DESERT IMAGING

ACR Accredited Facility

Private Pay Rates Available
Physician Portal Available
Thank you for your referral.

WEST	CENTRAL	EAST	FAR EAST	HORIZON
○ 122 W. Castellano *OPEN SATURDAYS*	○ 7812 Gateway East, Ste. 120	○ 1727 Lee Trevino *OPEN SATURDAYS*	○ 3080 Joe Battle, Ste. B *OPEN SATURDAYS*	○ 13650 Eastlake Blvd., Ste. A-102 *OPEN SATURDAYS*

Incomplete orders may delay patient exam.

REQUIRED FIELDS

Referring Provider _____
Please Print Clearly

Provider Signature _____ **Date** ____/____/____

Diagnosis _____ **ICD Code** _____

Cell # for STAT or Critical Findings _____

PATIENT NAME _____ ○ Male ○ Female

DOB: ____/____/____ **Phone #** _____

INSURANCE: _____ **POLICY / GROUP #:** _____

Report Preferences: ○ *Routine* ○ *URGENT (in 24 hrs)* ○ *Other* _____

SCHEDULING: (915) 577-0100

FAX: (915) 400-0427
Email: orders@dielp.com
www.dielp.com

3T MRI Now Available

ULTRASOUND *West, East, Far East & Horizon Locations*

Please note that studies with Doppler include Spectral and Color Doppler Analysis

- ○ Abdomen Complete *(with Portal Vein Doppler)*
- ○ Female Pelvic Complete *(with Transvaginal & Ovarian Doppler, Unless Specified)*
- ○ Pelvic Transabdominal
- ○ Renal with Doppler *(For HTN, Renal Artery Stenosis)*
- ○ Renal *(Bladder included)*
- ○ Liver with Doppler
- ○ Liver with Elastography
- ○ Testicular with Doppler
- ○ Bladder *(Pre/Post Void)*
- ○ Abdomen Wall Mass *(ABD Hernias)*
- ○ Breast Ultrasound ○ L ○ R ○ Bilat
- ○ Breast Elastography ○ L ○ R ○ Bilat
- ○ Neck, Soft Tissue
- ○ Follicular Count *(Private Pay Only)*
- ○ Inguinal Hernia ○ L ○ R ○ Bilat
- ○ Penile Vessels *(Excluding ED)*
- ○ Prostate *(with Transrectal)*
- ○ Thyroid
- ○ Thyroid Fine Needle Aspiration
- ○ Nonvascular Extremity
- ○ Carotids
- ○ Aorta
- ○ Venous Doppler *(For DVT, Swelling)*
  ○ Upper ○ Lower ○ L ○ R
- ○ Arterial Doppler
  ○ Upper ○ Lower ○ L ○ R
- ○ Echocardiogram *(2D Echo)*
- ○ Infant Hips
- ○ Infant Spine
- ○ 3D/4D Baby Image *(Private Pay Only)*
- ○ OB ○ < 14 weeks ○ > 14 weeks ○ > 30 weeks with S/D Ratio ○ BPP Biophysical Profile
- ○ ABI: Ankle-Brachial Index
- ○ Other: _____

CT SCAN *Preauthorization may be required • East, West & Central*

CONTRAST:
○ Radiologist's Protocol ○ With ○ Without ○ Both

- ○ Brain ○ IAC
- ○ Sinus
- ○ Orbits
- ○ Face
- ○ TMJ
- ○ Temporal Bones
- ○ Soft Tissue Neck
- ○ Chest
- ○ Chest - HRCT
- ○ Spine ○ C ○ T ○ L
- ○ Abdomen and Pelvis
- ○ Liver
- ○ CT Urogram
- ○ Kidney Mass
- ○ Kidney Stone
- ○ Adrenals
- ○ Pancreas
- ○ Lung Cancer Screening
- ○ Calcium Scoring *(Private Pay Only)*

UPPER EXTREMITIES
- ○ Hand ○ L ○ R
- ○ Wrist ○ L ○ R
- ○ Elbow ○ L ○ R
  Humerus ○ L ○ R
- ○ Forearm ○ L ○ R
- ○ Shoulder ○ L ○ R

LOWER EXTREMITIES
- ○ Hip ○ L ○ R
- ○ SI Joints ○ L ○ R
- ○ Knee ○ L ○ R
- ○ Femur ○ L ○ R
- ○ Tib/Fib ○ L ○ R
- ○ Ankle ○ L ○ R
- ○ Foot ○ L ○ R

CTA/CTV
- ○ Abdomen & Pelvis
- ○ Brain
- ○ Neck
- ○ Chest - PE
- ○ Chest - Aorta
- ○ Aorta + Runoff
- ○ Extremities Runoff *(Bilat Legs)*
- ○ Other: _____

