RAA
RADIOLOGY ASSOCIATES
OF ALBUQUERQUE, PA

CENTRALIZED SCHEDULING

PHONE: 505-332-6967 • FAX: 505-332-5890

Appointment Date:_____ Appointment Time: _____ Check in Time:_____

Patient Name_____DOB_____/_____/_____ Insurance _____

Patient Phone Number_____ Physicians name (print)_____

(ICD10/Diagnosis Code) _____ Authorization # _____

Clinical Symptoms _____

_____

Please do not bring children needing supervision to your exam

LOCATIONS

1. RAA Imaging
Offering - CT, Lung Cancer Screening, Ultrasound, Virtual Colonoscopy & X-ray.
4411 The 25 Way NE, Suite 150
Albuquerque, NM 87109

2. High Resolution
Offering - MRI, 3D Mammography, Mobile Mammography, Ultrasound & DEXA.
4411 The 25 Way NE, Suite 150
Albuquerque, NM 87109

3. Albuquerque Imaging Center
Offering – MRI & Open MRI
700 Lomas NE, 4 Woodward Court
Albuquerque NM, 87102

X-ray

No Appointment Necessary

- ☐ Abdomen (KUB)
- ☐ Three Way Abdomen
- ☐ Chest ☐ Special_____
- ☐ Facial Bones
- ☐ Foot ☐ R ☐ L
- ☐ Ankle ☐ R ☐ L
- ☐ Hand ☐ R ☐ L
- ☐ Wrist ☐ R ☐ L
- ☐ Tib/Fib ☐ R ☐ L
- ☐ Femur ☐ R ☐ L
- ☐ Knee ☐ R ☐ L
- ☐ Forearm ☐ R ☐ L
- ☐ Humerus ☐ R ☐ L
- ☐ Elbow ☐ R ☐ L
- ☐ Hip ☐ R ☐ L
- ☐ Shoulder ☐ R ☐ L
- ☐ Clavicle ☐ R ☐ L
- ☐ AC Joints ☐ R ☐ L
- ☐ SI Joints
- ☐ Pelvis frog leg (2 view)
- ☐ Nasal Bones
- ☐ Orbits
- ☐ Paranasal Sinus
- ☐ Ribs ☐ R ☐ L ☐ Bilateral
- ☐ Skull
- ☐ Soft Tissue Neck
- ☐ Thoracic Spine
- ☐ Cervical Spine ☐ with Flexion/Extension
- ☐ Lumbar Spine ☐ with Flexion/Extension
- ☐ Other, specify _____

(All contrast exams require a Creatinine level within 30 days of exam)

CT

CONTRAST

- ☐ With
- ☐ Without
- ☐ With and Without

STUDY

- ☐ Head
- ☐ Orbits
- ☐ Temporal Bones IAC'S
- ☐ Sinuses ☐ Fusion Protocol
- ☐ Soft Tissue Neck
- ☐ Chest
- ☐ Chest (high resolution)
- ☐ Renal Stone Protocol
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen and Pelvis
  Specify organ _____
- ☐ CT IVP
- ☐ Enterography
- ☐ Cervical Spine w/MPR
- ☐ Thoracic Spine w/MPR
- ☐ Lumbar Spine w/MPR
- ☐ Extremity w 3D Recon, specify _____
- ☐ Arthogram w/fluoro injection
- ☐ Angiography w/3D Recon, specify _____
  ☐ CTA Head ☐ CTA Run off
  ☐ CTA Carotids
  ☐ CTA Abdomen/Pelvis
- ☐ CTA Abdomen
- ☐ With 3D Recon (Separate PA Required)
- ☐ Virtual Colonoscopy
  ☐ Screening ☐ Diagnostic

Lung Cancer Screening

☐ Order low dose CT Lung Cancer Screening (Checking this box attests that shared decision-making occurred) Please continue to fill out all required information below.

Patient is Asymptomatic for Lung Cancer?
☐ Yes ☐ No (If no, patient will need to be scheduled for Chest CT w/o contrast)
Age (55-77) _____ Pack year history (Minimum of 30 pack years) _____
Current Smoker? ☐ Yes ☐ No (If no, how many years since patient has quit?) _____

(Content Above Reflects CMS Requirements)

Other Exams

- ☐ DEXA

(All contrast exams require a Creatinine level within 30 days of exam)

MRI ☐ Open Required

CONTRAST

- ☐ Without ☐ With and Without

STUDY

- ☐ Brain
- ☐ Brain/IAC'S ☐ Brain/Pituitary ☐ Brain/Orbits
- ☐ Breast (Bilateral)
- ☐ Soft Tissue Neck
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ TMJ ☐ R ☐ L
- ☐ MRCP
- ☐ Abdomen ☐ Liver ☐ Pancreas ☐ Kidneys
- ☐ Pelvis ☐ Uterus ☐ Rectal ☐ Prostate
- ☐ Extremity, Specify _____ ☐ R ☐ L
- ☐ Arthogram w/fluoro Injection
- ☐ MRA ☐ Brain ☐ Aortic Arch ☐ Carotids
  ☐ Renals ☐ w/Peripheral Runoff
- ☐ MRV Brain
- ☐ Other, Specify _____

