



# 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><b>Check here if your patient is to take a CD with them</b></p> <p><b>CT</b> <span style="float: right;">w/o   w   w &amp; w/o</span></p> <p>Abdomen/Pelvis        Abdomen/Pelvis (w/contrast only)        Abd/Pelvis 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 _____</p> <p><b>CTA</b></p> <p>Aorta <span style="float: right;">Chest</span>        Pelvis <span style="float: right;">Renal</span>        Runoff Lower Ext <span style="float: right;">Carotid</span>        Other _____</p> <p><b>Nuclear Medicine</b></p> <p><b>Check here if SPECT is needed</b></p> <p>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 _____</p>	<p><b>MRI</b> <span style="float: right;">w/o   w &amp; w/o</span></p> <p>Head        Brain        IAC        MS Protocol        Body Part(s) _____        Orbit        Pituitary Gland  <b>Body</b>        Abdomen          MRCP  <span style="color: red;">Abd Enterography Protocol</span>  <span style="color: red;">Breast</span>        Chest        GYN Pelvis        Pelvis  <span style="color: red;">Prostate with CAD</span>        Soft Tissue Neck  <b>Spine</b>        Brachial Plexus        Cervical Spine        Thoracic Spine        Lumbar Spine  <b>Joint</b> (shoulder/elbow/wrist/hip/knee/ankle)        Upper Ext    Left    Right        Lower Ext    Left    Right        Body Part _____  <b>Non Joint</b> (humerus/forearm/hand/femur/tibula/fibula)        Upper Ext    Left    Right        Lower Ext    Left    Right        Body Part _____        Arthrography: Body Part _____        Other _____</p> <p><b>MRA</b> <span style="float: right;">w/o   w</span></p> <p>Aorta        Renal        Runoff (with only)        Circle of Willis (without only)        Carotid Artery</p> <p><b>X-Ray</b> (Please specify)        _____        _____        _____        _____</p>	<p><b>Ultrasound</b></p> <p>Abdominal Complete  <b>Abdominal Complete w/ Liver Elastography</b>        Abdominal Limited  <b>Abdominal Limited w/ Liver Elastography</b>        Aorta                      Carotid                      Hysterosonogram  <span style="color: blue;">Echocardiogram</span>        Kidney                      Kidney w/ renal artery doppler        OB (1<sup>st</sup> tri 0-12 weeks) Transvaginal        OB (2<sup>nd</sup>/3<sup>rd</sup> tri 13-40 weeks)        Pelvis    Transvaginal        Testicular w/ Doppler        Thyroid</p> <p><b>Non-Inv. Venous</b></p> <p>Arms    Left                      Right        Legs    Left                      Right</p> <p><b>Non-Inv. Arterial (w/ABI)</b></p> <p>Arms    Left                      Right        Legs    Left                      Right        Other _____</p> <p><b>Mammography</b></p> <p>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        Stereotactic Breast Biopsy    Left                      Right        US Guided Breast Biopsy    Left                      Right</p> <p>w/ bilateral breast ultrasound, if needed</p> <p><b>Bone Density</b></p> <p>AP Spine &amp; Hip                      IVA        Body Comp Analysis</p> <p><b>Special Procedures</b></p> <p>Arthrogram                      MRI                      CT        Body Part _____  <span style="color: red;">Hysterosalpingogram</span>                      IVP  <span style="color: red;">X-Ray: Scoliosis with Stitching</span>        Other _____</p> <p><b>Fluoroscopy</b></p> <p>Barium Enema                      Esophagram                      GI        UGISB        Other _____</p>
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**Appointment Location:**

DIS Covington (Hwy. 21)	DIS Metairie (Veterans Blvd.)	Open MRI of Hammond
DIS Covington (Pinnacle Pkwy.)	DIS Slidell	
DIS Marrero (Avenue C)	Doctors Imaging	
DIS Metairie (Houma Blvd.)	River Bend Imaging	
	DIS Thibodaux	

**Locations, Contact Numbers and Modalities  
Listed On Reverse**

Patient Work Telephone: \_\_\_\_\_ Patient Cell: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Initials: \_\_\_\_\_



Modality	DIS	Doctors Imaging	River Bend Imaging	DIS Thibodaux	Open MRI of Hammond
CT	■	■			
CTA	■	■			
Nuclear Medicine	■				
MRI	■	■	■	■	■
OPEN MRI	■	■			■
MRA	■	■	■	■	
X-Ray	■	■			
Ultrasound	■	Echocardiogram Only			
Mammography	■				
Bone Density	■				
Special Procedures	■				
Fluoroscopy	■				

**DIS Call Center and Fax numbers for all DIS locations**

Southshore (P) 504-883-5999 - *Appointment* (F) 504-883-5364 - *Fax*  
 Northshore (P) 985-641-2390 - *Appointment* (F) 985-641-2854 - *Fax*

**Exclusive studies performed at DIS highlighted in red**

**Diagnostic Imaging Services – Covington Hwy 21**  
 71154 Highway 21  
 Covington LA 70433

**Diagnostic Imaging Services – Metairie**  
 3434 Houma Blvd #100  
 Metairie LA 70006

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

**Diagnostic Imaging Services – Covington Pinnacle**  
 1200 Pinnacle Pkwy #5  
 Covington LA 70433  
**\*High Field Open**

**Diagnostic Imaging Services – Metairie Veterans**  
 4241 Veterans Memorial Blvd #100  
 Metairie LA 70006

**Diagnostic Imaging Services – Marrero**  
 925 Avenue C  
 Marrero LA 70072

**Diagnostic Imaging Services – Slidell**  
 1310 Gause Blvd  
 Slidell, LA 70458

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

**Diagnostic Imaging Services – Thibodaux**  
 2100 Audubon Ave.  
 Thibodaux, LA 70301  
 (P) 985 288-6245  
 (F) 958-288-6246

**Exclusive study performed at Doctors Imaging highlighted in blue**

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

To order referral pads, please call 504-459-3213  
 or email [referrer\\_updates@disnola.com](mailto:referrer_updates@disnola.com) with your request.

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