



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