

NIC Will Obtain Authorization for Exam

Patient Spanish Speaking Only

Patient Information

Patient Name - Last	Patient Name - First	M. Init.	Patient Birthdate:
Phone: Primary:	Alternate:	SS#:	
Insurance:	Auth/Claim#:	Date of Injury:	
Referring Doctor: (print name)	Referring Doctor		
	Phone:	Fax:	
Referring Physician Signature:	Date of Next Appointment with Referring Doctor:	Allergies:	

Reason for Exam/Clinical Data

Diagnosis (which may include, but cannot be limited to a "rule out") with as much detail of the clinical history as possible. Include CPT and/or ICD-9 code whenever possible.

Exam Request

MRI _____
 3T w/o w/ w/wo

MRA _____
 Contrast w/o w/

CT _____
 Contrast w/o w/ w/wo 320-Slice

CT Reconstruction/Life Size Models

CTA
 Contrast w/

CTA-DSA-Perfusion _____
 Contrast w/

PET Scan (Galleria Only) _____

Nuclear Medicine (Spring Valley Only) _____

X-Ray _____

Fluoroscopy _____

Ultrasound _____

DEXA (Bone Densitometry) _____

Mammography Bilateral Right Left
 Screening Diagnostic

Breast Biopsy Bilateral Right Left
 MRI Guided Ultrasound Guided

SCINTI Mammography Bilateral Right Left
 Screening Diagnostic

PLEASE BRING THIS FORM, YOUR INSURANCE CARDS, I.D., CO-PAY AND ALL PERTINENT X-RAYS TO YOUR APPOINTMENT

Specialty Exam Request

MRI _____

3T w/o w/ w/wo

DTI (Diffusion Tensor Imaging)

MS Protocol (Additional Sequences)

Head Trauma Protocol (Additional Sequences)

3T CSF Flow / Velocity

NPH (Aqueduct) LP

Foramen Magnum (Chiari)

Functional MRI

Motor Sequences Auditory Sequences

Visual Sequences

Report/Film Request

STAT Call Results: _____

Deliver Films/CD and Final Report

Return Patient with Films / Preliminary Report

Additional Reports to: _____

For Internal Use Only

New Patient Existing Patient

Prior Studies: None Here

Outside: Where _____

Radiologist Notes: _____

Patient Appt. Date	Location	Patient Appt. Time
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Patient Instructions

FOR ALL MRI's : If you suspect you have metallic substance within your body or are in the first trimester of pregnancy, you may not be able to complete your MRI study. Please contact our office immediately.

FOR ALL MRI's REQUIRING CONTRAST: If you are 60 or have hypertension, diabetes or cardiovascular disease you will require a BUN and Creatinine. Please contact your doctor's office for this blood work.

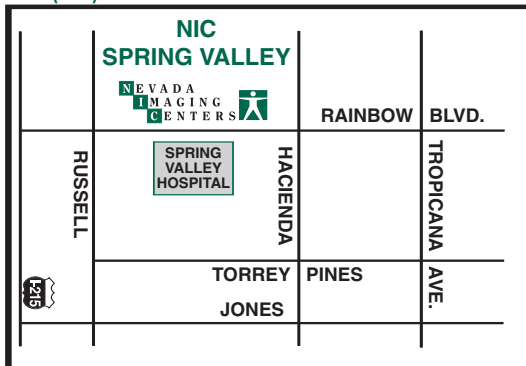
FOR ALL CT's REQUIRING CONTRAST: If you are 70 or have renal disease, hypertension, diabetes, or cardiovascular disease you will require a BUN and Creatinine. Please contact your doctor's office for this blood work.

- MRI (NON-HEAD):** No Pacemakers, aneurysm clips, bio-nerve stimulators, eye injuries, or metal in the body.
- MRI (HEAD):** No make-up, eye liner, hairspray, or mousse the day of the exam. No Pacemakers, aneurysm clips, bio-nerve stimulators, eye injuries, or metal in the body.
- MRI ABDOMEN:** Nothing by mouth four (4) hours prior to exam. No Pacemakers, aneurysm clips, bio-nerve stimulators, eye injuries, or metal in the body.
- CTA CORONARY ARTERIES:** Nothing by mouth four (4) hours prior to exam. Consume nothing with caffeine after 6pm the evening before the scheduled exam. No decongestants for 24 hours prior to test. Please call our office for additional prep information.
- CT SCAN (ABDOMEN AND PELVIS):** Nothing by mouth four (4) hours prior to exam. A special liquid drink is required before your exam. Drink one full bottle two (2) hours prior to your test time. Drink 1/2 of the second bottle one (1) hour prior to your test and bring the other 1/2 bottle with you for your test. The drink may be provided by your doctor or may be picked up the day before your exam at one of our clinics. NO barium if the scan is for kidney stones.
- CT SCAN WITHOUT CONTRAST (EXCEPT ABDOMEN AND PELVIS):** No prep
- CT SCAN WITH CONTRAST (EXCLUDING ABDOMEN/PELVIS):** Nothing by mouth four (4) hours prior to the test time.
- VIRTUAL COLONOSCOPY:** Please call our office for prep information. Prep starts two (2) days prior to exam.

