



**Bhuvana Kittusamy, MD**  
Medical Director

PHONE: 702.254.5004

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**PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ATTY: \_\_\_\_\_ DOI: \_\_\_\_\_  WORK COMP

INSURANCE: \_\_\_\_\_ ID/CLAIM #: \_\_\_\_\_ PHONE: \_\_\_\_\_

DX/SYMPTOMS: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**EXAM REQUEST**

MRI (1.5T): \_\_\_\_\_ 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) (SERIAL)

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: \_\_\_\_\_

X-RAY: \_\_\_\_\_

FLUOROSCOPY: \_\_\_\_\_

NUCLEAR MEDICINE: \_\_\_\_\_  LYMPHOCYSTOGRAM  MUGA SCAN  3 PHASE BONE SCAN

STRESS TEST: \_\_\_\_\_  TREADMILL  LEXISCAN  DOBUTAMINE  TREADMILL ONLY  
(W/VIDEOVIEW) (NO MYOVIEW)

ECHOCARDIOGRAM: \_\_\_\_\_

ULTRASOUND: \_\_\_\_\_

LOWER EXTREMITY U/S: \_\_\_\_\_  ARTERIAL TO RIO PAD  VENOUS TO RIO VENOUS INSUFFICIENCY  RIO DVD

CAROTID ULTRASOUND: \_\_\_\_\_

ABDOMINAL AORTA U/S: \_\_\_\_\_ (FASTING 6 HOURS)

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: \_\_\_\_\_

SEND FILMS AND REPORT  SEND CD  FAX REPORT ONLY  PT TO CARRY  STAT CALL (PHONE # \_\_\_\_\_)

APPOINTMENT DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ SCAN TIME: \_\_\_\_\_

# 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.

## BIARIUM 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 / Kidney)

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.**

## 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.

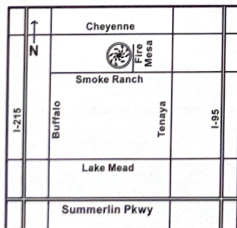
## PET

(Brain)

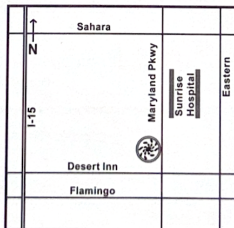
Same as whole body, in addition you will need to lie quietly in a darkened room without significant auditory or visual stimuli for 30 minutes prior to the injection and 30 minutes after the injection (this can cause incorrect interpretation). There will be an hour delay from the time of injection to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

