



LaSalle Medical Associates - Victor Valley Region

RADNET PRIOR AUTHORIZATION FORM

RadNet Fax: (800) 398-1388

RadNet Phone: (310) 445-2911

Level of Urgency to be Processed:

URGENT 24 Hours

ROUTINE 72 Hours

Request Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____ Phone: _____

City: _____ Zip Code: _____

Health Plan: _____ Member ID: _____

Referring Physician (Print): _____ Specialty: _____ PCP (Print): _____
(If Different from Referring Physician)

Diagnosis: _____ Iodine Allergy Pacemaker

Procedure Requested: _____

Description/Pertinent Clinical Information: _____

→TO EXPEDITE PROCESS - PLEASE ATTACH CLINICAL DOCUMENTATION/LABORATORY/IMAGING/CONSULTS

Pertinent Labs Included _____ Pertinent Radiology Exams Included _____

Clinical Notes Included _____ Consult Included by Dr. _____

AVAILABLE IMAGING FACILITIES (Please Indicate Choice)

Elite Advanced Imaging (3T MRI, MRA, CT, PET/CT & Stereotactic Breast Biopsies) Victor Valley Hesperia (DEXA)

Victor Valley Advanced (MRI, MRA, CT, CTA & CT Guided Biopsies) Victor Valley Open (Open MRI)

Physician Signature: _____ Phone: () _____ Fax: () _____

Contact Person: _____ Total No. Pages Included in Fax: _____