

# APPOINTMENT REQUEST

**RADIOLOGISTS: CHRISTOPHER MALCOM DO, MICHEAL JOHNSON DO, JOHN GAMBINO MD PHD, ROBERT YEAGER MD**

## PATIENT INFORMATION

Ordering Physicians Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_ Please Fax Results to: \_\_\_\_\_  
 Patient Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_ Spanish Speaking Only:  Yes  No  
 Insurance: \_\_\_\_\_



4519 Enterprise Way • Caldwell, ID  
 Phone: 208-454-0742  
 www.ImagingCenterofIdaho.com

**Fax Request to: 454-2341**



3581 East Overland Rd. • Meridian, ID  
 Phone: 208-846-7494  
 www.MyAdvancedImaging.com

**Fax Request to: 846-7496**



Meridian Caldwell  
 3581 E. Overland Rd. 4519 Enterprise Way  
 Phone: 208-402-4467 Phone: 208-454-4976  
 www.veincenterofidaho.com

**Fax: 321-8626 Fax: 454-4997**

### SPECIFICATIONS

**AUTHORIZATION #** \_\_\_\_\_

MRI (Specify Body Part): \_\_\_\_\_  
 ARTHROGRAM:  Yes  No

STEROID INJECTION  
 (Specify Body Part): \_\_\_\_\_

X-RAY (Specify Body Part): \_\_\_\_\_

CT (Specify Body Part): \_\_\_\_\_

Bone Density  BMI

Fluoro: \_\_\_\_\_ UGI \_\_\_\_\_ Esophogram  
 Other: \_\_\_\_\_

Ultrasound (Specify Body Part): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mammography  
 Screening \_\_\_\_\_ Diag \_\_\_\_\_

Interventional \_\_\_\_\_

### SPECIFICATIONS

**AUTHORIZATION #** \_\_\_\_\_

MRI (Specify Body Part): \_\_\_\_\_

ARTHROGRAM  Yes  No

Ultrasound (Specify Body Part): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SPECIFICATIONS

Initial Consultation: \_\_\_\_\_

Varicose Veins: \_\_\_\_\_

Spider Veins: \_\_\_\_\_

Leg Pain: \_\_\_\_\_

Leg Swelling: \_\_\_\_\_

Ultrasound: \_\_\_\_\_

Venous Duplex:  Unilateral (R/L)  
 Bilateral

Post OP Duplex:  Unilateral (R/L)

Compression Stockings

\_\_\_\_\_

Coolsculpting: \_\_\_\_\_

Ordering Physician/Staff Notes: \_\_\_\_\_

Contrast at Radiologist's discretion unless otherwise indicated here: \_\_\_\_\_

**Diagnosis/Symptoms:** \_\_\_\_\_

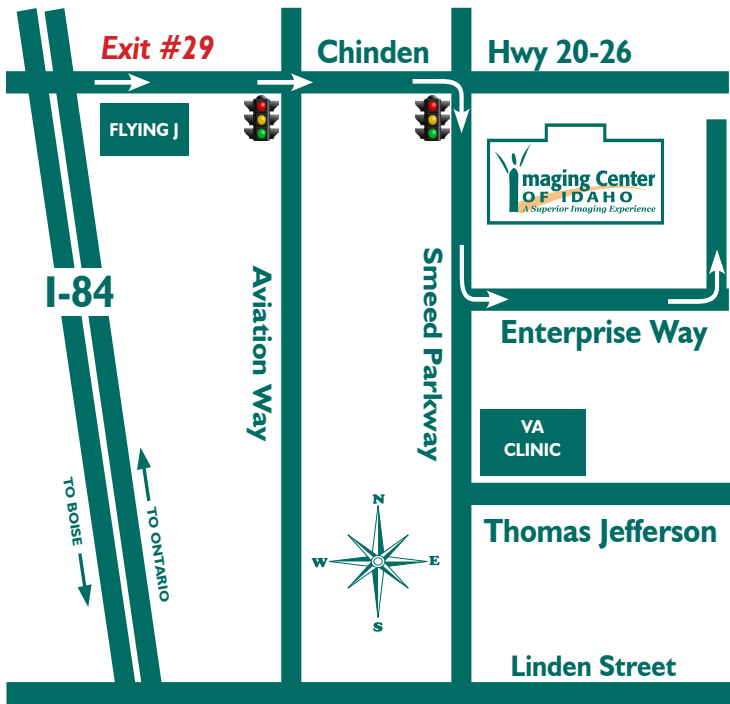
**WE APPRECIATE THE OPPORTUNITY TO SERVE YOU**

