

CT Referral Form



1601 Country Club Road
 Lake Charles, La 70605
www.swlaimaging.com

Appointment Time: _____	Appointment Date: _____
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Phone: 337.431.7887
 Fax: 1.866.756.4938

PATIENT INFORMATION:

Last Name _____ First Name _____ Male Female MI _____

DOB _____ SS# _____ Phone# _____ Cell# _____

Address _____ City / State _____ Zip _____

Guarantor Name _____ Relationship _____ D.O.B. _____

INSURANCE INFORMATION:

Insurance/Attorney _____ Phone # _____

Insured Name _____ DOI _____ Adjustor _____

Attorney / Comp Address _____ City / State _____ Zip _____

Policy / Claim# _____ Group # _____

Pre-certification Required: **NO YES** If yes, Please use **CHRISTUS St. Patrick Tax ID # 72-0411322** for CT pre-certifications

PHYSICIAN ORDER		Verbal Called In By: _____
Physician Signature: _____		Date: _____
Diagnosis: _____		Spoke to: _____
Patient weight: _____	Height: _____	
Known/Possible Pregnancy? _____	Yes _____ No _____	If yes, number of weeks: _____
Diabetic? _____	Yes _____ No _____	If yes, stop metformins 48 hrs. after exam
Allergies to Medicine? _____	Yes _____ No _____	If yes, please list: _____
Please circle all that apply: Left Right		Contrast:
		IV: <i>With</i> <i>Without</i> <i>W & WO</i>
		Oral: <i>Yes</i> <i>No</i>
CT Scan:		
____ Brain	____ Cervical Spine	____ Chest/Thorax
____ Temporal Bones/IAC's	____ Thoracic Spine	____ Abdomen (NPO 6 hrs/prep kit)
____ Orbits	____ Lumbar Spine	____ Pelvis (NPO 6 hrs/prep kit)
____ Sinus/Facial Bones	____ Upper Extremity Joint	____ Enterography (Volumen)
____ Soft Tissue Neck	____ Lower Extremity Joint	____ Upper Extremity
____ Cardiac Calcium Scoring	____ Stealth	____ Lower Extremity
CTAngiography Scan:		
____ Head	____ Neck	____ Upper Extremity
____ Chest	____ Pelvis	____ Lower Extremity
____ Abdomen	____ Abd Aorta & Bilat Iliofemoral	____ Lower Ext Runoff

LCP 72820

For SWLA Imaging Office Use:

Pre Certified Number _____ Effective Date _____ Term Date _____

Deductible \$ _____ Met \$ _____ Benefits: _____ Out of Pocket \$ _____

Spoke To: _____ Date: _____ Time: _____ Verified by: _____



Nelson Rd

Lake St

Ryan St

W Sale Rd

Country Club Rd

University Dr

● 1601 Country Club



3T MRI & CT Imaging
Located in the
Christus South Lake Charles facility