

Phone: 864-305-5000

WWW.EMERGENCYMDSC.COM

Fax: 864-840-8207

Radiology Referral Pad

Patient Name: _____ DOB: _____

Phone: _____ Alternate Phone: _____

Insurance: _____ Policy #: _____ Pre-Cert #: _____

Office Name: _____

Diagnosis: _____

X-Ray of: _____

CT of: _____

MRI of: _____

MRA of: _____

US of: _____

Creatinines (if applicable) date: _____

Ordered By (PRINT): _____

Signature: _____ Date: _____

IV Contrast		
Without	Without & With	With Only

* Scans ordered With Contrast could be performed Without & With as per our standard protocols.

Ordering Instructions

We strive to make the radiology referral process as convenient as possible for Patients and Providers! Simply complete the form and Fax to the above number. We will contact the patient the same day even if pre-approval is required and if needed we are happy to complete the pre-approvals!!!

1. For MRI and CT please forward a copy of the demographics and recent office notes so we can use the clinical info for approval.
2. We will fax results back to your office and call all critical results stat. We are happy to medically intervene on any critical results if requested.
3. Our competitive advantage is that our report turnaround time is 30 minutes from study completion for X-Ray / CT / Ultrasound and 24hrs for MRI (same day stats available for MRI on a case basis)
4. We offer STAT Imaging. We ask that requests for any stat / same day imaging to please call our number to arrange.
5. For CT / MR studies, we ask that you attach and fax a copy of the most recent office note and a demographic sheet so we can handle the pre-approval and any denials.

We realize as a trusted partner of your practice we have great responsibility and we strive to deliver an unrivaled customer and patient experience.

