_\_\_\_\_

Ph \_\_\_\_\_ Fx \_\_\_\_\_ CC Physician \_\_\_\_\_

Office Contact \_\_\_\_\_  CALL REPORT \_\_\_\_\_

CD to Office  CD w/ Patient  DICOM CD to Office  Other \_\_\_\_\_

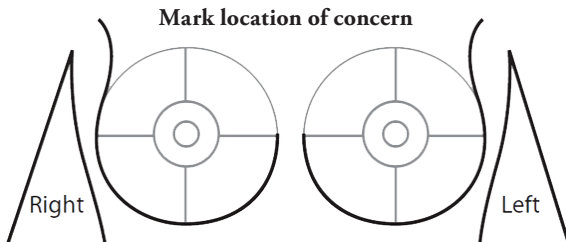
STAT

BREAST IMAGING PROCEDURES:

3D Mammo SCREENING\*  2D Mammo SCREENING

Mammo SCREENING w/ follow-up **DIAGNOSTIC MAMMO** or **ULTRASOUND** as recommended on report

**FOR DIAGNOSTIC MAMMO ONLY!!**



3D Mammo DIAGNOSTIC\*

2D Mammo DIAGNOSTIC

Mammo DIAGNOSTIC w/ US (if needed)

Breast Ultrasound \_\_\_\_\_

Bilateral  Left  Right

Breast MRI W/ & W/O CONTRAST \_\_\_\_\_  
(Breast MRI must be completed prior to Biopsy and can not be performed on the same day)

Breast Biopsy \_\_\_\_\_  Stereotactic  US Guided  MRI

NON-BREAST IMAGING PROCEDURES:

CT \_\_\_\_\_

DEXA \_\_\_\_\_  ADD Vertebral Height

Fluoroscopy \_\_\_\_\_

MRI \_\_\_\_\_

Nuclear Medicine \_\_\_\_\_

Ultrasound \_\_\_\_\_

X-ray (Walk-in basis ONLY, NO APPOINTMENTS) \_\_\_\_\_

Biopsy Other (specify) \_\_\_\_\_

PET/CT Scheduling (P) 702-794-4384 (F) 702-733-1213

PET/CT Routine (Skull to Thigh)  PET/CT Brain  PET/CT Whole Body (Melanoma, Extremity Metastasis)

Please be sure to bring your health insurance card, picture I.D. and co-payment with you, as well as any x-ray studies pertaining to your scheduled exam. If you might be pregnant, please contact our scheduling department before your appointment. See the reverse side of this form for important information regarding preparations for your examination and lab tests required. Por favor, asegúrese de llevar su tarjeta de aseguranza, identificación con fotografía y co-pago con usted, así como cualquier placa de rayos x estudios relativos a su examen programado. Si usted pudiera estar embarazada, póngase en contacto con nuestro departamento de programación antes de su cita. Véa el reverso de este formulario para información importante acerca de los preparativos para su examen y análisis de laboratorio necesarios.