

WOMEN'S IMAGING REFERRAL

Ph: 702-759-8600

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

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.

MAMMOGRAPHY:

Mammo SCREENING w/ follow-up **DIAGNOSTIC MAMMO** or U/S (as needed)

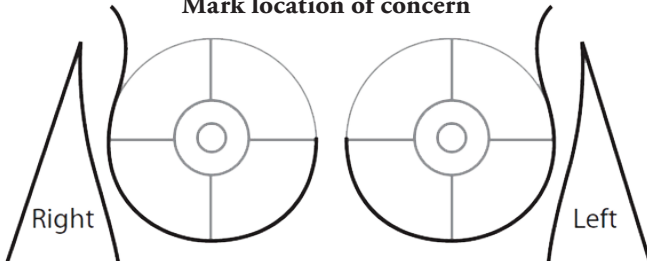
Mammo DIAGNOSTIC with U/S (if needed)

3D (as requested - screening or diagnostic)

NOTE: 3D may not be covered by insurance, including Medicare. Cash price available, please call for more information.

FOR DIAGNOSTIC MAMMO ONLY!!

Mark location of concern



BREAST BIOPSY:

Breast Biopsy STEREOTACTIC _____

Breast Biopsy U/S GUIDED _____

Breast Biopsy MRI _____

OTHER WOMEN'S IMAGING:

Breast U/S _____ 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)

Ultrasound Other (specify) _____

X-RAY (Walk-in basis ONLY, NO APPOINTMENTS) _____