ULTRASOUND

- ☐ Abdomen Complete ☐ Add Doppler (G-bladder, Pancreas, Liver, Spleen, Kidneys, bile duct, limited views IVC/Aorta)
- ☐ Abdomen Limited ☐ Add Doppler (Single abdominal organ)
  ☐ RUQ ☐ Gallbladder ☐ Appendix
  ☐ LUQ ☐ Liver ☐ Ascites (4 quadrants)
- ☐ Renal Complete
- ☐ Pelvic Complete ☐ Add Doppler (Transabdominal & Transvaginal)
- ☐ Pelvic Transabdominal Only (minors/comfort) ☐ Add Doppler
- ☐ Pelvic Transvaginal Only ☐ Add Doppler
- ☐ OB (please specify LMP _____)
  ☐ 1st trimester ☐ 2nd or 3rd trimester
- ☐ Thyroid (head/neck)
- ☐ Scrotum
- ☐ Groin (Inguinal) ☐ R ☐ L
- ☐ Extremity, non vascular; specify _____
- ☐ Bladder only
- ☐ Other, specify _____

NON-INVASIVE VASCULAR STUDIES

- ☐ Abdominal Aorta ☐ screening ☐ diagnostic
- ☐ Carotid Arteries
- ☐ Arterial: ☐ upper (arms) ☐ R ☐ L
  ☐ lower (legs & ABI) ☐ R ☐ L
  ☐ Ankle Brachial Index (ABI)
- ☐ Venous: ☐ upper (arms) ☐ R ☐ L
  ☐ lower (legs) ☐ R ☐ L
- ☐ Liver Doppler (if TIPS patient; please specify when stent was placed) _____

☐ **STAT** Call Report to PH# _____ Fax Report to FX# _____

Physician's Signature _____ Date _____

REV 01/18

RAA's Family of Imaging Centers

Albuquerque Imaging Center MAGNETIC RESONANCE IMAGING
RAA IMAGING
HIGH RESOLUTION OUR FOCUS IS YOUR HEALTH

All of our Imaging Centers have received the prestigious Diagnostic Imaging Center of Excellence Accreditation

ACR DIAGNOSTIC IMAGING CENTER of EXCELLENCE

RAA
RADIOLOGY ASSOCIATES
OF ALBUQUERQUE PA

PROUDLY OWNS AND OPERATES

ALBUQUERQUE IMAGING CENTER
HIGH RESOLUTION
RAA IMAGING

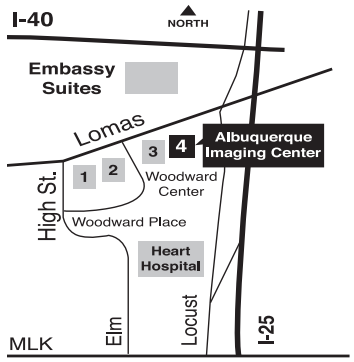
Your appointment is scheduled at the location checked below:

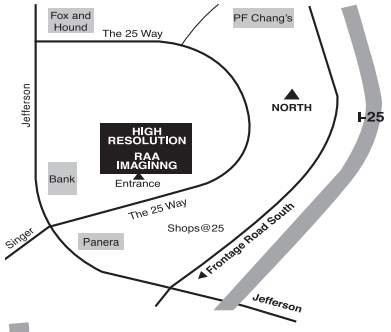
❑ 1. **Albuquerque Imaging Center** **332-6967**
4 Woodward Center
700 Lomas NE, Albuquerque, NM 87102
Provides MR only
Open MR at this location

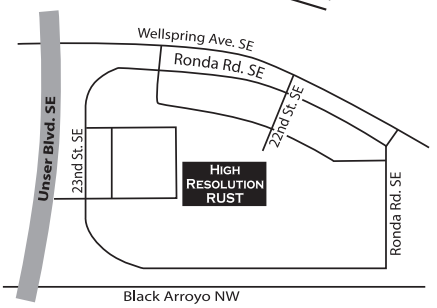
❑ 2. **High Resolution RAA Imaging** **332-6967**
4411 The 25 Way NE
Suite 150
Albuquerque, NM 87109

❑ 3. **High Resolution RUST** **332-6967**
2400 Unser Blvd. SE, Suite 28200
Rio Rancho, NM 87124
(2nd floor of the Physician Office Building)
Offering Screening Mammography only

HIGH RESOLUTION MAMMOVAN – HIGH RESOLUTION PROVIDES MOBILE MAMMOGRAPHY SERVICES IN BELEN, LOS LUNAS, AND SOCORRO AT PRESBYTERIAN MEDICAL GROUP CLINICS







PREP INFORMATION

Ultrasound

Fasting 6-8 hours prior (may take meds with water)

- Abdomen Complete, Abdomen Limited, Abdominal Aorta, Liver Doppler.

Full bladder prep 32oz of water finished 1hr to exam, do not void

- Renal Complete (includes bladder, kidneys), Bladder, OB (all exams), Pelvic Complete, Pelvic Transabdominal Only (minors/comfort).

No Prep Required

- Pelvic transvaginal only, Head/neck (thyroid, etc), Scrotum, Groin, Extremity, Carotid, Arterial, Venous.

MRI

Fasting 4 hours prior

- All contrast exams except arthrograms.
- MRCP and non-contrast abdomen.

CT

Fasting 3 hours prior

- All contrast exams and they must also have a recent BUN and Creatinine.

Patient must come in 48 hours prior to exam

- Virtual Colonography - Patient must come in 48 hours before scheduled procedure to pick up prep.

Patient must come in one hour before scheduled exam

- CT Enterography - Patient must come in one hour before scheduled exam to prep in office.
- CT Pancreas Protocol - Patient must come in one hour before scheduled exam to prep in office.

ACCEPTED INSURANCES

Presbyterian, Blue Cross Blue Shield, United Health Care, Molina Healthcare, Tricare, Medicare, Medicaid, Workers Comp, Aetna, Cigna, GEHA, HUMANA, NM Health Connections. *(This is an abbreviated list. For entire accepted insurances list please visit our website.)*

For more information please visit our Web Site: www.raaonline.com