CAPITOL IMAGING CENTERS | DIS DIAGNOSTIC IMAGING SERVICES | DOCTORS IMAGING ADVANCED RADIOLOGY. TRUSTED CARE.

REFERRAL / SCHEDULE BY FAX FORM

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

	w/o	w	w & w/o
☐ Abdomen/Pelvis	☐	☐	☐
☐ Abdomen/Pelvis (w/contrast only)			
☐ Abd/Pelv Enterography Protocol	☐	☐	☐
☐ Abdomen	☐	☐	☐
☐ Chest	☐	☐	☐
☐ Chest (w/contrast only)			
☐ Head	☐	☐	☐
☐ Pelvis	☐	☐	☐
☐ Sinus	☐	☐	☐
☐ Soft T-Neck	☐	☐	☐
☐ C Spine	☐	☐	☐
☐ T Spine	☐	☐	☐
☐ L Spine	☐	☐	☐
☐ Urogram			
☐ Lung Screen			
☐ Coronary Calcium Scoring			
☐ 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
☐ Fusion / Image Merge
☐ CT ☐ MRI
☐ Gastric Emptying
☐ HIDA w/EF
☐ I-111 Indium WBC
☐ Liver-Spleen
☐ Renal Scan
☐ Renal Scan w/ Lasix
☐ Parathyroid
☐ Thyroid w/ Uptake
☐ Other _____

MRI

	w/o	w & w/o
Head		
☐ Brain	☐	☐
☐ NeuroQuant Volumetric MRI		
☐ IAC	☐	☐
☐ MS Protocol	☐	☐
Body Part(s) _____		
☐ Orbit	☐	☐
☐ Pituitary Gland	☐	☐
Body		
☐ Abdomen	☐	☐
☐ MRCP		
☐ 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 ☐ Left ☐ Right	☐	☐
☐ Lower Ext ☐ Left ☐ Right	☐	☐
Body Part _____		
Non Joint (humerus/forearm/hand/femur/tibula/fibula)		
☐ Upper Ext ☐ Left ☐ Right	☐	☐
☐ Lower Ext ☐ Left ☐ Right	☐	☐
Body Part _____		
☐ Arthrography: Body Part _____		
☐ Other_____	☐	☐

MRA

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

X-Ray (Please specify)

_____
_____
_____
_____

Ultrasound

☐ Abdominal Complete
☐ Abdominal Complete w/ Liver Elastography
☐ Abdominal Limited
☐ Abdominal Limited w/ Liver Elastography
☐ Aorta ☐ Carotid ☐ Hysterosonogram
☐ Echocardiogram
☐ 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
☐ X-Ray: Scoliosis with Stitching
☐ Other_____

Fluoroscopy

☐ Barium Enema ☐ Esophagram ☐ GI
☐ UGISB
☐ Other_____

Appointment Location:

❑ DIS Covington (Hwy. 21)
❑ DIS Covington (Pinnacle Pkwy.)
❑ DIS Marrero (Avenue C)
❑ DIS Metairie (Houma Blvd.)
❑ DIS Metairie (Veterans Blvd.)
❑ DIS Slidell
❑ Doctors Imaging
❑ OpenSided MRI of New Orleans
❑ River Bend Imaging

Locations, Contact Numbers and Modalities Listed On Reverse

Patient Work Telephone: _____ Patient Cell: _____

Appointment Date: _____ Time: _____ Today's Date: _____ Initials: _____

(NOLA 9/20)

CAPITOL IMAGING CENTERS

DIS DIAGNOSTIC IMAGING SERVICES

DOCTORS IMAGING | ADVANCED RADIOLOGY. TRUSTED CARE.

Modality	DIS	Doctors Imaging	OpenSided MRI of New Orleans	River Bend Imaging
CT	■	■		
CTA	■	■		
Nuclear Medicine	■			
MRI	■	■	■	■
MRA	■	■	■	■
X-Ray	■	■		
Ultrasound	■	■		
Mammography	■			
Bone Density	■			
Special Procedures	■			
Fluoroscopy	■			

Diagnostic Imaging Services (six locations, please call for directions)
Southshore
(P) 504-883-5999
(F) 504-883-5364
Northshore
(P) 985-641-2390
(F) 985-641-2854

Exclusive studies performed at DIS highlighted in red

Doctors Imaging
4204 Teuton Street
Metairie LA 70006
(P) 504-883-8111
(F) 504-883-3555

Exclusive study performed at Doctors Imaging highlighted in blue

OpenSided MRI of New Orleans
One Galleria Boulevard #715
Metairie LA 70001
(P) 504-837-6736
(F) 504-837-0835

River Bend Imaging
490 Belle Terre Boulevard
Laplace LA 70068
(P) 985-359-7226
(F) 985-359-0323

To order referral pads, please call 504-459-3213
or email referrer_updates@disnola.com with your request.

Please include your name, practice/office name, mailing address and telephone number.