MRI *Preauthorization may be required • East & West*

CONTRAST:
○ Radiologist's Protocol ○ With & Without ○ Without

- ○ Brain ○ IAC ○ Pituitary
- ○ Orbits
- ○ Face
- ○ TMJ
- ○ Sinus
- ○ Neck Soft Tissue
- ○ Brachial Plexus
- ○ Cervical Spine
- ○ Thoracic Spine
- ○ Lumbar Spine
- ○ Sacrum/Coccyx
- ○ SI Joints
- ○ Breast
- ○ Chest
- ○ Abdomen
- ○ Pelvis ○ Gynecology
- ○ MRCP
- ○ Prostate *(Attach PSA Report)*
- ○ Shoulder ○ L ○ R
- ○ Elbow ○ L ○ R
- ○ Wrist ○ L ○ R
- ○ Hand ○ L ○ R
- ○ Humerus ○ L ○ R
- ○ Forearm ○ L ○ R
- ○ Hip ○ L ○ R
- ○ Knee ○ L ○ R
- ○ Ankle ○ L ○ R
- ○ Foot ○ L ○ R
- ○ Femur ○ L ○ R
- ○ Tib/Fib ○ L ○ R
- ○ Other: _____

MRA
- ○ Brain ○ Abdomen
- ○ Neck ○ Pelvis
- ○ Chest
- ○ MRV: _____

X-RAY *West, East, Far East & Horizon*

- ○ Sinus
- ○ Skull
- ○ Mandible
- ○ Nasal
- ○ Chest
- ○ Ribs ○ L ○ R
- ○ Scoliosis
- ○ Abdomen (KUB)
- ○ Cervical ○ 3V ○ 5V ○ flex ext
- ○ T-Spine
- ○ Lumbar ○ 3V ○ 5V ○ flex ext
- ○ Sacrum/Coccyx
- ○ SI Joints
- ○ TMJ ○ L ○ R
- ○ Bone Age
- ○ Scanogram (Bone Length)
- ○ Mastoids
- ○ Skeletal Survey
- ○ Sternum
- ○ Other: _____
- ○ Shoulder ○ L ○ R
- ○ Clavicle Wts ○ L ○ R
- ○ Humerus ○ L ○ R
- ○ Elbow ○ L ○ R
- ○ Forearm ○ L ○ R
- ○ Wrist ○ L ○ R
- ○ Hand ○ L ○ R
  ○ RA Protocol
- ○ Hip ○ L ○ R
- ○ Pelvis
- ○ Femur ○ L ○ R
- ○ Knee ○ WB ○ L ○ R
- ○ Tib/Fib ○ L ○ R
- ○ Ankle ○ L ○ R
- ○ Foot ○ WB ○ L ○ R
- ○ Calcaneus ○ L ○ R
- ○ Toes ○ L ○ R
- ○ Finger ○ L ○ R
  ○ T ○ I ○ M ○ R ○ P

PET/CT *(80-Slice) Central Preauthorization may be required*

○ Whole Body ○ Brain ○ Limited ○ PSMA ○ Cardiac PET/CT *(13N Ammonia)* ○ DOTATATE *(Ga-68)* ○ Other: _____

BONE DENSITY *West, East, Far East & Horizon*

○ Vertebral Fracture Assessment *(West location only)* ○ Body Mass Composition *(Private Pay Only)* ○ Bone Density ○ Spine and Hip : ○ L ○ R

WOMEN'S IMAGING *West, East, Far East & Horizon*

- ○ Screening Mammogram 3D
- ○ Diagnostic Mammogram ○ L ○ R ○ Bilat *(with Breast Ultrasound, if indicated)*
- ○ Breast Ultrasound ○ L ○ R ○ Bilat
- ○ Breast Elastography ○ L ○ R ○ Bilat
- ○ Breast MRI
- ○ Female Pelvic Complete Ultrasound *(with Transvaginal & Ovarian Doppler, Unless Specified)*

NUCLEAR IMAGING *Preauthorization may be required • Central*

- ○ Bone Scan - Whole Body
- ○ Bone Scan - Limited
- ○ Bone Scan - 3 Phase *(cellulitis/osteomyelitis)*
- ○ Gastric Emptying Scan
- ○ Hepatobiliary (HIDA) Scan
- ○ Liver/Spleen Scan
- ○ MUGA Scan with Ejection Fraction *(resting only)*
- ○ Renal Scan with Lasix
- ○ NM Stress Test
- ○ Thyroid Uptake and Scan *(with sonogram if needed)*
- ○ I-131 Radioiodine Thyroid Treatment
- ○ Parathyroid Scan with SPECT *(with sonogram if needed)*
- ○ Other: _____

CARDIOVASCULAR

EKG: All Locations
2D Echo: West & East
Stress Test: Central

- ○ Cardiac PET/CT *(13N Ammonia)*
- ○ Stress Test *(Treadmill Only)*
- ○ Calcium Scoring
- ○ NM Stress Test
- ○ Echocardiogram *(2D Echo)*
- ○ EKG
- ○ Other: _____

DESERT IMAGING

Physician Portal available

Thank you for your referral

PATIENT EXAM PREPARATIONS

For any questions regarding the exam or preparation, please call (915) 577-0100.

