



## LaSalle Medical Associates - Inland Empire Region RADNET PRIOR AUTHORIZATION FORM

## RadNet Fax: (800) 398-1388

RadNet Fax: (800) 398-1388 RadNet Phone: (310) 445-2911

Level of Urgency to be Processed:  Request Date:	☐ 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 ATTA		
☐ Pertinent Labs Included	Pertinent Radiology Exams Included	
☐ Clinical Notes Included	Consult Included by Dr.	
AVAILABLE IMAGING FACILITIES (Please Indicate Choice)		
□ Corona Advanced Imaging (Open MRI, CT, CTA) □ Grove Diagnostic Imaging (MRI, MRA, CT, DEXA, Breast MRI & NM)		
☐ Healthcare Imaging Center (MRI, MRA, CT, DEXA, Stereotactic Breast Biopsies, Breast MRI & NM)		
☐ Redlands Advanced Imaging (3T MRI)	☐ Temecula Advanced Imaging (3	3T MRI, MRA, Breast MRI, CT, CTA & NM)
☐ San Jacinto Imaging (Open MRI, CT & DEXA) ☐ The Breast Care Center of Temecula (DEXA & Stereotactic Breast Biopsy)		
Physician Signature:	Phone: ()	Fax: ( )
Contact Person:	Total No. Pages Included in Fax:	