DIAGNOSTIC IMAGING SERVICES | DOCTORS IMAGING | RIVER BEND IMAGING | DIAGNOSTIC IMAGING SERVICES THIBODAUX | OPEN MRI OF HAMMOND

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	☐	☐	☐
☐ Abd/Pelv Enterography Protocol	☐	☐	☐
☐ Abdomen	☐	☐	☐
☐ Chest	☐	☐	☐
☐ 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
☐ Brain	☐	☐
☐ 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
☐ 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

☐ 3D Screening Mammography ☐ 2D
☐ 3D Diagnostic Mammography ☐ Left ☐ Right
☐ Breast US ☐ Left ☐ Right (if needed)
☐ Cyst Aspiration ☐ Left ☐ Right
☐ Stereotactic Breast Biopsy ☐ Left ☐ Right
☐ US Guided Breast Biopsy ☐ Left ☐ Right

Bone Density

☐ AP Spine & Hip ☐ IVA
☐ Body Comp Analysis

Special Procedures

☐ Arthrogram ☐ MRI ☐ CT
Body Part_____
☐ X-Ray: Scoliosis with Stitching
☐ Other_____

Fluoroscopy

☐ Barium Enema ☐ Esophagram ☐ GI
☐ UGISB
☐ Other_____

Appointment Location:

❑ DIS Covington (Hwy. 21) (P) 985 641-2390 (F) 985 641-2854
❑ DIS Covington (Pinnacle Pkwy.) (P) 985 641-2390 (F) 985 641-2854
❑ DIS Marrero (Avenue C) (P) 504 883-5999 (F) 504 883-5364
❑ DIS Metairie (Houma Blvd.) (P) 504 883-5999 (F) 504 883-5364
❑ DIS Metairie (Veterans Blvd.) (P) 504 883-5999 (F) 504 883-5364
❑ DIS Slidell (P) 985 641-2390 (F) 985 641-2854
❑ Doctors Imaging (P) 504 883-8111 (F) 504 883-3555
❑ River Bend Imaging (P) 985 359-7226 (F) 985 359-0323
❑ DIS Thibodaux (P) 985 288-6245 (F) 985 288-6246
❑ Open MRI of Hammond (P) (985) 340-1960 (F) (985) 340-1967

Locations, Contact Numbers and Modalities Listed On Reverse

(NOLA 4/24)

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 – Covington Pinnacle
1200 Pinnacle Pkwy #5
Covington LA 70433
***High Field Open**

Diagnostic Imaging Services – Marrero
925 Avenue C
Marrero LA 70072

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

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

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

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

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

Open MRI of Hammond
1420 SW Railroad Ave., Ste. B
Hammond, LA 70403
***High Field Open**
(P) 985 340-1960
(F) 985-340-1967

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 with your request.

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