

**REFERRAL FORM
AMBULATORY DIAGNOSTIC CENTER**

747 Ponce De Leon Blvd. 1st floor
Coral Gables, Florida 33134
Telephone: (305) 446-7893



PRINT, FILL OUT AND FAX TO: **SCHEDULING** | FAX NO: **305.735.5927**

Patient Name: _____ **DOB:** _____ **DOI:** _____

Social Security No: _____ **AUTHO NO.** _____

Address: _____

Telephone: HOME: _____ **WORK:** _____

Physician: _____ **Tel:** _____ **Fax:** _____

Address: _____

Diagnostic Impression: _____

FLUOROSCOPY

- BE (Barium Enema)
 - SINGLE DOUBLE CONTRAST
- Esophagogram
- GB (Gallbladder)
- GI (Gastrointestinal)
- Small Bowel
- VCU (Cystogram)
- Other: _____

ROUTINE X-RAYS

- Chest
- Extremity: _____
- KUB (Kidney, Ureter & Bladder)
- IVP (Intravenous Pyelogram)
- Pelvis
- Ribs Right _____ Left _____
- Shoulders Right _____ Left _____
- Skull
- Spine (Cervical)
- Spine (Thoracic)
- Spine (Lumber)
- Tomograms
- Other: _____

PET SCAN

- Colorectal Malignancy
- Breast Malignancy
- Lung Malignancy Lung Nodule
- Head & Neck Malignancy
- Melanoma
- Lymphoma
- Brain Alzheimer Dementia
- Heart

NUEROLOGICAL

- NCV Upper Ext
- NCV Lower Ext

NUCLEAR MEDICINE

- Bone Scan
 - Single Triple Phase Attn: _____
- Gallium Scan
- Liver/Spleen
- Hepatobiliary/Pipida
- Lung Scan/Quantitative
- Renal Scan
- Testicular Scan
- Thyroid Scan
- Thyroid With Uptake
- Thyroid Uptake
- Myocardial Perfusion Gait/EF
- Other: _____

PULMONARY

- Pulmonary Function Test (PFT)
- Spirometry

ULTRASOUND

- Abdominal Aorta
- Breast Left Right
- Carotid Doppler
- OB
- Thyroid
- Gallbladder
- Liver/Billiary
 - Spleen
- Pancreas
- Prostate
- Pelvis Transvaginal
- Renal
- Testicular
- Venous Doppler Left Right
 - Leg Arm
- Arterial Doppler Left Right
- Other: _____

CARDIOLOGY

- Echocardiogram
 - Doppler Color Flow
- Electrocardiogram (EKG)
- Holter Monitor / 24 Hr
- Stress Test
- Other: _____

DIGITAL MAMMOGRAM

- Screening Digital
- Diagnostic Digital

BONE DENSITOMETRY

- Dexa

OTHER PROCEDURE

- Arthrograms (Specify)
- Other: _____

**Cat Scan 64 Slice
Turn To Back Page for Services**

_____ MD SIGNATURE

_____ DATE



CAT SCAN 64 SLICE & CTA

CT SCAN

- CT Abdomen W/O Contrast
 - CT Abdomen W/ Contrast
 - CT Abdomen W&W/O Contrast

 - CT Upper Extremity W/O Contrast 3D
 - CT Upper Extremity W/ Contrast 3D
 - CT Upper Extremity W&W/O Contrast 3D

 - CT Head Or Brain W/O Contrast 3D
 - CT Head Or Brain W/ Contrast 3D
 - CT Head Or Brain W&W/O Contrast 3D

 - CT Thorax W/O Contrast Scan Report
 - CT Thorax W/ Contrast
 - CT Thorax W&W/O Contrast

 - CT Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; W/O Contrast
 - CT Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; W/ Contrast
 - CT Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; W&W/O Contrast

 - CT Maxillofacial Area W/O Contrast
 - CT Maxillofacial Area W/ Contrast
 - CT Maxillofacial Area W&W/O Contrast

 - CT Lower Extremity W/O Contrast
 - CT Lower Extremity W/ Contrast
 - CT Lower Extremity W&W/O Contrast

 - CT Soft Tissue Neck W/O Contrast 3D
 - CT Soft Tissue Neck W/ Contrast 3D
 - CT Soft Tissue Neck W&W/O Contrast 3D

 - CT Pelvis W/O Contrast 3D
 - CT Pelvis W/ Contrast 3D
 - CT Pelvis W&W/O 3D

 - CT Cervical W/O Contrast
 - CT Cervical W/ Contrast
 - CT Cervical W&W/O 3D

 - CT Thoracic Spine W/O Contrast 3D
 - CT Thoracic Spine W/ Contrast 3-D
 - CT Thoracic Spine W&W/O Contrast 3D

 - CT Lumbar Spine W/O Contrast 3D
 - CT Lumbar Spine W/ Contrast 3D
 - CT Lumbar Spine W&W/O Contrast

 - CT Bone Mineral Density Study 1 Or More Sites
 - CT Bone Mineral Density Study 1 Or More Sites; Appendicular Skeleton (Peripheral) (EG, Radius, Wrist, Heel)
- CT Limited Or Localized Follow-Up Study

 - Cerebral Perfusion Analysis using computed tomography W/ Contrast Including Post-Processing Of Parametric Maps W/ Determination Of Cerebral Blood Flow, Cerebral Blood Volume & Mean Transit Time

 - CT Colonography (IE, Virtual Colonoscopy (Screening)
 - CT Colonography (IE, Virtual Colonoscopy (Diagnostic)

 - CT Heart W/O Contrast Including Image
 - CT Heart W&W/O Contrast Including Noncontrast
 - CT Heart, W&W/O Contrast Including Cardiac Gating And 3D Imaging Postprocessing; Cardiac Structure & Morphology In Congenital Heart Disease

 - CT Heart W/ Contrast Including Noncontrast Images, If Performed, Cardiac Gating And 3D Image Postprocessing

CTA SCAN

- CTA Abdomen W/ Contrast Including Non Contrast

- CTA Abdominal Aorta & Bilateral Iliofemoral Lower Extremity Runoff, W/ Contrast, Including Non Contrast

- CTA Upper Extremity W/ Contrast

- CTA Head W/ Contrast Including Non Contrast Images

- CTA Chest (Noncoronary) W/ Contrast

- CTA Lower Extremity W/ Contrast

- CTA Pelvis W/ Contrast

- CTA Of Coronary Arteries
- CTA Of Coronary Arteries (Including Native And Anomalous Coronary Arteries, Coronary Bypass Grafts), With Quantitative Evaluation of Coronary Calcium

- Cardiac Structure & Morphology & CTA Of Coronary Arteries (Including Native And Anomalous Coronary Arteries, Coronary Bypass Grafts) Without Quantitative Evaluation Of Coronary Calcium

- Cardiac Structure & Morphology & CTA Of Coronary Arteries (Including Native And Anomalous Coronary Arteries, Coronary Bypass Grafts) With Quantitative Evaluation Of Coronary Calcium

DIAGNOSIS: _____

MD SIGNATURE

DATE

