



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: _____

<p><input type="checkbox"/> Check here if your patient is to take a CD with them</p> <p>CT</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">w/o</td> <td style="text-align: center;">w</td> <td style="text-align: center;">w & w/o</td> </tr> <tr> <td><input type="checkbox"/> Abdomen/Pelvis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Abdomen/Pelvis (w/contrast only)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Abd/Pelvis Enterography Protocol</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input 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Ext</td> <td><input type="checkbox"/> Carotid</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>Nuclear Medicine</p> <p><input type="checkbox"/> Check here if SPECT is needed</p> <p><input type="checkbox"/> Bone/Joint, Whole Body</p> <p><input type="checkbox"/> Bone/Joint, 3 Phase</p> <p><input type="checkbox"/> Bone/Joint, Limited</p> <p><input type="checkbox"/> SPECT Bone Area: _____</p> <p><input type="checkbox"/> DaTscan</p> <p><input type="checkbox"/> Fusion / Image Merge</p> <p><input type="checkbox"/> CT <input type="checkbox"/> MRI</p> <p><input type="checkbox"/> Gastric Emptying</p> <p><input type="checkbox"/> HIDA w/EF</p> <p><input type="checkbox"/> I-111 Indium WBC</p> <p><input type="checkbox"/> Liver-Spleen</p> <p><input type="checkbox"/> Renal Scan</p> <p><input type="checkbox"/> Renal Scan w/ Lasix</p> <p><input type="checkbox"/> Parathyroid</p> <p><input type="checkbox"/> Thyroid w/ Uptake</p> <p><input type="checkbox"/> Other 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<input type="checkbox"/> Lower Ext <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																														
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<input type="checkbox"/> Aorta	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																														
<input type="checkbox"/> Renal	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																														
<input type="checkbox"/> Runoff (with only)																																																																																																																																																																																																																																
<input type="checkbox"/> Circle of Willis (without only)																																																																																																																																																																																																																																
<input type="checkbox"/> Carotid Artery	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																														
<input type="checkbox"/> Arms	<input type="checkbox"/> Left	<input type="checkbox"/> Right																																																																																																																																																																																																																														
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<input type="checkbox"/> Bilateral	<input type="checkbox"/> Left	<input type="checkbox"/> Right																																																																																																																																																																																																																														
<input type="checkbox"/> Additional Views	<input type="checkbox"/> Left	<input type="checkbox"/> Right																																																																																																																																																																																																																														

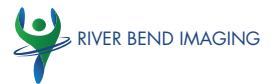
- Appointment Location:**
- DIS Covington (Hwy. 21)
 - DIS Covington (Pinnacle Pkwy.)
 - DIS Marrero (Avenue C)
 - DIS Metairie (Houma Blvd.)

- 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: _____



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.