Radiology Associates LLP

361-887-7000 (option 2)
Toll Free 1-877-626-8678 | Central Fax: 361-561-3107

REPORT URGENCY

❑ Regular Fax ❑ STAT Fax

❑ STAT Call Report *(Please include cell # below for STAT or Abnormal findings):

Cell #: _____

*Indicates required fields

Date: _____

Appointment Date/Time: _____ Arrival Time: _____

Patient: _____ DOB: _____

Patient Phone Number: _____ Alternate Phone Number: _____

****

Please note: IV Contrast will be used at the discretion of the radiologist unless otherwise indicated below.

Exam #1

❑ MRI ❑ MRA ❑ CT ❑ CTA ❑ X-ray ❑ Fluoroscopy ❑ Ultrasound ❑ Doppler ❑ Nuclear Medicine ❑ PET/CT

Body Part: _____ Lt / Rt / Bil ICD10: _____

Exam reason: _____

Exam #2

❑ MRI ❑ MRA ❑ CT ❑ CTA ❑ X-ray ❑ Fluoroscopy ❑ Ultrasound ❑ Doppler ❑ Nuclear Medicine ❑ PET/CT

Body Part: _____ Lt / Rt / Bil ICD10: _____

Exam reason: _____

Exam #3

❑ MRI ❑ MRA ❑ CT ❑ CTA ❑ X-ray ❑ Fluoroscopy ❑ Ultrasound ❑ Doppler ❑ Nuclear Medicine ❑ PET/CT

Body Part: _____ Lt / Rt / Bil ICD10: _____

Exam reason: _____

Mammo/Dexa/Biopsy

❑ Screening Mammogram ❑ Bone Density (DXA) ❑ Breast Biopsy ❑ Thyroid Biopsy

❑ Diagnostic Breast Evaluation with Imaging as Needed (Diagnostic Mammogram and/or Breast US as indicated by patient/age/findings).

Exam reason: _____

Authorization# _____ Effective Dates _____ to _____

Insurance Company: _____ Policy # _____ Group # _____

Insured Name: _____ Relationship to Patient: _____

Secondary Insurance Company: _____ Policy # _____ Group # _____

If more than one (1) location, please include practice address: _____

*Office Phone Number: _____ Office Fax Number: _____

*Referring Healthcare Professional Name (Please Print): _____

*Referring Healthcare Professional Signature: _____

CC to Other Healthcare Professional: _____

All patients should pre-register for their appointments 24 hours in advance through the patient portal or by calling 361-887-7000 (option 5)

Patient must present Photo ID & Insurance card at time of service.

Payment is due at time of service. Any necessary payment arrangements must be made prior to the appointment.

TAX I.D. #74-1087689 NPI 1558311340