

## PATIENT SCHEDULING REFERRAL FORM

1460 E. Bert Kours Industrial Loop #708 Shreveport, LA 71105 www.capitolimagingservices.com

Pituitary Humerus RT LT BILAT A IAC Elbow RT LT BILAT F Orbits Forearm RT LT BILAT K Sinus Wrist RT LT BILAT Che Cervical Spine Hand RT LT BILAT Branch Spine Finger RT LT BILAT Sac Lumbar Spine Hip RT LT BILAT Sac Lumbar Spine Hip RT LT BILAT SI Soft Tissue Neck Knee RT LT BILAT Pelv Other Upper Leg (Femur) RT LT BILAT SI Lower Leg (Tibia) RT LT BILAT SI Lower Leg (Tibia) RT LT BILAT SI	
Primary Phone Date of Birth / Weight / Height  Diagnosis  ICD10  Office Phone Referring Physician  Office Fax Physician Signature  Authorization #:  PLEASE FAX BOTH SIDES OF PATIENT'S INSURANCE CARD WITH THIS RECONSTRUCTION SIGNATURE  318-425-5001  MRI Without contrast With contrast With and without contrast  Brain Shoulder RT LT BILAT About Pituitary Humerus RT LT BILAT APOINT IAC Elbow RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS Wrist RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RT LT BILAT APOINT INSURANCE CARD WITH THIS RECONSTRUCTION SINUS RECONSTRUCTION	
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A signed report will be faxed to the number provided above. A CD of images can be provided upon request or call to set-up viewing images on our PACS system in your office.