Bone Density

- Do not take calcium suplements 24 hours prior to exam.
- Vitamin D is OK.

CT Scan

- **Abdomen/Pelvis Requiring Oral Contrast** – Drink contrast one hour before exam. Patient may pick up prep the day before at Castellano, Gateway, or Lee Trevino, or arrive one hour early on day of exam.
- **CT Exams With Contrast** - Do not eat 4-6 hours before exam. Drink water only. No diabetic medication on day of exam.

Mammography

- Please wear a two-piece outfit to your appointment.
- Do not apply deodarant, perfume, oil, lotion, or body powder to your breast or underarm areas on day of exam.
- Please bring most recent prior mammogram to your appointment if performed at a different facility.

MRI

- **Abdomen & Pelvis** – Do not eat 4-6 hours before exam. Drink water only.
- **Prostate** – Fleet enema 4-5 hours before exam. Enema is available over the counter at most pharmacies. Do not eat 4-6 hours before exam. Drink water only starting day before exam.
- No hair accessories, metallic/shimmer makeup, body piercings, or jewelry.
- Please inform us if you are pregnant or have any of the following: cardiac pacemaker or defibrillator, metallic implants, surgical staples, cochlear implants, prosthetic limbs, neuro stimulating devices, shrapnel, or aneurysm clips.

Nuclear Medicine

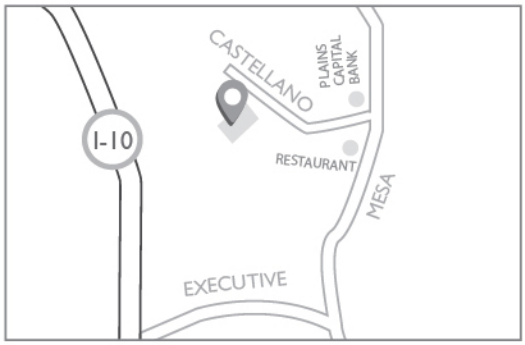
- **Bone, Liver/Spleen** – No preps.
- **Hepatobiliary** – Nothing to eat 6 hours before exam.
- **Renal** – Drink plenty of water in the morning prior to exam.
- **Thyroid Uptake** –Patient should be off their thyroid medication 4-6 weeks prior to the study. No iodinated contrast media at least two weeks before exam. Nothing to eat 6 hours before exam.

Ultrasound

- **Abdomen, Liver, Liver w/ Doppler, Gallbladder, Aorta** – Nothing to eat 6-8 hours before exam. Drink only water on day of exam.
- **Renal (Kidneys), Pelvis, OB, Bladder, Prostate** – 30 - 45 minutes before exam, drink 32 ounces of water. Do not empty your bladder and drink only water prior to exam.
- **Renal with Doppler** – Nothing to eat 6-8 hours before exam. 30-45 minutes before exam, drink 32 ounces of water. Do not empty bladder and drink only water prior to exam.

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WEST 122 W. Castellano



- 3D Mammography
- CT Scan
- MRI/MRA
- X-Ray
- Bone Density
- Ultrasound
- Thyroid FNA
- EKG
- 2D Echo
- Coronary Calcium Score
- Elastography

CENTRAL 7812 Gateway East, Ste. 120



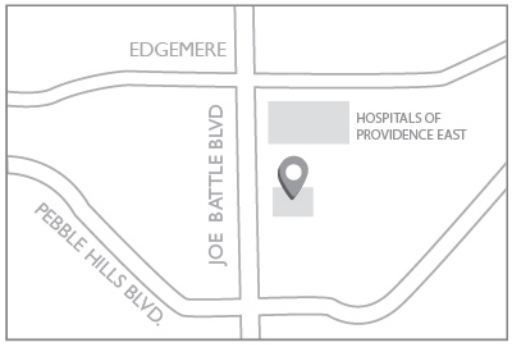
- PET/CT (80-Slice)
- Nuclear Medicine
- CT/CTA
- EKG
- Stress Test
- Coronary Calcium Score

EAST 1727 Lee Trevino



- 3D Mammography
- CT Scan
- MRI/MRA
- X-Ray
- Bone Density
- 4D Ultrasound
- EKG
- 2D Echo
- Thyroid FNA
- Coronary Calcium Score
- Elastography

FAR EAST 3080 Joe Battle, Ste. B



- 3D Mammography
- X-Ray
- Bone Density
- Ultrasound
- EKG
- Elastography

HORIZON 13650 Eastlake Blvd., Ste. A-102



- 3D Mammography
- Ultrasound
- X-Ray
- Bone Density
- EKG
- Elastography

NEW