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SEE OTHER SIDE FOR MAP AND DIRECTIONS

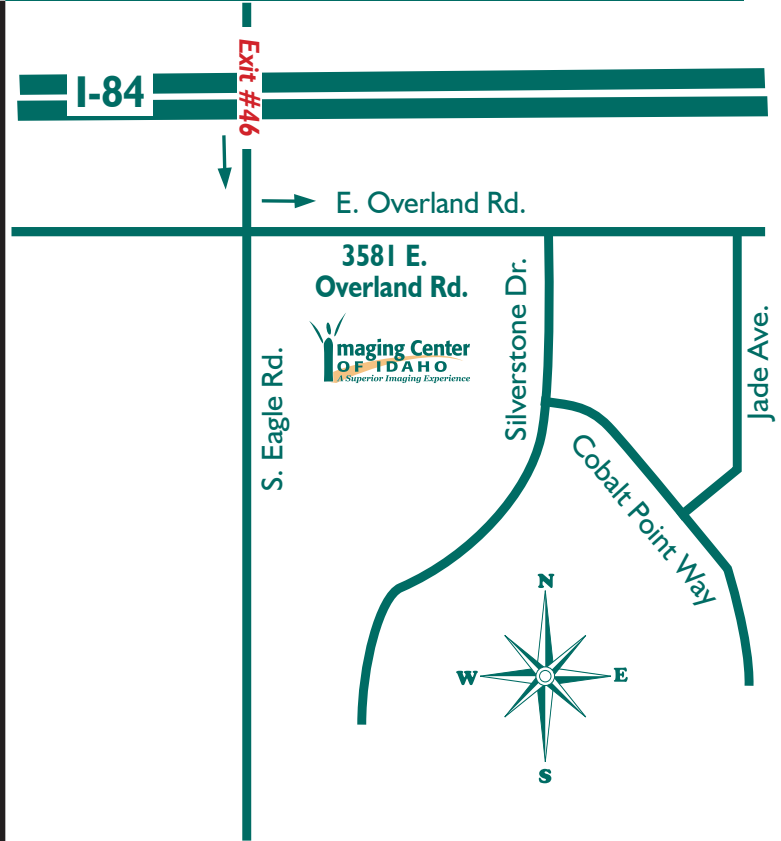
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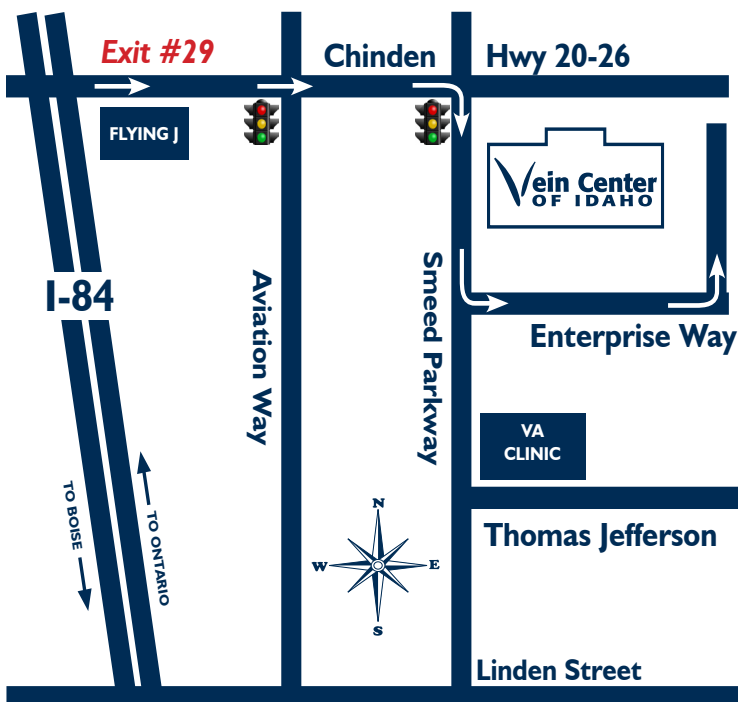
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