



PATIENT INFORMATION

PATIENT NAME: _____ DOB: _____ AGE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

INSURANCE/ ATTY/ WORK COMP (CHECK ONE): _____ ID/CLAIM #: _____

AUTH#: _____ INSURED: _____

DX/SYMPTOMS: _____ ALLERGIES: _____

EXAM REQUEST

- MRI** _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION ARTHROGRAM
- MRI-3.0T (SUNSET)** _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION ARTHROGRAM SWI
- MRI-1.5T (Extremity) (SUNSET)** _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION ARTHROGRAM
- UPRIGHT/OPEN MRI (MARYLAND)** _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION FLEXION EXTENSION
- MRA** _____
- P.E.T. SCAN (SMOKE RANCH)** _____ WHOLE BODY STAGING RE-STAGING BRAIN CARDIAC VIABILITY
- CT SCAN** _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION
- CTA** _____ CORONARY CAROTID RUN-OFF OTHER: _____
- NUCLEAR MEDICINE** _____
- SPECT/CT (SUNSET)** _____
- STRESS TEST** _____ TREADMILL (W/MYOVUE) ADENOSINE DOBUTAMINE TREADMILL ONLY (NO MYOVUE)
- ECHOCARDIOGRAM** _____
- ULTRASOUND** _____
- MAMMOGRAPHY (SUNSET)** _____ EXAM: ANNUAL SCREENING DIAGNOSTIC OTHER: _____
- DEXA (SUNSET)** _____
- X-RAY** _____
- FLUOROSCOPY** _____
- TRANSPORTATION REQUESTED** **PREAUTHORIZATION REQUESTED**
- OTHER:** _____

REFERRING PHYSICIAN: _____ CONTACT NAME: _____

PHONE: _____ FAX REPORT TO: _____ TODAY'S DATE: _____

SEND FILMS AND REPORT SEND CD FAX REPORT ONLY PT TO CARRY STAT CALL (PHONE #): _____

APPOINTMENT DATE: _____ APPOINTMENT TIME: _____

PATIENT INSTRUCTIONS

UPPER GI SERIES, SMALL BOWEL SERIES, ESOPHAGRAM

NOTHING TO EAT OR DRINK 6 HOURS BEFORE THE EXAM.
NO BREAKFAST! NO LIQUIDS, SMOKING, OR CHEWING GUM ON MORNING OF THE EXAM.

BARIUM ENEMA

PREP REQUIRED. PLEASE FOLLOW PREP INSTRUCTIONS PROVIDED WITH PREP KIT.
WHICH YOU WILL BE GIVEN BY YOUR DOCTOR OR MAY PICK UP AT LAS VEGAS RADIOLOGY.

ULTRASOUND (PELVIC / OBSTETRIC)

ONE HOUR AND THIRTY MINUTES BEFORE YOUR APPOINTMENT TIME, EMPTY YOUR BLADDER. THEN DRINK SIX 8 OZ. GLASSES
OF WATER WITHIN THIRTY MINUTES. **DO NOT** EMPTY YOUR BLADDER AFTER DRINKING.

ULTRASOUND (ABDOMEN / LIVER / GALLBLADDER / PANCREAS / KIDNEY)

SAME DAY APPOINTMENTS, NOTHING TO EAT OR DRINK FOUR HOURS BEFORE THE EXAM. NO FRIED OR GREASY FOODS, MILK
OR MILK PRODUCTS ON THE DAY OF THE EXAM. NOTHING TO EAT OR DRINK FROM MIDNIGHT UNTIL THE EXAM FOR SCHEDULED PATIENTS.

CT SCAN (ABDOMEN / PELVIS)

SPECIAL DRINK IS REQUIRED BEFORE YOUR EXAM. THE DRINK CAN BE PICKED UP AT LAS VEGAS RADIOLOGY.
FOLLOW THE INSTRUCTIONS WITH THE KIT.

