

Referral Form

Providence Imaging Consultants

5400 Suncrest, Suite B1, El Paso, Texas 79912

Phone: (915)577-6702

Fax: (915)534-7088

Date: ____/____/____

Patient Name: _____ DOB: ____/____/____

Soc. Sec. # _____ - _____ - _____ Insurance _____ # _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address _____

Recent Radiology studies _____

Patient notified to bring films YES _____ NO FILMS _____

Reason For Referral:

Where: _____ When: _____

*****Patient must be notified to bring Films/CD with them to appointment. If they do not have Films/CD, the referring office is responsible for requesting them and having them sent to our office. Thank You*****

Referring Physician: _____

Physician Signature: _____

CC: _____ Office Contact: _____

Office Phone: _____ Office Fax: _____

Please Fax with Form:

- **Medical Records (H&P, all reports, and laboratory data)**
- **Insurance Cards**
- **Photo ID**
- **C-9 form for Workers Comp**

*****If patient is being scheduled for a procedure, Referring office must give**

Patient Instructions:

1. **Do NOT** have anything to eat or drink after midnight the night prior to your procedure OR 6 hours prior to procedure.
2. You **MUST** have someone to drive you home after your procedure.
3. **Do** take heart or blood pressure medications with a small sip of water the morning of your procedure.
4. **Do NOT** take ANY pain medication the day of your procedure unless otherwise instructed.
5. **STOP** blood thinners (Coumadin, Plavix, Pletal, Aspirin, Ibuprofen) **4 DAYS** prior to your procedure. **IF YOU ARE HAVING A VENOGRAM, FISTULAGRAM, DECLOT OR VENOUS ABLATION PROCEDURE YOU MUST CONTINUE TAKING (COUMADIN, PLAVIX, PLETAL, ASPIRIN, IBUPROFEN) DO NOT STOP !**
6. **Do NOT** take your diabetes medication the day of your procedure.
7. Wear comfortable clothing.
8. Arrive at least one hour prior to allow time for registration and procedure preparation.
9. Bring your insurance &/or workers comp information along with a photo ID (drivers license).
10. Plan to pay required co-pays @ time of service.
11. To insure the highest quality procedure in a safe environment, we are unable to provide child care services for you.
12. Please do NOT bring unattended children to the center.
13. Do to limited space; please limit the amount of family members in attendance to 1 or 2 people.

Fax to: (915) 534-7088/(915) 747-2871