



# Reno Diagnostic Centers

When it has to be done right.

## Centralized Scheduling

FAX (775) 333-2776

Phone (775) 323-5083

Exam Date/Time:		Patient Name:		Date of Birth:	
Patient Home/Work/Cell Number:			Patient Email:		
Exam #1 Requested:		CONTRAST: <input type="checkbox"/> W/ <input type="checkbox"/> W/O <input type="checkbox"/> W/ & W/O Radiologist may modify CT or MRI use of contrast media based on patient's history. <input type="checkbox"/> No, radiologist may not change exam protocol unless new written or verbal order is obtained.		<b>Reno Diagnostic Centers Offers:</b> <b>Comprehensive Women's Services:</b> <input type="checkbox"/> 3D Mammogram-Screening <input type="checkbox"/> (If computer determined dense breast tissue, please also perform ABUS) <input type="checkbox"/> 3D Mammogram-Diagnostic (w/ handheld breast ultrasound if indicated) <input type="checkbox"/> Automated Breast Ultrasound (Patient recently had mammogram for comparison, otherwise, order in addition to screening mammogram) <input type="checkbox"/> Stereotactic Biopsy <input type="checkbox"/> Genetic Testing	
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL		Reason for Exam #1 (signs/symptoms - no R/O diagnosis): <div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block;">ICD-10 Code (required):</div>			
Exam #2 Requested:		CONTRAST: <input type="checkbox"/> W/ <input type="checkbox"/> W/O <input type="checkbox"/> W/ & W/O Radiologist may modify CT or MRI use of contrast media based on patient's history. <input type="checkbox"/> No, radiologist may not change exam protocol unless new written or verbal order is obtained.		X-ray <i>Walk-in x-rays are accepted, however, patients are strongly encouraged to schedule to minimize wait time.</i> <b>Ultrasound</b> Pelvic: <input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal <input type="checkbox"/> Both Transabdominal & Transvaginal (if indicated) 3T Wide Bore MRI 1.5T Wide Bore MRI 64-Slice CT Coronary CT Nuclear Medicine Gastric Emptying (Tougas Protocol) Myocardial Perfusion Imaging (Lexiscan) PET/CT Digital Fluoroscopy DEXA - Bone Density Testing Echocardiogram (including Pediatrics) Body Fat Analysis <input type="checkbox"/> BUN/Creatinine Testing (if needed for contrast)	
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL		Reason for Exam #2 (signs/symptoms - no R/O diagnosis): <div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block;">ICD-10 Code (required):</div>			
Additional Exam(s)/Notes:					
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>Normal</b> Report will be faxed within 24 hours.* Provider fax number:		<input type="checkbox"/> <b>Expedited</b> Report will be faxed within 4 hours.* Provider fax number:		<input type="checkbox"/> <b>STAT</b> Report will be called within 2 hours.* Provider cell phone:	

\* Except for after hours, weekends, and holidays.

All images are immediately available online at [www.RenoDiagnosticCenters.com](http://www.RenoDiagnosticCenters.com)

Referring Offices: Please call 775-336-5549 for access.

Send To:

Send Images On:  CD  Paper  Patient to hand carry

Previous Images Located:

Name of Health Plan:

ID #:

Authorization #:

If RDC is to obtain authorization, please send clinicals, insurance card, and demographics.

Referring Provider Signature:

Referring Provider Name & Address:

Today's Date:

Please bring this requisition with you.

Please check location.

\*See back for maps.

**Carson City**  
896 W. Nye Ln., Ste. 102  
Carson City, NV 89703

**Downtown Reno**  
590 Eureka Ave.  
Reno, NV 89512

**Southwest Reno**  
625 Sierra Rose Dr.  
Reno, NV 89511

Phone (775) 323-5083 [www.RenoDiagnosticCenters.com](http://www.RenoDiagnosticCenters.com)

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Revised 04/19