



RADIOLOGY REFERRAL

Ph: 702-759-8600

Fx: 702-598-3439

a radiology partners practice

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

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/

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 w/ IV CT Calcium Scoring CT Colonography

NOTE: CT Calcium Score and/or CT Colonography may not be covered by insurance, including Medicare. Cash price available, please call for more information.

MRI _____ WO W & WO Arthrogram

MRA _____ MRV _____ WO W & WO

Nuclear Medicine _____

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

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)

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

Angiography _____

CT Biopsy _____

Interventional / Vascular Consult _____