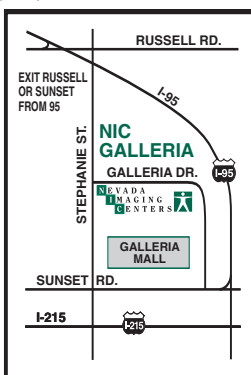
- NUCLEAR MEDICINE and/or PET SCAN:** Please call our office for prep information. Prep start 24 hours prior to your scheduled appointment.
- ULTRASOUND BREAST:** Please call our office for prep information.
- ULTRASOUND (ADBOMEN, GALLBLADDER, PANCREAS, LIVER, AORTA, RENAL ARTERY):** Nothing by mouth eight (8) hours prior to exam.
- ULTRASOUND (KIDNEY):** Drink at least three eight ounce glasses of clear fluids before your exam.
- ULTRASOUND (PELVIC, BLADDER, & TRANSABDOMINAL PROSTATE):** Drink five 8-oz glasses or water within 60 minutes prior to your exam. DO NOT empty your bladder after drinking.
- ULTRASOUND (OBSTETRIC):** One hour and thirty minutes prior to your appointment empty your bladder. Drink four 8-oz glasses of water within 30 minutes of your exam. DO NOT empty your bladder after drinking.
- ULTRASOUND PROSTATE TRANSRECTAL:** Administer a Fleet Enema two (2) hours prior to your scheduled appointment.
- MAMMOGRAPHY:** No powders, perfumes, deodorants, or lotions on breast or underarms the day of the exam. Bring all available previous mammogram films with you to your appointment. You may wish to wear a two piece outfit for your comfort during testing.
- STEREOTACTIC BREAST BIOPSY:** Please call our office for prep information.
- DEXA (BONE DENSITOMETRY):** No barium 48 hours before exam.
- FLUOROSCOPY EXAMS:** Please call our office for prep information.
- PEDIATRIC EXAMS:** Please call our office for prep information.
- IV SEDATION:** Please call our office for prep information.

To Schedule an Appointment Contact Our Scheduling Department at 891-9729

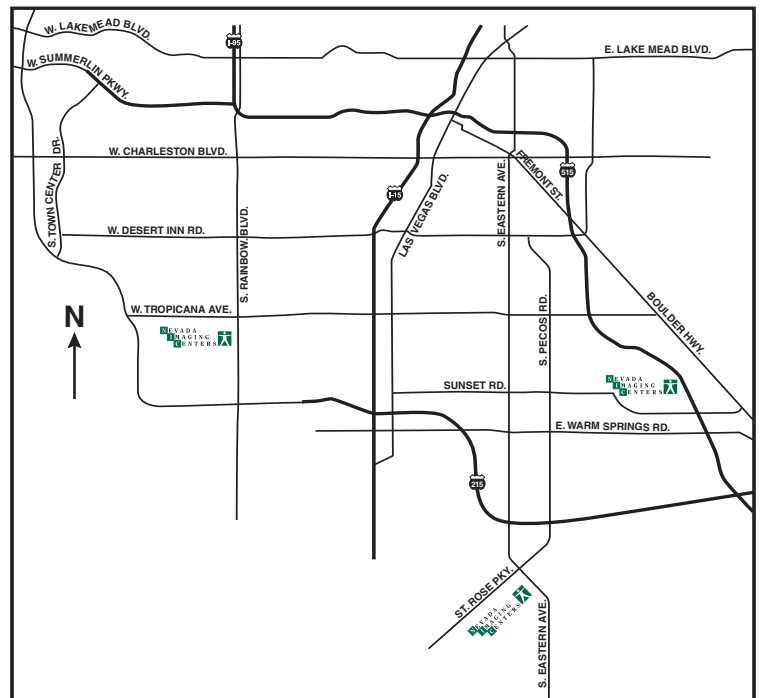
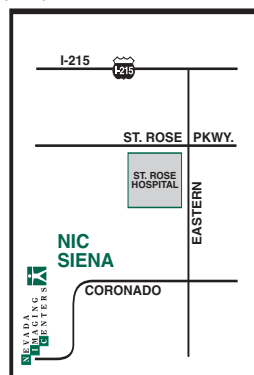
- NIC Spring Valley (Southwest)**
5495 S. Rainbow Blvd., Suite 210
Las Vegas, NV 89118
(702) 214-9729



- NIC Galleria (Green Valley)**
715 Mall Ring Circle, Suite 100
Henderson, NV 89014
(702) 951-9729



- NIC Siena (Anthem)**
861 Coronado Center Dr., #101
Henderson, NV 89052
(702) 968-9729



Our Knowledge Is Your Confidence