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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			
Cerebrovascular Arterial _____ 93880 Carotid Bilateral _____ 93882 Carotid Unilateral R L Extremity Arterial _____ 93925 Duplex Lower Extremities _____ 93926 Limited Duplex Lower Extremity R L _____ 93930 Duplex Upper Extremities _____ 93931 Limited Duplex Upper Extremity R L Extremity Venous _____ 93970 Duplex Specify: _____ _____ 93971 Limited Duplex Specify: _____ Pelvic _____ 76830 Pelvic Transvaginal _____ 76856 Pelvic Transabdominal Genitalia _____ 76870 Scrotum _____ 76872 Transrectal Extremities _____ 76881 Extremity non-vascular _____ 76882 Extremity non-vascular Limited	Vascular Abdominal _____ 93975 Abdomen Complete _____ 93978 Aorta, IVC _____ Other: _____ General Ultrasound _____ 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: _____ OB Ultrasound _____ 76801 OB, < 14 weeks _____ 76805 OB, > 14 weeks _____ 76811 OB Complete _____ 76817 OB Transvaginal _____ Other: _____		
X-Rays Studies			
_____ 74018 Abdomen (KUB)	_____ 73552 Femur 2V R L	_____ 73562 Knee 2V R L	_____ 72202 SI Joints 2V
_____ 73610 Ankle 3V R L	_____ 73140 Finger 3V R L	_____ 72100 Lumbar Spine 3V	_____ 70220 Sinuses 3V
_____ 77072 Bone Age	_____ 73630 Foot 3V R L	_____ 70160 Nasal 2V	_____ 70260 Skull 4V
_____ 72040 Cervical Spine 3V	_____ 73090 Forearm R L	_____ 72170 Pelvis 2V	_____ 72072 Thoracic Spine 2V
_____ 71046 Chest 2V	_____ 73130 Hand 3V R L	_____ 71101 Ribs 2V R L	_____ 73590 Tib-Fib 2V R L
_____ 73000 Clavicle R L	_____ 73502 Hip 2V R L	_____ 72220 Sacrum + Coccyx 2V	_____ 73660 Toes 3V R L
_____ 73080 Elbow R L	_____ 73060 Humerus 2V R L	_____ 73030 Shoulder 2V 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.
- **Bladder:** 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.

Bone Density	\$59
X-rays	\$45
Ultrasounds	Starting at \$99

Location:

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Social Media