CT SCAN WITH CONTRAST (HEAD / NECK / EXTREMITY / SPINE / CHEST)

NOTHING TO EAT OR DRINK SIX HOURS PRIOR TO EXAM.

CT SCAN WITHOUT CONTRAST (HEAD / NECK / EXTREMITY / SPINE / CHEST)

NO SPECIAL PREP IS REQUIRED.

MAMMOGRAPHY

NO POWDER, PERFUMES OR DEODORANTS ON UNDERARMS OR BREAST AREA. PLEASE BRING ALL PREVIOUS MAMMOGRAMS, IF DONE ELSEWHERE.

MRI (HEAD)

NO MAKEUP, EYE LINER, HAIRSPRAY, OR MOUSSE THE DAY OF THE EXAM.
NO PACEMAKERS, ANEURYSM CLIPS, BIO-NERVE STIMULATORS OR EYE INJURIES WITH METAL.

MRI (NON-HEAD)

NO PACEMAKERS, ANEURYSM CLIPS, BIO-NERVE STIMULATORS OR EYE INJURIES WITH METAL.

DEXA (BONE DENSITOMETRY)

YOU MAY EAT NORMALLY THE DAY OF THE EXAM. HOWEVER, DO NOT TAKE ANY CALCIUM SUPPLEMENTS FOR AT LEAST 24 HOURS
PRIOR TO YOUR APPOINTMENT. NO BARIUM STUDIES 2 DAYS PRIOR TO DEXA EXAM.

PET (WHOLE BODY)

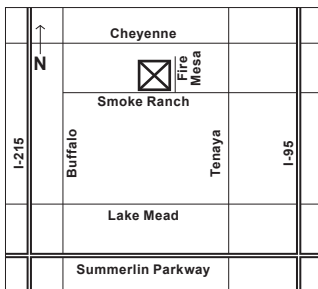
AM SCANS, NO SOLID FOODS AFTER MIDNIGHT BEFORE YOUR TEST. PM SCANS, NO SOLID FOODS AFTER 6AM THE MORNING OF YOUR TEST.
DRINK LOTS OF FLUIDS (WATER, COFFEE, OR TEA WITHOUT CREAM OR SUGAR) SO YOU WILL BE WELL HYDRATED FOR THE EXAM. PLEASE
PROCEED WITH YOUR REGULARLY SCHEDULED MEDICATIONS. NO EXERCISE FOR 24 HOURS PRIOR TO YOUR APPOINTMENT TIME (THIS CAN
CAUSE A FALSE POSITIVE IN YOUR READING). THERE WILL BE AN HOUR DELAY FROM THE TIME OF THE INJECTION TO THE TIME OF THE SCAN.

PET (BRAIN)

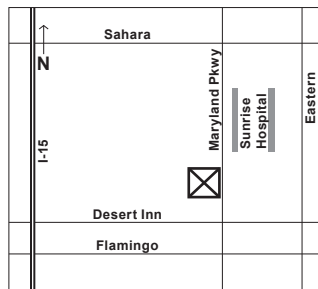
SAME AS WHOLE BODY, IN ADDITION YOU WILL NEED TO LIE QUIETLY IN A DARKENED ROOM WITHOUT SIGNIFICANT AUDITORY OR
VISUAL STIMULI FOR 30 MINUTES PRIOR TO THE INJECTION AND 30 MINUTES AFTER THE INJECTION (THIS CAN CAUSE INCORRECT
INTERPRETATION) THERE WILL BE AN HOUR DELAY FROM THE TIME OF INJECTION TO THE TIME OF THE SCAN.
SCAN USUALLY TAKES 45 - 60 MINUTES.

FOR ALL OTHER PREPS OR QUESTIONS, PLEASE CALL OUR OFFICE AT 702.254.5004

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Suite 100
Las Vegas, NV 89128



3201 S Maryland Pkwy
Suite 102
Las Vegas, NV 89109



8530 W Sunset Rd
Suite 120
Las Vegas, NV 89113

