



# Pueblo Medical Imaging

Tel: (702) 228-0031 • www.pmilv.com • Fax: (702) 228-7253

OPEN 7 DAYS - Early morning, late evening, & weekend appointments available

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_  STAT - appointment: \_\_\_\_\_  
 STAT - Phone # For Stat Results: \_\_\_\_\_

Primary Ins.: \_\_\_\_\_ Ins Id#: \_\_\_\_\_ Auth/Claim#: \_\_\_\_\_

**Need Prior Authorization \* Must Send \* (Doctor Notes/Demographics)**  Patient Will Call to Schedule  
 Please Call Pt. to Schedule

### PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Dr. Office Contact: \_\_\_\_\_

ATTORNEY NAME \_\_\_\_\_

### FILM & REPORT DELIVERY - Please select below

- Send Patient back to office with images  CD  Film
- Send images to office  CD  Film

### DIAGNOSTIC/CLINICAL INFO

History/Symptoms: \_\_\_\_\_

ICD10: \_\_\_\_\_

Allergies: \_\_\_\_\_

### APPOINTMENT INFORMATION

- Date: \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.
- Please arrive at: \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.

### EXAM INFORMATION:

- MRI/MRA \_\_\_\_\_
  - Without  W&W/O  Arthrogram
- Open MRI (Rainbow Only) \_\_\_\_\_
  - Without  W&W/O  Arthrogram  Conscious Sedation
- Brain MRI \_\_\_\_\_
  - TBI protocol  SWI/DTI  Perfusion  HIPPO
- 3D MRI Rendering \_\_\_\_\_
  - C Spine  T Spine  L Spine  Joint \_\_\_\_\_
- Valium - Arrive 30 minutes early. Must bring a driver
- Conscious Sedation - Must bring a driver (Rainbow Only)
- CTA \_\_\_\_\_
- CTA Chest (PE - Pulmonary Embolism)
- CT \_\_\_\_\_
  - Contrast:  Without I.V.  With I.V.  Oral  Per Rad
- CT Chest low dose cancer screening
- CT (Chest)  CTU (Urogram)  CTE (Enterography)
- Myelogram \_\_\_\_\_
- CT Guided Bone Marrow Biopsy \_\_\_\_\_
- Random Liver Core Biopsy \_\_\_\_\_

- Screening Mammo
- Screening Mammo including follow up if necessary (diagnostic mammo and/or breast US)
- Diagnostic Mammo including ultrasound if needed
- Breast Biopsy:  MRI  US Guided  Stereotactic
- U/S  Abdomen  Retroperitoneal/Renal
- Pelvic plus T-Vag  Pelvic  T-Vag
- Gallbladder  Thyroid  ABI
- Duplex Scan Arteries
- Scrotal including ltd doppler
- Other \_\_\_\_\_
- Biopsy \_\_\_\_\_
- X-ray \_\_\_\_\_
- Fluoroscopy \_\_\_\_\_
- Dexa Scan \_\_\_\_\_
- Pediatrics \_\_\_\_\_
- Nuclear Medicine (Rainbow Only) \_\_\_\_\_
- DAT Scan
- Other \_\_\_\_\_

### LOCATIONS

- 2628 W. Charleston Blvd., Suite B • Las Vegas, NV 89102
- 8551 W. Lake Mead Blvd., Suite 150 • Las Vegas, NV 89128
- 100 N. Green Valley Parkway, Suite 130 • Henderson, NV 89074
- 5495 S. Rainbow Blvd., Suite 101 • Las Vegas, NV 89118

**PLEASE SEND OR BRING ALL PREVIOUS FILMS**