LAS VEGAS RADIOLOGY

10 YEARS 2008 • 2018

7500 Smoke Ranch Road, Suite 100 Las Vegas, NV 89128
MRI HOURS
M-F: 7:30AM - 11PM
Sat: 8AM - 5PM

3201 S Maryland Parkway, Suite 102
Las Vegas, NV 89109
(Upright MRI & XRAY only)
MRI HOURS
M-F: 8:00AM - 5PM Sat: 8AM - 5PM

401 N Buffalo Drive, Suite 100
Las Vegas, NV 89145
(Ultrasound & DEXA only)

PHONE: 702.254.5004 **MAIN FAX: 702.432.4005** **ALT FAX: 702.586.2140**
REFERRAL EMAIL: lvr-referrals@lvrad.com

PATIENT NAME: _____ DOB: _____ AGE: _____ GENDER: ☐M ☐F

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

LIEN/PERSONAL INJURY ATTORNEY: _____ DOI: _____

INSURANCE: _____ ID/CLAIM #: _____ WORK COMP: _____

DX/SYMPTOMS: _____ ALLERGIES: _____

Consent to Represent Ordering Provider During Prior Authorization Process

☐ **STAT**

☐ **Oral sedation needed**
☐ **Claustrophobic patient**

☐ **PRIOR AUTHORIZATION REQUESTED**

By providing the following information, I authorize Las Vegas Radiology to represent my office during the prior-authorization process for the exams ordered on this referral.

Ordering Provider's NPI #: _____
Please fax clinical information needed for authorization.

REFERRING PHYSICIAN: _____ CONTACT NAME: _____

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

☐ FAX REPORT ☐ SEND CD ☐ PT TO CARRY CD ☐ PICK UP COMPARISON CD FROM: _____

CC REPORT: _____ **APPT TIME:** _____ **APPT DATE:** _____ **APPT LOCATION:** _____

☐ X-RAY (Walk-ins Welcome)

Body Part _____
☐ Right ☐ Left ☐ Bilateral
Number of Views _____

Body Part _____
☐ Right ☐ Left ☐ Bilateral
Number of Views _____

☐ FLUOROSCOPY

- ☐ Barium Enema
- ☐ SBFT (Small Bowel Follow Through)
- ☐ Upper GI with KUB
- ☐ Hysterosalpingogram (HSG)
- ☐ Lumbar Puncture (PT/INR Required)

☐ MAMMOGRAPHY

- ☐ Annual Screening
- ☐ Diagnostic / Ultrasound

☐ NUCLEAR MEDICINE

- ☐ HIDA Scan ☐ Gastric Emptying
- ☐ Lymphocystogram ☐ Muga Scan
- ☐ Thyroid i131 Scan ☐ Thyroid i123 Scan
- ☐ V/Q Scan
- ☐ Whole Body Bone Scan
- ☐ 3 Phase Bone Scan

☐ STRESS TEST

- ☐ Lexiscan Myoview
- ☐ Dobutamine Myoview
- ☐ Treadmill Myoview
- ☐ Treadmill Only (No Myoview)

☐ EKG

☐ ECHOCARDIOGRAM _____

☐ 3D Rendering if MRI is Positive

☐ MRI

Body Part _____
Contrast: ☐ With ☐ W/O ☐ Both
☐ Radiologist Discretion
☐ Arthrogram

☐ UPRIGHT / OPEN MRI (Maryland Pkwy)

☐ Flexion ☐ Extension
Body Part _____

☐ MRA

Body Part _____
☐ Without ☐ W/WO

☐ DEXA

- ☐ Atypical Femur Assessment (Bisphosphonate Use)
- ☐ VFA (Vertebral Factor Assessment)

☐ ULTRASOUND

- ☐ Abdominal Aorta (Fasting 6 hours)
- ☐ Bilateral Carotid
- ☐ LE Arterial To R/O Pad _____
- ☐ LE Venous To R/O Venous Insufficiency _____
- ☐ LE Venous To R/O DVT _____
- ☐ Renal Arterial Doppler R/O RAS
- ☐ Upper Extremity U/S: _____
- ☐ Breast U/S: ☐ R ☐ L
- ☐ Other _____

☐ PET/CT (64 Slice)

- ☐ Brain (Dementia)
- ☐ Skull Base to Mid Thigh
- ☐ Whole Body (Melanoma & Bone Tumors)

☐ CTA

- ☐ CTA Brain
- ☐ CTA Coronary
- ☐ CTA Abdomen w/ Runoff
- ☐ CTA Chest (PE Protocol)
- ☐ CTA Chest (Aorta)
- ☐ CTA Neck

☐ CT SCAN

Body Part _____
Contrast: ☐ With ☐ W/O ☐ Both
☐ Radiologist Discretion

- ☐ CT Myelogram
- ☐ CT Post Discogram

☐ CORONARY CT CALCIUM SCORING (Cash $100)

☐ LOW DOSE CHEST CT LUNG CA SCREENING

PROCEDURES (Blood Work Required)

- ☐ Thoracocentesis
- ☐ Paracentesis

☐ BIOPSIES

Body Part _____
☐ CT Guided ☐ CT/US
☐ Ultrasound Guided
☐ Right ☐ Left ☐ Bilateral
☐ Bone Marrow

☐ **OTHER:** _____