



# RADIOLOGY 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.

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 to schedule. Contact DR for more info.

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

NOTE: CT Calcium Score / CT Colonography may not be covered by insurance, including Medicare. Cash price available, call DR for more info.

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

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

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

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

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

Ultrasound \_\_\_\_\_

US ABI  US Segmental Pressures  Segmental Pressures w/ ABI & TBI  US Arterial Duplex  US Pelvic & T-Vag

US Pelvic  US T-Vag

## PET/CT & SPECIAL PROCEDURES 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)

Angiography \_\_\_\_\_

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

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

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 or notify the technologist before your exam. Visit our website for information regarding preparations for your examination or lab tests required. Por favor, asegúrese de traer su tarjeta de seguro de salud, foto I.D. y copago con usted, así como cualquier estudio de rayos X relacionado con su examen programado. Si puede estar embarazada, comuníquese con nuestro departamento de programación o notifique al técnico antes de su examen. Visite nuestro sitio web para obtener información sobre los preparativos para su examen o las pruebas de laboratorio requeridas.