



10921 Pellicano Suite 124  
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## REFERRAL FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosis code: \_\_\_\_\_  STAT Call Results: \_\_\_\_\_

DEXA Procedures			
_____ 77080 Axial Diagnostic DEXA Study (hip, spine)	_____ 77086 Lateral Vertebral Assessment (LVA)		
_____ 77081 Peripheral Screening DEXA Study (forearm, wrist)	_____ DEXA Body Composition/ Visceral fat		
Metabolism and Calories Testing			
_____ Resting Metabolic Rate Test (RMR), Oxygen uptake			
Ultrasounds Procedures			
<b>Cerebrovascular Arterial</b> _____ 93880 Carotid Bilateral _____ 93882 Carotid Unilateral R L <b>Extremity Arterial</b> _____ 93925 Duplex Lower Extremities _____ 93926 Limited Duplex Lower Extremity R L _____ 93930 Duplex Upper Extremities _____ 93931 Limited Duplex Upper Extremity R L <b>Extremity Venous</b> _____ 93970 Duplex Specify: _____ _____ 93971 Limited Duplex Specify: _____ <b>Pelvic</b> _____ 76830 Pelvic Transvaginal _____ 76856 Pelvic Transabdominal <b>Genitalia</b> _____ 76870 Scrotum _____ 76872 Transrectal <b>Extremities</b> _____ 76881 Extremity non-vascular _____ 76882 Extremity non-vascular Limited	<b>Vascular Abdominal</b> _____ 93975 Abdomen Complete _____ 93978 Aorta, IVC _____ Other: _____ <b>General Ultrasound</b> _____ 76536 Head and Neck _____ 76604 Chest _____ 76641 Breast Complete _____ 76642 Breast Limited R L _____ 76700 Abdominal Complete _____ 76770 Renal Complete _____ 76775 Renal Limited R L _____ Other: _____ <b>OB Ultrasound</b> _____ 76801 OB, < 14 weeks _____ 76805 OB, > 14 weeks _____ 76811 OB Complete _____ 76817 OB Transvaginal _____ Other: _____		
X-Rays Studies			
_____ 74018 Abdomen (KUB) _____ 73610 Ankle 3V R L _____ 77072 Bone Age _____ 72040 Cervical Spine 3V _____ 71046 Chest 2V _____ 73000 Clavicle R L _____ 73080 Elbow R L	_____ 73552 Femur 2V R L _____ 73140 Finger 3V R L _____ 73630 Foot 3V R L _____ 73090 Forearm R L _____ 73130 Hand 3V R L _____ 73502 Hip 2V R L _____ 73060 Humerus 2V R L	_____ 73562 Knee 2V R L _____ 72100 Lumbar Spine 3V _____ 70160 Nasal 2V _____ 72170 Pelvis 2V _____ 71101 Ribs 2V R L _____ 72220 Sacrum + Coccyx 2V _____ 73030 Shoulder 2V R L	_____ 72202 SI Joints 2V _____ 70220 Sinuses 3V _____ 70260 Skull 4V _____ 72072 Thoracic Spine 2V _____ 73590 Tib-Fib 2V R L _____ 73660 Toes 3V R L _____ 73110 Wrist R L _____ Other: _____

Ordering Physician: \_\_\_\_\_ NPI #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Physician's Fax Number: \_\_\_\_\_

### Bone Density Instructions:

For you bone density appointment wear comfortable clothing with no metal around your waist and/or lower back. Notify the technician about any radiologic examination you have had 48 hours before your bone density test. Avoid calcium supplements 24 hours before your appointment.

### Metabolic Testing Instruction:

For your resting metabolic test, you must be fasting and at rest for at least 4 hours before your exam. Please DO NOT eat or exercise for at least 4 hours before your appointment. All prescribed medications must be taken at a regular time. You can take a small snack to eat after the exam.

### Ultrasound Instructions:

- **Abdomen:** Nothing to eat or drink 6 hours prior to the exam.
- **Renal:** Nothing to eat 6 hours prior to the exam. You should drink 16 ounces of water 1 hour before the exam without urinating.
- **Pelvic Transabdominal:** Nothing to eat 6 hours prior to the exam. You should drink 16 ounces of water 1 hour before the exam without urinating.

### X-Ray Services

- Please notified your doctor or the x-ray tech if you are pregnant or trying to get pregnant.
- Avoid metal objects on or around the area to be x-rayed.

### Self-Pay Rates

If you have a **HIGH** insurance deductible or no insurance at all, our self-pay rates are your **BEST** option in town.

<b>Bone Density</b>	<b>\$59</b>
<b>X-rays</b>	<b>\$45</b>
<b>Ultrasounds</b>	<b>Starting at \$99</b>

### Location:

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### Social Media



[www.xrimagingep.com](http://www.xrimagingep.com)