

# Referral Pad



To schedule your ultrasound, mammo or DEXA exams you may also visit us at: [www.desertadvanced.com](http://www.desertadvanced.com)

\*For women's imaging, a separate referral pad may be requested

**SCHEDULING PHONE (760) 318-2988 | SCHEDULING FAX: (760) 327-7835**

**Appointment Date:** \_\_\_\_\_ **Appointment Time:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Clinical History/Signs & Symptoms:** \_\_\_\_\_

**DX** \_\_\_\_\_

**Insurance Information:** \_\_\_\_\_ **Patient's Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

Call in STAT results  Stat/Wet Read  Previous Films (Y) (N) location: \_\_\_\_\_  
 Additional Report to: \_\_\_\_\_  Other: \_\_\_\_\_

## MR

- MRI**
- With & Without Contrast
  - With Contrast
  - Without Contrast
  - Brain
    - w/special attention to IAC
    - w/special attention to Pituitary
  - Neuroquant
  - Orbits
  - TMJ
  - Neck - Soft Tissue
  - Spine:
    - \_\_\_Cervical\_\_\_Thoracic\_\_\_Lumbar
  - Extremity: Joint \_\_\_Left\_\_\_Right  
Specify body part \_\_\_\_\_
  - Extremity: Non-joint  
\_\_\_Left\_\_\_Right  
Specify body part \_\_\_\_\_
  - Chest
  - Abdomen
  - Pelvis \_\_\_Bony Soft Tissue
  - Enterography
  - Prostate
  - Other: \_\_\_\_\_

- MR Angiography (incl. veins)**
- With & Without Contrast
  - With Contrast
  - Without Contrast
  - Brain/Head
  - Neck - Carotids
  - Chest
  - Abdomen
  - Aorta \_\_\_Renal
  - Aorta and runoff vessels
  - Pelvis
  - Upper Extremity: \_\_\_Left\_\_\_Right
  - Lower Extremity: \_\_\_Left\_\_\_Right
  - Other: \_\_\_\_\_

- MR Arthrography \_\_\_Left\_\_\_Right**
- Shoulder
  - Elbow
  - Wrist
  - Hip
  - Knee
  - Ankle

## CT

- Diagnostic CT**
- With & Without Contrast
  - With Contrast
  - Without Contrast
  - Brain
  - Orbits
  - IAC Middle Ear
  - Maxillofacial - Facial Bones
  - Sinus (Maxillofacial)
  - Dental
  - Neck (Soft Tissue)
  - Spine:
    - \_\_\_Cervical\_\_\_Thoracic\_\_\_Lumbar
  - Extremity \_\_\_Left\_\_\_Right  
Specify body part \_\_\_\_\_
  - Chest
  - Abdomen (pelvis if indicated)
  - Abdomen and Pelvis
  - Urogram (abdomen/pelvis)
  - Pelvis
  - Cystogram
  - Enterography
  - Other: \_\_\_\_\_
  - Triple Phase  
Specify body part \_\_\_\_\_

- CTA (angiography)**
- Head
  - Neck
  - Extremity: \_\_\_Upper\_\_\_Lower
  - Chest
  - Aorta and runoff vessels
  - Abdomen
  - Pelvis
  - Endovascular Stent Planning

**BUN:** \_\_\_\_\_

**Creatinine:** \_\_\_\_\_

**Lab Date:** \_\_\_\_\_

- PET/CT, Brain
- PET/CT, Skull Base to Mid-thigh

## Ultrasound

- Abdomen \_\_\_\_\_
- Abdomen Limited \_\_\_\_\_  
\_\_\_Liver\_\_\_Gallbladder  
\_\_\_Right Upper Quadrant
- Renal \_\_\_\_\_  
\_\_\_w/Bladder
- Bladder \_\_\_\_\_
- Aorta/Retroperitoneal \_\_\_\_\_
- Pelvis (TV if indicated)
- Pelvis Transabdominal Only
- Scrotum \_\_\_w/Doppler
- Thyroid \_\_\_\_\_
- Other \_\_\_\_\_

- Vascular Studies**
- Arterial Doppler (Duplex)
  - Carotid Doppler (Duplex)
  - Venous Doppler (Duplex)
  - Other \_\_\_\_\_

- OB Ultrasound**
- OB Ultrasound (TV if indicated)\_
  - Limited (Viability, Heart Beat, Position, Fluid, Placental Location) \_\_\_\_\_
  - Follow-up -- specify documented problem \_\_\_\_\_
  - Umbilical Artery Doppler

## Fluoroscopy

- Arthrography  
Specify body part \_\_\_\_\_
- IVP
- VCUg
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Other: \_\_\_\_\_

## Nuclear Medicine

- Bone:
  - \_\_\_Whole Body\_\_\_Limited\_\_\_3-phase
- Bone SPECT
- Thyroid Scan
- Thyroid Uptake and Scan
- Parathyroid
- Liver or Liver/Spleen
- Gallbladder (HIDA) with EF
- Gallbladder without EF
- GI Emptying
- Renal \_\_\_Captopril\_\_\_Lasix
- Indium
- White Blood Cell (WBC)
- Other \_\_\_\_\_

