



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****

CAT SCAN	
<input type="checkbox"/> WITHOUT CONTRAST	<input type="checkbox"/> WITH CONTRAST
<input type="checkbox"/> CT ABDOMEN	<input type="checkbox"/> CT HEAD/BRAIN <input type="checkbox"/> CT SOFT TISSUE NECK
<input type="checkbox"/> CT ABD/PELVIS	<input type="checkbox"/> CT FACIAL <input type="checkbox"/> CT C-SPINE
<input type="checkbox"/> CT CHEST	<input type="checkbox"/> CT MANDIBLE <input type="checkbox"/> CT L-SPINE
<input type="checkbox"/> CT CHEST/ABDOMEN	<input type="checkbox"/> CT ORBITS <input type="checkbox"/> CT T-SPINE
<input type="checkbox"/> CT CHEST/ABD/PELVIS	<input type="checkbox"/> CT IAC/SELLA <input type="checkbox"/> CT EXTREMITY LOWER
<input type="checkbox"/> CT PELVIS	<input type="checkbox"/> CT SINUS <input type="checkbox"/> CT EXTREMITY UPPER
Locations Choose one:	
<input type="checkbox"/> 888 S. Rancho Dr. <input type="checkbox"/> 4475 S. Eastern Ave. <input type="checkbox"/> 2704 N. Tenaya Way	
BONE DENSITY (DEXA)	
<input type="checkbox"/> BONE DENSITY (DEXA)	
Locations Choose one:	
<input type="checkbox"/> 888 S. Rancho Dr. <input type="checkbox"/> 4475 S. Eastern Ave.	
MAMMOGRAM & BREAST ULTRASOUND	
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL
<input type="checkbox"/> MAMMOGRAM, SCREENING	<input type="checkbox"/> MAMMOGRAM, DIAGNOSTIC
	<input type="checkbox"/> US BREAST
Locations Choose one: SCREENING ONLY	
<input type="checkbox"/> 4475 S. Eastern Ave. <input type="checkbox"/> 2704 N. Tenaya Way <input type="checkbox"/> 2845 Siena Heights Dr.	
<input type="checkbox"/> 4835 S. Durango Dr. <input type="checkbox"/> 540 S. Nellis Blvd. <input type="checkbox"/> 10105 Banbury Cross Dr.	
<input type="checkbox"/> 4750 W. Oakey Blvd.	
Locations: DIAGNOSTIC MAMMOGRAMS/BREAST ULTRASOUND	
<input type="checkbox"/> 2300 W Charleston.	
FLUORO	
<input type="checkbox"/> BARIUM ENEMA	<input type="checkbox"/> MYELOGRAM, CERVICAL
<input type="checkbox"/> BARIUM ENEMA, AIR CONTRAST	<input type="checkbox"/> MYELOGRAM, LUMBAR
<input type="checkbox"/> CYSTOGRAM	<input type="checkbox"/> MYELOGRAM, THORACIC
<input type="checkbox"/> CYSTOGRAM, VOIDING	<input type="checkbox"/> SMALL BOWEL FOLLOW THROUGH
<input type="checkbox"/> ESOPHAGRAM	<input type="checkbox"/> UPPER GI
<input type="checkbox"/> HYSTEROSALPINGOGRAM	<input type="checkbox"/> UPPER GI AND ESOPHAGRAM
<input type="checkbox"/> IVP	<input type="checkbox"/> UPPER GI AND SMALL BOWEL STUDY
Locations Choose one:	
<input type="checkbox"/> 888 S. Rancho Dr.	

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 INSTRUCTIONS: _____

ULTRASOUND	
EXTREMITY/VENOUS ONLY <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL	
<input type="checkbox"/> US ABDOMEN, COMPLETE	<input type="checkbox"/> US PELVIC & TVAG, COMPLETE
<input type="checkbox"/> US AORTA, COMPLETE	<input type="checkbox"/> US TRANSVAGINAL
<input type="checkbox"/> US RUQ (GB & LIVER)	<input type="checkbox"/> US PELVIC TRANSABDOMINAL
<input type="checkbox"/> US LIVER, VASCULAR ONLY	<input type="checkbox"/> US CAROTID, COMPLETE BILATERAL
<input type="checkbox"/> US RENAL/BLADDER	<input type="checkbox"/> US THYROID
<input type="checkbox"/> US RENAL, VASCULAR ONLY	<input type="checkbox"/> US SOFT TISSUE NECK
<input type="checkbox"/> US TESTICULAR	<input type="checkbox"/> US MISC for LUMP-VARIOUS BODY PART
<input type="checkbox"/> VENUS REFLUX (varicose veins only)	<input type="checkbox"/> US LOWER VENOUS
	<input type="checkbox"/> US UPPER VENOUS
Locations Choose one: *NO Arterial at SMA*	
<input type="checkbox"/> 888 S. Rancho Dr.	<input type="checkbox"/> 2845 Siena Heights
<input type="checkbox"/> 4475 S. Eastern Ave.	<input type="checkbox"/> 7061 Grand Montecito Pkwy.
<input type="checkbox"/> 2704 N. Tenaya Way	<input type="checkbox"/> 10105 Banbury Cross Dr.
<input type="checkbox"/> 4750 W. Oakey Blvd.	
ROUTINE	
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL
<input type="checkbox"/> Abdomen 1V	<input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Shoulder
<input type="checkbox"/> Abdomen 3V	<input type="checkbox"/> Femur <input type="checkbox"/> Humerus <input type="checkbox"/> T-Spine
<input type="checkbox"/> Ankle	<input type="checkbox"/> Finger <input type="checkbox"/> Knee <input type="checkbox"/> Tib/Fib
<input type="checkbox"/> C-Spine	<input type="checkbox"/> Foot <input type="checkbox"/> L-Spine <input type="checkbox"/> Wrist
<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm <input type="checkbox"/> Pelvis <input type="checkbox"/> Skull
<input type="checkbox"/> Clavicle	<input type="checkbox"/> Hand <input type="checkbox"/> Ribs
Locations Choose one:	
<input type="checkbox"/> 888 S. Rancho Dr. (24hrs)	<input type="checkbox"/> 4475 S. Eastern Ave. (7am-7pm)
<input type="checkbox"/> 2704 N. Tenaya Way (7am-7pm)	<input type="checkbox"/> 2845 Siena Heights Dr. (7am-7pm)
<input type="checkbox"/> 7061 Grand Montecito Pkwy.(7am-7pm)	<input type="checkbox"/> 4835 S. Durango Dr. (8am-5pm)
<input type="checkbox"/> 540 N. Nellis Blvd. (8am-5pm)	<input type="checkbox"/> 10105 Banbury Cross Dr. (8am-4:30pm)
<input type="checkbox"/> 4750 W. Oakey Blvd. (8am-5pm)	<input type="checkbox"/> 270 W. Lake Mead (days/hours vary)
<input type="checkbox"/> 2210 E. Calvada Blvd. (day/hours vary)	
WALK-IN'S ARE ACCEPTED FOR ROUTINE X-RAY. PLEASE BRING THIS FORM TO FACILITY.	