Southwest Medical®
Part of OptumCare®

IMAGING SERVICES EXAM REQUEST FORM

Date: _____

Patient's Name: _____

DOB: _____

Patient's Phone Number: _____

Provider Name: _____

Provider's Phone Number: _____

Provider's Fax Number: _____

Provider Signature: _____

****Please fax this form back to (702) 304-7403****

ALL ORDERS MUST BE FILLED OUT **COMPLETELY** TO INCLUDE PATIENT'S NAME, DOB, EXAM TYPE, DIAGNOSIS AND PROVIDER SIGNATURE.

IS THIS A TRANSPLANT PATIENT? ☐ Yes ☐ No

☐ **Diagnostic mammogram and breast ultrasound patients must call the mammography coordinators to schedule an appointment at (702) 877-5286.**

☐ **All exams, excluding breast imaging, must call the Demand Management Dept. to schedule your appointment at (702) 877-5390**

☐ STAT **(24hrs.)** ☐ Expedited **(72 hrs.)**
☐ AT RISK **(14 days)** ☐ Routine **(30 days)**

☐ REPORT ONLY
☐ CALL STAT REPORT – PH# _____
☐ FAX STAT REPORT – FAX # _____

☐ SEND CD OF IMAGES WITH PATIENT

ICD10 CODES: _____

OTHER INSTUCTIONS: _____

CAT SCAN

☐ **WITHOUT CONTAST**	☐ **WITH CONTRAST**	
☐ CT ABDOMEN	☐ CT HEAD/BRAIN	☐ CT SOFT TISSUE NECK
☐ CT ABD/PELVIS	☐ CT FACIAL	☐ CT C-SPINE
☐ CT CHEST	☐ CT MANDIBLE	☐ CT L-SPINE
☐ CT CHEST/ABDOMEN	☐ CT ORBITS	☐ CT T-SPINE
☐ CT CHEST/ABD/PELVIS	☐ CT IAC/SELLA	☐ CT EXTREMITY LOWER
☐ CT PELVIS	☐ CT SINUS	☐ CT EXTREMITY UPPER

Locations Choose one:
☐ 888 S. Rancho Dr. ☐ 4475 S. Eastern Ave. ☐ 2704 N. Tenaya Way

BONE DENSITY (DEXA)

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Locations Choose one:
☐ 888 S. Rancho Dr. ☐ 4475 S. Eastern Ave.

MAMMOGRAM & BREAST ULTRASOUND

☐ LEFT ☐ RIGHT ☐ BILATERAL

☐ MAMMOGRAM, SCREENING ☐ MAMMOGRAM, DIAGNOSTIC
☐ US BREAST

Locations Choose one: SCREENING ONLY
☐ 4475 S. Eastern Ave. ☐ 2704 N. Tenaya Way ☐ 2845 Siena Heights Dr.
☐ 4835 S. Durango Dr. ☐ 540 S. Nellis Blvd. ☐ 10105 Banburry Cross Dr.
☐ 4750 W. Oakey Blvd.

Locations: DIAGNOGSTIC MAMMOGRAMS/BREAST ULTRASOUND
☐ 2300 W Charleston.

FLUORO

☐ BARIUM ENEMA	☐ MYELOGRAM, CERVICAL
☐ BARIUM ENEMA, AIR CONTRAST	☐ MYELOGRAM, LUMBAR
☐ CYSTOGRAM	☐ MYELOGRAM, THORACIC
☐ CYSTOGRAM, VOIDING	☐ SMALL BOWEL FOLLOW THROUGH
☐ ESOPHAGRAM	☐ UPPER GI
☐ HYSTEROSALPINGOGRAM	☐ UPPER GI AND ESOPHAGRAM
☐ IVP	☐ UPPER GI AND SMALL BOWEL STUDY

Locations Choose one:
☐ 888 S. Rancho Dr.

ULTRASOUND

EXTREMITY/VENOUS ONLY ☐ LEFT ☐ RIGHT ☐ BILATERAL	
☐ US ABDOMEN, COMPLETE	☐ US PELVIC & TVAG, COMPLETE
☐ US AORTA, COMPLETE	☐ US TRANSVAGINAL
☐ US RUQ (GB & LIVER)	☐ US PELVIC TRANSABDOMINAL
☐ US LIVER, VASCULAR ONLY	☐ US CAROTID, COMPLETE BILATERAL
☐ US RENAL/BLADDER	☐ US THYROID
☐ US RENAL, VASCULAR ONLY	☐ US SOFT TISSUE NECK
☐ US TESTICULAR	☐ US MISC for LUMP-VARIOUS BODY PART
☐ VENUS REFLUX (varicose veins only)	☐ US LOWER VENOUS
	☐ US UPPER VENOUS

Locations Choose one: *NO Arterial at SMA*
☐ 888 S. Rancho Dr. ☐ 2845 Siena Heights
☐ 4475 S. Eastern Ave. ☐ 7061 Grand Montecito Pkwy.
☐ 2704 N. Tenaya Way ☐ 10105 Banburry Cross Dr.
☐ 4750 W. Oakey Blvd.

ROUTINE

☐ LEFT	☐ RIGHT	☐ BILATERAL	
☐ Abdomen 1V	☐ Elbow	☐ Hip	☐ Shoulder
☐ Abdomen 3V	☐ Femur	☐ Humerus	☐ T-Spine
☐ Ankle	☐ Finger	☐ Knee	☐ Tib/Fib
☐ C-Spine	☐ Foot	☐ L-Spine	☐ Wrist
☐ Chest	☐ Forearm	☐ Pelvis	☐ Skull
☐ Clavicle	☐ Hand	☐ Ribs	

Locations Choose one:
☐ 888 S. Rancho Dr. (24hrs) ☐ 4475 S. Eastern Ave. (7am-7pm)
☐ 2704 N. Tenaya Way (7am-7pm) ☐ 2845 Siena Heights Dr. (7am-7pm)
☐ 7061 Grand Montecito Pkwy.(7am-7pm) ☐ 4835 S. Durango Dr. (8am-5pm)
☐ 540 N. Nellis Blvd. (8am-5pm) ☐ 10105 Banburry Cross Dr. (8am-4:30pm)
☐ 4750 W. Oakey Blvd. (8am-5pm) ☐ 270 W. Lake Mead (days/hours vary)
☐ 2210 E. Calvada Blvd. (day/hours vary)

WALK-IN'S ARE ACCEPTED FOR ROUTINE X-RAY. PLEASE BRING THIS FORM TO FACILITY.