



RADIOLOGY 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 # \_\_\_\_\_

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

For patient exam prep instructions visit us at DesertRad.com or call our Patient Care Center at 702-759-8600.

Para las instrucciones de preparación para el examen del paciente, visítenos en línea en DesertRad.com o llame a nuestro Centro de Atención al Paciente al 702-759-8600.

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

Fluoroscopy \_\_\_\_\_

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

CTA \_\_\_\_\_  CTA Chest (PE)

CT \_\_\_\_\_  WO  W/  Per Rad

Note: CT Lung Cancer Screenings require a separate request form to be completed prior to scheduling. Contact us for more information.

CTU (UROGRAM) abd/pelvis w/wo IV  CTE (ENTEROGRAPHY) abd/pelvis with IV  CT Calcium Scoring

MRI \_\_\_\_\_  WO  W & WO  Arthrogram

MRA \_\_\_\_\_  MRV \_\_\_\_\_  WO  W & WO

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

Mammo SCREENING  3D Mammo  Mammo DIAGNOSTIC  Mammo DIAGNOSTIC w/ US (if needed)

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

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

Ultrasound \_\_\_\_\_

U/S ABI  U/S Segmental Pressures  Segmental Pressures w/ ABI & TBI  U/S Arterial Duplex

U/S Pelvic & T-Vag  U/S Pelvic  U/S T-Vag

Special Procedures Scheduling (P) 702-794-4384 (F) 702-733-1213

Angiography \_\_\_\_\_

CT Biopsy \_\_\_\_\_

Interventional / Vascular Consult \_\_\_\_\_

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 aseguración, 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.