



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 # _____

Desert Radiology to OBTAIN AUTH

History / Symptoms (required) _____

ICD-10 / Diagnosis _____

Referring Physician _____

Ph _____ Fx _____ CC Physician _____

Office Contact _____ CALL REPORT _____

STAT

CD to Office CD w/ Patient DICOM CD to Office Other _____

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. Revision Date: 5.2019