## X-Ray

- Specify Views: \_\_\_\_\_
- Head:
  - \_\_\_Skull\_\_\_Orbits\_\_\_Sinuses
- Spine:
  - \_\_\_Cervical\_\_\_Thoracic\_\_\_Lumbar
- Chest: \_\_\_PA\_\_\_PA/LAT
- Ribs:
  - \_\_\_Unilateral\_\_\_Bilateral\_\_\_w/PA Chest
- Abdomen: \_\_\_KUB\_\_\_Two Views
- Pelvis
- Hips
  - \_\_\_w/AP Pelvis, Bilateral
  - \_\_\_Unilateral\_\_\_L\_\_\_R
- Foot:
  - \_\_\_Left\_\_\_Right\_\_\_Both
- Extremity:
  - \_\_\_Left\_\_\_Right\_\_\_Bilateral
- Specify Body Part \_\_\_\_\_
- Other: \_\_\_\_\_

## PET/CT

- PET/CT, nof pet Bone
- PET/CT, Whole Body (Melanoma)
- PET/CT, Anyloid Brain
- PET/CT, Axumin

# DESERT ADVANCED IMAGING

## RADNET LOCATION LIST

Locations	MRI	Open MRI	CT	PET/CT	Screening Mammo	Diagnostic Mammo	Tomo	Vascular Lab	DEXA	General Ultrasound	Nuclear Medicine	Fluoroscopy	IR	Biopsy	X-Ray
Desert Advanced Imaging Center Rancho Mirage/ Breast Care Center of the Desert- Interventional Radiology	1.5 GE		•	•	•	•	•	•	•	•▲	•		•	■◆	•
Desert Advanced Imaging Center Palm Springs		🌀			•				•	•	•				•
Desert Advanced Imaging Center Palm Desert	1.5 GE		64 Slice							•		•			•
Desert Advanced Imaging Center Indio					•					•					•
Desert Advanced Imaging Center Bermuda Dunes															•
Desert Advanced Imaging Yucca Valley															•
Desert Advanced Imaging El Cielo															•

▲ Breast Ultrasound    🌀 MRI Open 1.2 Hitachi Oasis High field    ■ Ultrasound Guided Breast    ◆ Stereotactic Breast

### Desert Advanced Imaging Center Rancho Mirage/ Breast Care Center of the Desert- Interventional Radiology

### Desert Advanced Imaging Center Palm Springs

### Desert Advanced Imaging center Palm Desert

### Desert Advanced Imaging Center Indio

### Desert Advanced Imaging Center Bermuda Dunes

### Desert Advanced Imaging Center Yucca Valley

### Desert Advanced Imaging Center El Cielo

35-800 Bob Hope Drive Suite.150A,150B Rancho Mirage, CA 92270 P: (760) 770-1920

57840 29 Palms HWY, Yucca Valley, CA 92284 P: (760) 969-6583

72855 Fred Waring Drive, Suite C-10, Palm Desert, CA 92260 P: (760) 837-1420

81880 Doctor Carreon Blvd., Suite. A-102 Indio, CA 92201 P: (760) 863-3857

41120 Washington Blvd., 2nd floor, Bermuda Dunes, CA 92203 P: (760) 863-3857

275 N. El Cielo, Suite D418, Palm Springs, CA 92262 P: (760) 318-1934

2601 Tahquitz Canyon Way, Palm Springs, CA 92262 P: (760) 318-2980

## Locations and Preparation Instructions

Please call us if you have any questions regarding your procedure or preparation for your procedure. Study times vary in length. Bring this form, your I.D. and your insurance card with you on the day of your exam.

- MRI Scan:** Please inform us of any metal in your body at time of scheduling. Remove any metal, jewelry or hair pins prior to your scan. Specific preparation information will be given when your appointment is scheduled.
- CT SCAN (Abdomen or Pelvis):** Please pick up the oral contrast and further instructions from our imaging center. Please inform us of any allergies to contrast or x-ray dye.
- Nuclear Medicine:** Specific preparation information will be given when your appointment is scheduled. Study times vary in length.
- Ultrasound (Abdomen, Gallbladder, Aorta):** No food or drink 6 hours prior to exam.
- Ultrasound (Pelvic):** Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- Ultrasound (Bladder):** Drink 32 ounces of fluid to be completed one hour before your exam to fill your bladder. Do not empty your bladder before your exam.
- Ultrasound Renal:** No prep.
- G.I. and/or Small Bowel Series:** No food or drink after 10 pm the evening before your exam. No chewing gum.
- Barium Enema or Air Contrast Enema:** Obtain prep from your imaging center. Follow instructions for the 48-hour preparation. Children under 12, call your imaging center for instructions. Contrast studies and colostomy, call for specific preparation. Diabetic patients follow 24-hour prep.
- IVP:** Obtain prep kit and instructions from your imaging center.

**After the Exam:** Your exam will be read by a board-certified, licensed physician with specialty training and certification in radiology. The results of your exam will be sent to your physician. You will receive your results from your physician.

**Billing information:** If you have insurance coverage, we will submit a claim to your insurance company on your behalf. If you are a member of an HMO or managed care plan, please bring your referral form and any required copayment with you at the time of your visit. You are responsible for any outstanding or unpaid balance. If you have any questions, please call our billing department at (844) 866-2718.

- Please inform us if you may be pregnant.
- If you have asthma, please bring your inhaler to the appointment.

Please be advised that children may NOT accompany patients into procedure rooms. Please bring appropriate adult supervision. You are responsible for any copay, coinsurance, deductible, any out standing or unpaid balance.

