



Scheduling: (719) 268-3300  
FAX: (719) 266-0466

DATE: \_\_\_\_\_

Would you like for us to call and schedule this appointment with your patient?  Yes  No

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy & Group #: \_\_\_\_\_ Auth: \_\_\_\_\_

Provider's Name/Signature: \_\_\_\_\_ Scheduling Contact: \_\_\_\_\_

Diagnosis/reason for exam: \_\_\_\_\_

Please check one:  Routine Exam (within 3 days)  Urgent (within 24 hours)  STAT (same day)

**Requested Examination(s)**

**MRI Without Contrast and With Contrast (if necessary)**

(Please specify exam)

**CT Scan Without Contrast and With Contrast (if necessary)**

- Abdomen  Brain/Head  Chest  IAC w/Reformats  Lumbar  Thoracic  Cervical - Spine w/Reformats
- Lungs  Liver  Pelvis  Renal CT  Sinus Complete  Sinus Limited  Virtual Colonoscopy
- Extremity with Reformats (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

Note: Reformats are required as indicated in order to provide a complete study.

**X-Ray/Fluoroscopy/IVP**

- Arthrogram w/CT  Arthrogram w/MRI Specify body part: \_\_\_\_\_
- Barium Enema  Barium Swallow  Video Swallow  Cystogram  Intravenous Pyelogram (IVP)
- Hysterosalpingogram (HSG)  Hip Injections "steroid"  SI Joint Injection  Myelogram C or L Spine
- Small Bowel  VCU Voiding  Cystourethrogram  Upper GI  Other (specify): \_\_\_\_\_

**Ultrasound**

- ABI  Abdomen Complete  Aorta  Arterial Leg(s)  Breast Biopsy  Carotids  DVT
- Pelvic/Transvaginal as needed  OB 1st Trimester/Transvaginal as needed  OB 2nd/3rd Trimester  Renal
- SonoHSG  Thyroid  Thyroid FNA  Other (specify): \_\_\_\_\_

**Mammography**

- Screening Mammogram  Diagnostic Mammogram/Procedure (w/breast ultrasound at Radiologist discretion)

Special Instructions (be specific): \_\_\_\_\_

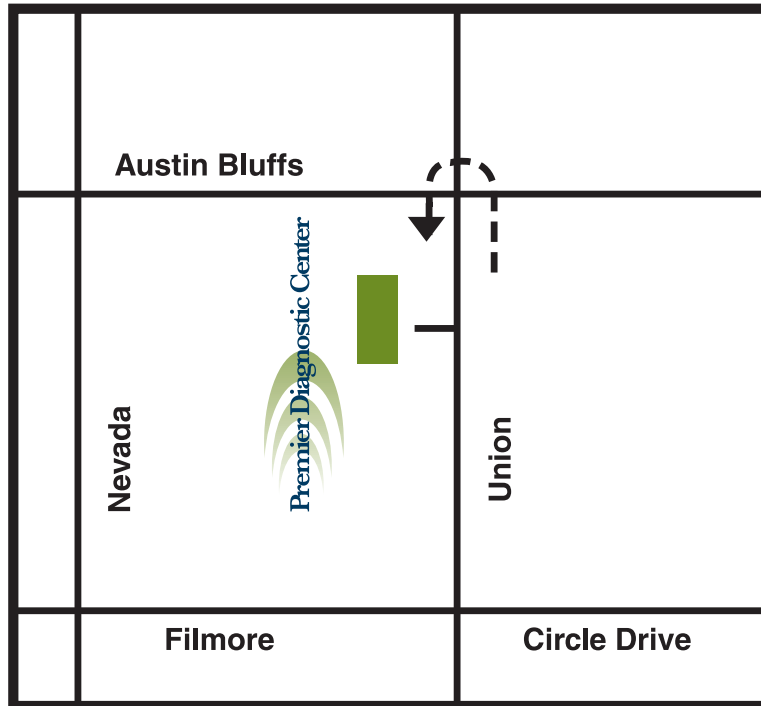
**DEXA Bone Densitometry**

TO BE COMPLETED BY PREMIER DIAGNOSTIC CENTER

Appointment Date & Time: \_\_\_\_\_ Scheduler: \_\_\_\_\_

Exam Scheduled: \_\_\_\_\_

Faxed to Referring Provider: Date: \_\_\_\_\_ Time: \_\_\_\_\_



Premier Diagnostic Center is located on the southwest Corner of Union Blvd. and Austin Bluffs in the Premier Health Plaza, Suite 130.

To better serve our customers, we proudly provide the following enhanced services:

**For our referring providers:**

- Services are individually tailored to meet your needs
- Exceptional access to services
- We will perform pre-authorization for all in-network insurances
- We will schedule your patients for you
- Sub-Specialist reads on MRIs, CTs
- All Radiologists are easily accessible for consultation
- One business day turn-around on routine reports (most completed same day)
- Complimentary on-site notary services

**For our patients:**

- Complimentary coffee, tea and cappuccino. Continental breakfast and snacks
- Transportation assistance when necessary
- We accept most insurances
- Reasonable pricing and payment plans for self-insured/self-pay customers
- Complimentary on-site notary services