DIS
DIAGNOSTIC IMAGING SERVICES

# REFERRAL / SCHEDULE BY FAX FORM

**Scheduling: (F) 504-883-5364 or 985-641-2854 • (P) 504-883-5999 or 985-641-2390**

Patient Name_____ Tel: _____ Date:_____

Patient Insurance_____ Policy # _____ Group # _____ D.O.B._____

**Workers Comp** _____ Atty _____ Authorization # _____

**Diagnosis – Written and/or ICD-10 Code** (Required) _____

**Physician's Signature** (Required) _____ Physician Name (please print) _____

Call Preliminary Reading Tel # _____ After Hours Tel # _____

Address _____ Tel:_____ Fax: _____

☐ **Check here if your patient is to take a CD with them**

## CT Scan

| | w/o | w & w/o |
|---|---|---|
| ☐ Abdomen/Pelvis | ☐ | ☐ |
| ☐ Abd/Pelv Enterography Protocol | ☐ | ☐ |
| ☐ Abdomen | ☐ | ☐ |
| ☐ Chest | ☐ | ☐ |
| ☐ Chest (w/contrast only) | | |
| ☐ Head | ☐ | ☐ |
| ☐ Pelvis | ☐ | ☐ |
| ☐ Sinus | ☐ | ☐ |
| ☐ Soft T-Neck | ☐ | ☐ |
| ☐ C Spine | ☐ | ☐ |
| ☐ T Spine | ☐ | ☐ |
| ☐ L Spine | ☐ | ☐ |
| ☐ CT Urogram | | |
| ☐ Lung Screen | | |
| ☐ 3D Reconstruction | | |
| ☐ Other _____ | | |

## CTA

☐ Aorta ☐ Chest
☐ Pelvis ☐ Renal
☐ Runoff Lower Ext ☐ Carotid
☐ Other _____

## Nuclear Medicine

☐ **Check here if SPECT is needed**
☐ Bone/Joint, Whole Body
☐ Bone/Joint, 3 Phase
☐ Bone/Joint, Limited
☐ SPECT Bone Area: _____
☐ DaTscan ☐ Gastric Emptying
☐ Gallium Whole Body ☐ Gallium Limited
☐ HIDA ☐ HIDA w/EF
☐ I-111 Indium WBC
☐ Liver-Spleen
☐ MUGA
☐ Renal Scan
☐ Renal Scan w/ Lasix
☐ Captopril Renal Scan
☐ Parathyroid
☐ Thyroid w/ Uptake
☐ Other _____

☐ Fusion / Image Merge

## MRI

| | w/o | w & w/o |
|---|---|---|
| **Head** | | |
| ☐ Brain | ☐ | ☐ |
| ☐ NeuroQuant Volumetric MRI | | |
| ☐ IAC | ☐ | ☐ |
| ☐ MS Protocol | ☐ | ☐ |
| Body Part(s) _____ | | |
| ☐ Orbit | ☐ | ☐ |
| ☐ Pituitary Gland | ☐ | ☐ |
| **Body** | | |
| ☐ Abdomen | ☐ | ☐ |
| ☐ Abd Enterography Protocol | ☐ | ☐ |
| ☐ Breast | | ☐ |
| ☐ Chest | ☐ | ☐ |
| ☐ GYN Pelvis | | ☐ |
| ☐ Pelvis | ☐ | ☐ |
| ☐ Prostate with CAD | | ☐ |
| ☐ Soft Tissue Neck | ☐ | ☐ |
| **Spine** | | |
| ☐ Brachial Plexus | ☐ | ☐ |
| ☐ Cervical Spine | ☐ | ☐ |
| ☐ Thoracic Spine | ☐ | ☐ |
| ☐ Lumbar Spine | ☐ | ☐ |
| **Joint (shoulder, elbow, wrist, hip, knee, ankle)** | | |
| ☐ Upper Ext | ☐L | ☐R |
| ☐ Lower Ext | ☐L | ☐R |
| ☐ **MR Arthrography** | | |
| Body Part _____ | | |
| **Non Joint (humerus, forearm, hand, femur, tibula/fibula)** | | |
| ☐ Upper Ext | ☐L | ☐R |
| ☐ Lower Ext | ☐L | ☐R |
| Body Part _____ | | |
| ☐ Other_____ | | |

## MRA

| | w/o | w |
|---|---|---|
| ☐ Aorta (with only) | | |
| ☐ Renal (with only) | | |
| ☐ Runoff | ☐ | ☐ |
| ☐ Circle of Willis (without only) | | |
| ☐ Carotid Artery (with and without only) | | |

## X-Ray (Please specify)

_____
_____
_____

## Ultrasound

☐ Abdominal Complete
☐ Abdominal Complete w/ Liver Elastography
☐ Abdominal Limited
☐ Abdominal Limited w/ Liver Elastography
☐ Aorta ☐ Carotid
☐ Hysterosonogram
☐ Kidney ☐ Kidney w/ renal artery doppler
☐ OB (1st tri 0-12 weeks) Transvaginal
☐ OB (2nd/3rd tri 13-40 weeks)
☐ Pelvis ☐ Transvaginal
☐ Testicular w/ Doppler
☐ Thyroid

**Non-Inv. Venous**

☐ Arms ☐ Left ☐ Right
☐ Legs ☐ Left ☐ Right

**Non-Inv. Arterial (w/ABI)**

☐ Arms ☐ Left ☐ Right
☐ Legs ☐ Left ☐ Right
☐ Other_____

## Mammography

☐ Screening Mammography ☐ 2D ☐ 3D
☐ Diagnostic Mammography: ☐ 3D (if needed)
☐ Bilateral ☐ Left ☐ Right
☐ Additional Views ☐ Left ☐ Right
☐ Breast US ☐ Left ☐ Right (if needed)
☐ Cyst Aspiration ☐ Left ☐ Right
☐ MRI Guided Breast Biopsy ☐ Left ☐ Right
☐ Stereotactic Breast Biopsy ☐ Left ☐ Right
☐ US Guided Breast Biopsy ☐ Left ☐ Right
☐ w/ bilateral breast ultrasound, if needed

## Bone Density

☐ AP Spine & Hip ☐ IVA
☐ Femur Exam (Marrero only) ☐ Body Comp Analysis

## Special Procedures

☐ Arthrogram ☐ MRI ☐ CT
Body Part_____
☐ Hysterosalpingogram
☐ IVP
☐ Other_____

## Fluoroscopy

☐ Barium Enema ☐ Esophagram ☐ GI
☐ UGISB
☐ Other_____

**Appointment Location:**

☐ **Metairie:** 4241 Veterans Blvd #100
☐ **Metairie:** 3434 Houma Blvd #100
☐ **Marrero:** 925 Avenue C
☐ **Marrero:** 4809 Wichers Dr
☐ **Covington:** 71154 Highway 21
☐ **Covington:** 1200 Pinnacle Pkwy #5
☐ **Slidell:** 1310 Gause Blvd

Patient Work Telephone: _____ Patient Cell: _____

Appointment Date_____ Time_____ Today's Date_____ Initials_____