

DIAGNOSTIC IMAGING REFERRAL FORM

Name of Patient _____

Date of Birth: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Home Address: _____

Insurance Information: _____

Prior authorization number(s): _____

Type of Exam: _____

Referral Date: _____

Summary of care including progress note:

Referring Physician: _____

Physician's Signature _____

Fax report delivery Call immediate verbal results/fax report to follow

CT SCAN

- No contrast Contrast (at radiologist discretion)
- Head
- Soft Tissue Neck
- Orbits (IAC Post Fossa, temp bones)
- LandmarX
- Maxillofacial
- C-spine
- T-spine
- L-spine
- Chest
- Chest High Resolution
- Cardiac Calcium Score
- Low-dose Lung Screen (patients must meet all criteria below to qualify)
 - Age 55-80 (Medicare only approves up to 77 years of age)
 - Active smoker or quit less or equal to 15 years
 - At least 30 pack-year history (one pack-year = smoking one pack per day for one year; 1 pack =20 cigarettes)
- Abdomen
- Abdomen and Pelvis
- CT Enterography
- CT IVP (urography)
- CT KUB
- CT Urogram
- CTA Head
- CTA Neck
- CTA Abdomen
- CTA Abdomen and Pelvis
- CTA Pelvis
- CTA Runoff
- Extremity _____ L R with joint arthrogram
- Pelvis
- Other _____

MRI EXAM

- No contrast Contrast (at radiologist discretion)
- Patient may have metal in eye (perform x-ray for determination of foreign body if needed)
- Patient has pacemaker
- Patient has implanted device: _____
(make / model / year / facility)
- Sedation for MRI (patient will need a driver)
 - Provider will sedate TRA will sedate
- Brain
- Orbits
- Orbits with Brain
- IAC Screening
- IAC with brain
- Face/Neck
- Soft Tissue Neck
- Pituitary
- Cardiac
- C-spine
- T-spine
- L-spine
- Abdomen: _____
- Pelvis: _____
- Enterography
- MRCP
- MRA: _____
- Extremity with joint arthrogram
 - Ankle L R
 - Elbow L R
 - Hip L R
 - Knee L R
 - Shoulder L R
 - Wrist L R
- Other: _____

EXAM PREPARATIONS

CT SCAN

- All IV Contrast Exams: no food for four hours prior to scheduled exam. Clear liquid up to appointment time is permitted.
- Abdominal/Pelvic CT Exams: arrive one hour prior to appointed time for exam preparation.

MRI

Notify us prior to your appointment if you have the following:

- Pacemaker
- Electronic device or metallic implant
- Brain aneurysm clip
- Heart valve replacement
- Stent
- Metal eye injury

LOCATIONS

Atlas Diagnostic Imaging

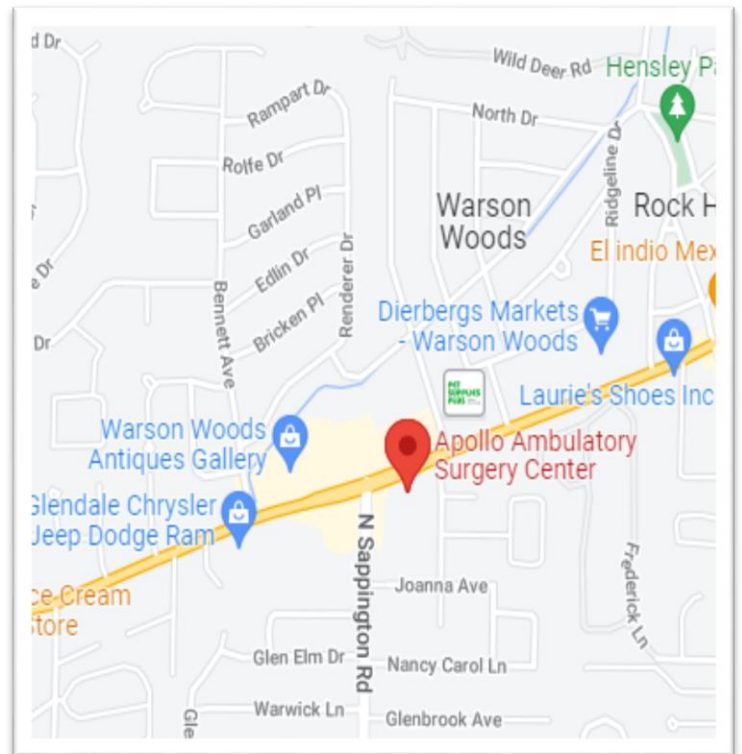
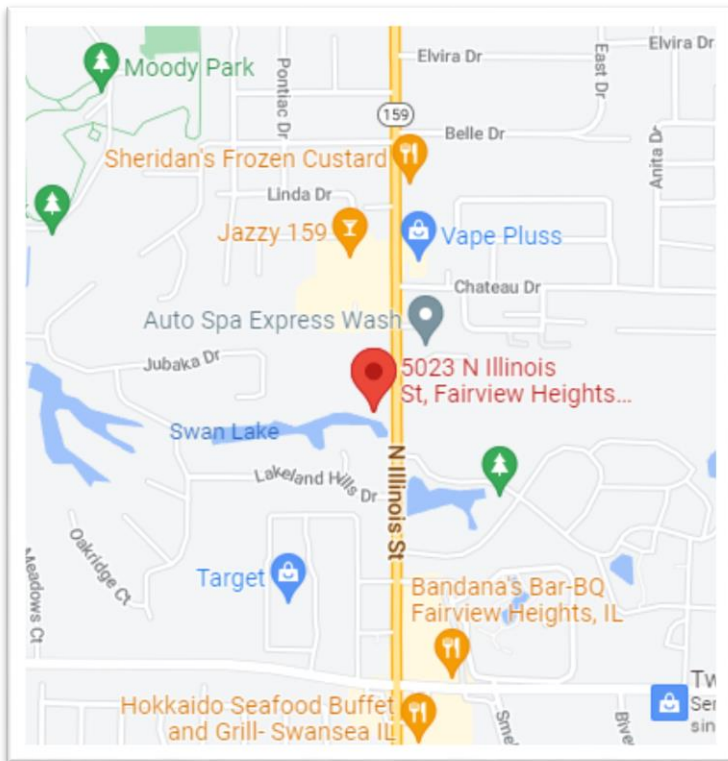
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