



SCHEDULING/CITAS
 Ph: (702) 387-6900
 Fx: (702) 598-3439

Submit Via Email

Your appointment is scheduled for:
 Su cita está previsto para:

Date/Fecha: _____ Time/Hora: _____

Arrival Time/Hora de Llegada: _____

DATE OF ORDER _____

Patient Information - Please complete all areas of patient information.

Patient Name _____ DOB _____

Home Ph _____ Work Ph _____ Alternate Ph _____

Primary Insurance _____ Authorization/Claim # _____

Referring Physician:

_____ Contact _____

Phone _____ Fax _____ CC Physician _____

- Send Films to Office Send Films w/ Patient Send CD to Office Send CD w/ Patient

ICD-9 Code _____

Symptoms _____

STAT

Call Report (PH) _____

Exams - Scheduling Fax Number: 598-3439

X-ray _____

Fluoroscopy _____

DEXA Add Vertebral Height Assessment

CT _____
 Contrast: Without With & Without I.V. Oral

CTU (Urogram) CTE (Enterography)
abd/pelvis with & without I.V. abd/pelvis with I.V.

CT Calcium Scoring

CTA _____

CT Biopsy (To schedule call 794-4384 or fax 733-1213)

MRI _____
 Contrast: With Without With & Without Arthrogram

MRA _____

Other Procedure _____

Screening Mammography Diagnostic Mammography
(ultrasound as needed)

Screening Mammography/call back if needed
(extra views & ultrasound as needed)

Breast Biopsy: Stereotactic US Guided MRI

Biopsy Other (location) _____

Nuclear Medicine _____

Ultrasound: Abdomen Renal Gallbladder OB
 Pelvic T-Vag Pelvic plus T-Vag

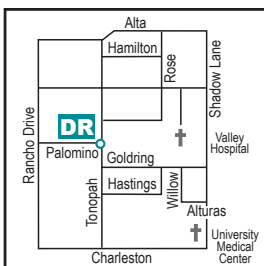
Other _____

Angiography (To schedule call 734-6741 or fax 734-9799)

PET/CT (To schedule call 794-4384 or fax 733-1213)

Whole Body Skull to Thigh Brain

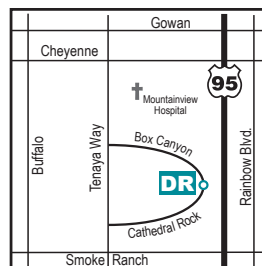
Other _____



2020 Palomino Lane, Suite 100
 Las Vegas, NV 89106
 Directions/Direcciones: 759-8606



3920 S. Eastern Avenue
 Las Vegas, NV 89119
 Directions/Direcciones: 794-2190



7200 Cathedral Rock Dr. Suite 230
 Las Vegas, NV 89128
 Directions/Direcciones: 759-4300



2811 W. Horizon Ridge Parkway
 Henderson, NV 89052
 Directions/Direcciones: 759-4500

Please be sure to bring your health insurance card, picture I.D. and co-payment with you, as well as any x-ray studies pertaining to your scheduled exam. If you might be pregnant, please contact our scheduling department before your appointment. See the reverse side of this form for important information regarding preparations for your examination and lab tests required. Por favor, asegúrese de llevar su tarjeta de aseguranza, identificación con fotografía y co-pago con usted, así como cualquier placa de rayos x estudios relativos a su examen programado. Si usted pudiera estar embarazada, póngase en contacto con nuestro departamento de programación antes de su cita. Véa el reverso de este formulario para información importante acerca de los preparativos para su examen y análisis de laboratorio necesarios.