



# REFERRAL / SCHEDULE BY FAX FORM

Ascension Open MRI Scheduling: (F) 225-450-6327 • (P) 225-450-6125

Baton Rouge Imaging Scheduling: (F) 225-767-8121 • (P) 225-761-7278

Bluebonnet Imaging Scheduling: (F) 225-298-5474 • (P) 225-298-3223

Central Imaging Center Scheduling: (F) 225-261-3561 • (P) 225-261-7401

Open MRI of Hammond Scheduling: (F) 985-340-1967 • (P) 985-340-1960

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: \_\_\_\_\_

CT <small>(performed at Bluebonnet &amp; Central)</small>	w/o	w	w & w/o	MRI	w/o	w & w/o	Ultrasound <small>(performed at Bluebonnet)</small>
<input type="checkbox"/> Abdomen/Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Head</b>			<input type="checkbox"/> Abdominal Complete
<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abdominal Complete w/ Liver Elastography
<input type="checkbox"/> Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abdominal Limited
<input type="checkbox"/> Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MS Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abdominal Limited w/ Liver Elastography
<input type="checkbox"/> Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body Part(s) _____			<input type="checkbox"/> Aorta <input type="checkbox"/> Carotid <input type="checkbox"/> Hysterosonogram
<input type="checkbox"/> Sinus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Orbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Echocardiogram
<input type="checkbox"/> Soft T-Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pituitary Gland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kidney <input type="checkbox"/> Kidney w/ renal artery doppler
<input type="checkbox"/> C Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Body</b>			<input type="checkbox"/> OB (1 <sup>st</sup> tri 0-12 weeks) Transvaginal
<input type="checkbox"/> T Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OB (2 <sup>nd</sup> /3 <sup>rd</sup> tri 13-40 weeks)
<input type="checkbox"/> L Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MRCP			<input type="checkbox"/> Pelvis <input type="checkbox"/> Transvaginal
<input type="checkbox"/> Urogram				<input type="checkbox"/> Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Testicular w/ Doppler
<input type="checkbox"/> Lung Screen				<input type="checkbox"/> GYN Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thyroid
<input type="checkbox"/> 3D Reconstruction				<input type="checkbox"/> Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<b>Non-Inv. Venous</b>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arms <input type="checkbox"/> Left <input type="checkbox"/> Right
				<input type="checkbox"/> Brachial Plexus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legs <input type="checkbox"/> Left <input type="checkbox"/> Right
				<b>Spine</b>			<b>Non-Inv. Arterial (w/ABI)</b>
				<input type="checkbox"/> Cervical Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arms <input type="checkbox"/> Left <input type="checkbox"/> Right
				<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legs <input type="checkbox"/> Left <input type="checkbox"/> Right
				<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____
				<b>Joint (shoulder/elbow/wrist/hip/knee/ankle)</b>			
				<input type="checkbox"/> Upper Ext <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> Lower Ext <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	
				Body Part _____			
				<b>Non Joint (humerus/forearm/hand/femur/tibula/fibula)</b>			
				<input type="checkbox"/> Upper Ext <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/> Lower Ext <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	
				Body Part _____			
				<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
				<b>MRA/MRV</b> <small>(performed at Bluebonnet, Central and Ascension)</small>			
					w/o		
				<input type="checkbox"/> MRA Carotid Artery	<input type="checkbox"/>		
				<input type="checkbox"/> MRA Circle of Willis	<input type="checkbox"/>		
				<input type="checkbox"/> MRV Head	<input type="checkbox"/>		

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

**STAT – Call Report**  
Locations and Modalities Listed On Reverse

Appointment Location:  Ascension Open MRI  Baton Rouge Imaging  Bluebonnet Imaging  Central Imaging Center  Open MRI of Hammond

Patient Work Telephone: \_\_\_\_\_ Patient Cell: \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_ Today's Date \_\_\_\_\_ Initials \_\_\_\_\_



Modality	Ascension Open MRI	Baton Rouge Imaging	Bluebonnet Imaging	Central Imaging	Open MRI of Hammond
CT			■	■	
Nuclear Medicine			■		
MRI			■	■	
Open MRI	■	■	■		■
X-Ray			■	■	
Ultrasound			■		

**Exclusive studies performed at Bluebonnet Imaging highlighted in red**

**BUN/CREAT needed on all contrast studies if diabetic or age 60 and older**

**Ascension Open MRI**  
 2622 South Ruby Avenue  
 Gonzales LA 70737

**Baton Rouge Imaging**  
 8044 Summa Avenue  
 Baton Rouge LA 70809

**Bluebonnet Imaging**  
 4570 Bluebonnet Boulevard #A  
 Baton Rouge LA 70809

**Central Imaging Center**  
 11424 Sullivan Road Building B #C  
 Baton Rouge LA 70818

**Open MRI of Hammond**  
 42078 Veterans Avenue #F  
 Hammond LA 70403

To order referral pads, please call 225-298-3223.