



Bhuvana Kittusamy, MD
Medical Director

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PATIENT INFORMATION

PATIENT NAME: _____ DOB: _____ AGE: _____ GENDER: M F
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
 LIEN/PERSONAL INJURY ATTORNEY: _____ DOI: _____
 INSURANCE: _____ ID/CLAIM #: _____ WORK COMP: _____
DX/SYMPTOMS: _____ ALLERGIES: _____

EXAM REQUEST

- MRI: _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION ARTHROGRAM
- MRA: _____
- UPRIGHT / OPEN MRI: _____ FLEXION EXTENSION
(MARYLAND PKWY)
- P.E.T. SCAN: _____ ONCOLOGY BRAIN CARDIAC VIABILITY RUBIDIUM STRESS TEST
(SMOKE RANCH) (WHOLE BODY) (DEMENTIA)
- CT SCAN: _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION
- LOW DOSE CHEST CT LUNG CA SCREENING: _____
- CTA: _____ CORONARY CAROTID RUN-OFF
- MAMMOGRAPHY: _____ EXAM: ANNUAL SCREENING DIAGNOSTIC
- DEXA: _____ VFA (VERTEBRAL FRACTURE ASSESSMENT) _____ ATYPICAL FEMUR FRACTURE ASSESSMENT (BISPHOSPHONATE USE)
- EKG: _____
- X-RAY: _____
- FLUOROSCOPY: _____
- NUCLEAR MEDICINE: _____ LYMPHOCYSTOGRAM MUGA SCAN 3 PHASE BONE SCAN
- STRESS TEST: _____ TREADMILL LEXISCAN DOBUTAMINE TREADMILL ONLY
(W/MYOVIEW) (NO MYOVIEW)
- ECHOCARDIOGRAM: _____
- ULTRASOUND: _____
- LOWER EXTREMITY U/S: _____ ARTERIAL TO R/O PAD VENOUS TO R/O VENOUS INSUFFICIENCY R/O DVT
- CAROTID ULTRASOUND: _____
- ABDOMINAL AORTA U/S: _____ (FASTING 6 HOURS)
- CORONARY CT CALCIUM SCORING (CASH \$100): _____
- OTHER: _____

Consent to Represent Ordering Provider During Prior Authorization Process

PRIOR AUTHORIZATION REQUESTED

By providing the following information, I authorize Las Vegas Radiology to represent my office during the prior-authorization process for the exams ordered on this referral.

Ordering Provider's NPI #: _____

Company Tax ID #: _____

Please fax clinical information needed for authorization.

REFERRING PHYSICIAN: _____ CONTACT NAME: _____

PHONE: _____ FAX REPORT TO: _____ TODAY'S DATE: _____

FAX REPORT SEND CD PT TO CARRY CD STAT CALL (PHONE # _____)

APPOINTMENT DATE: _____ ARRIVAL TIME: _____ SCAN TIME: _____

*Patient must present government issued ID and insurance card (If Applicable) at the time of service.

PATIENT INSTRUCTIONS

FOR ALL OTHER PREPS OR QUESTIONS, PLEASE CALL OUR OFFICE AT 702.254.5004

UPPER GI SERIES, SMALL BOWEL SERIES, ESOPHAGRAM

Nothing to eat or drink 6 hours before the exam.
No breakfast! No liquids, smoking, or chewing gum on morning of the exam.

BARIUM ENEMA

Prep required. Please follow prep instructions provided with prep kit, which you will be given by your doctor or may pick up at Las Vegas Radiology.

ULTRASOUND (Pelvic / Obstetric)

One hour and thirty minutes before your appointment time, empty your bladder. Then drink six 8 oz. glasses of water within thirty minutes. **Do not** empty your bladder after drinking.

ULTRASOUND (Abdomen / Liver / Gallbladder / Pancreas)

Same day appointments, nothing to eat or drink four hours before the exam. No fried or greasy foods, milk or milk products on the day of the exam. Nothing to eat or drink from midnight until the exam for scheduled patients.

ULTRASOUND (KIDNEY)

One hour before your appointment time, drink 36 oz. of water. **Do not** empty your bladder after drinking.

ULTRASOUND (VENOUS INSUFFICIENCY)

You need to drink plenty of water before your exam. No caffeine for at least 24 hours prior to your exam.

CT SCAN (Abdomen / Pelvis)

Special drink is required before your exam. The drink can be picked up at Las Vegas Radiology. Follow the instructions with the kit.

CT SCAN WITH CONTRAST (Head / Neck / Extremity / Spine / Chest)

Nothing to eat or drink six hours prior to exam.

CT SCAN WITHOUT CONTRAST (Head / Neck / Extremity / Spine / Chest)

No special prep is required.

MAMMOGRAPHY

No powder, perfumes or deodorants on underarms or breast area.
Please bring all previous mammograms, if done elsewhere.

MRI (Head)

No makeup, eye liner, hairspray, or mousse the day of the exam.
No pacemakers, aneurysm clips, bio-nerve stimulators or embedded metal in the body

MRI (Non-head)

No pacemakers, aneurysm clips, bio-nerve stimulators or embedded metal in the body.

DEXA (Bone Densitometry)

You may eat normally the day of the exam. However, do not take any calcium supplements for at least 24 hours prior to your appointment. No barium studies 2 days prior to dexa exam.

PET (Whole Body)

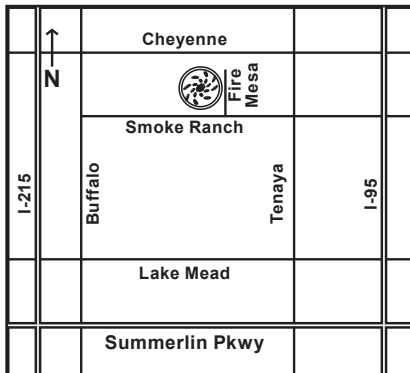
AM scans, no solid foods after midnight before your test. PM scans, no solid foods after 6am the morning of your test. Drink lots of fluids (water, coffee, or tea without cream or sugar) so you will be well hydrated for the exam. Please proceed with your regularly scheduled medications. No exercise for 24 hours prior to your appointment time (this can cause a false positive in your reading). There will be an hour delay from the time of the injection to the time of the scan.

PET (Brain)

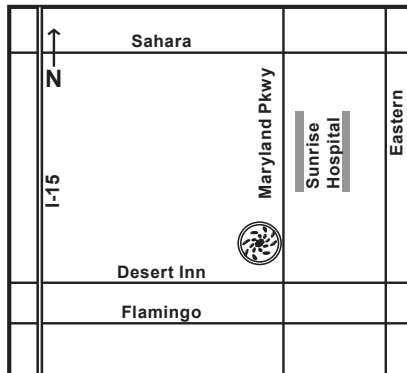
Same as whole body, in addition you will need to lie quietly in a darkened room without significant auditory or visual stimuli for 30 minutes prior to the injection and 30 minutes after the injection (this can cause incorrect interpretation). There will be an hour delay from the time of injection to the time of the scan.
Scan usually takes 45 - 60 minutes.

OFFICE LOCATIONS

**7500 Smoke Ranch Road
Suite 100
Las Vegas, NV 89128**



**3201 S Maryland Parkway
Suite 102
Las Vegas, NV 89109**



**401 N Buffalo Drive, Suite 100
Las Vegas, NV 89145
(Ultrasound & DEXA only)**

