



*Indicates Required Fields *Patient Name: _____ *Today's Date: _____

*Patient DOB: _____ *Patient Day Phone / Cell: _____

*Referring Provider (Name): _____

*Referring Provider (Signature): _____ CC Provider: _____

Stat Results via: ☐ Phone call to: _____ ☐ Fax to: _____

Creat. Level: _____ Date drawn: _____ or ☐ I-STAT – If indicated (Check box)

Insurance Company: _____ Authorization Number: _____

*Clinical HX/DX and Special Instructions: _____

FOR AUTHORIZATION SUPPORT
Copy front and back of insurance card
and fax appropriate physician notes

DIAGNOSTIC IMAGING

BRAIN

- ☐ DaTscan with SPECT (Parkinsons work-up)
- ☐ Cerebral Perfusion SPECT/CT
- ☐ Amyvid (Florbetapir) PET/CT
Amyloid Plaque Imaging
- ☐ FDG Cognitive Impairment/Dementia
PET/CT
- ☐ Vizamyl (Flutemetamol) Amyloid Plaque
Imaging

CARDIAC

- ☐ FDG Myocardial Viability PET/CT
(Nuclear Medicine Rest Myocardial Study
to be performed unless performed within
the last 6 weeks)
- ☐ FDG Cardiac Sarcoidosis PET/CT
(Nuclear Medicine Rest Myocardial Study
to be performed unless performed within
the last 6 weeks)
- ☐ MUGA / Radionuclide Ventriculogram
- ☐ Cardiac MIBG
- ☐ Cardiac Amyloidosis with SPECT/CT

ENDOCRINE

- ☐ Thyroid Scan with Uptake
- ☐ Whole Body Radioiodine Scan
(Thyroid CA Surveillance)
with SPECT/CT per radiologist discretion
 - ☐ With Thyrogen Stimulation
 - ☐ SMIL to administer
 - ☐ Referring office to administer
- ☐ Parathyroid Scintigraphy with SPECT/CT

GASTROINTESTINAL

- ☐ Hepatobiliary Scan
With Stimulation (EF)
per radiologist discretion
 - ☐ Bile Leak Protocol
 - ☐ Sphincter of Oddi Dysfunction
- ☐ Gastric Emptying Study (solid phase only)
- ☐ Liver/Spleen Scan with SPECT/CT
- ☐ Hemangioma (Tagged RBCs) SPECT/CT
- ☐ Meckel's Scan (Diverticulum)

GENITOURINARY

- ☐ MAG3 Tc 99m Differential Renal Function only
 - ☐ Obstruction (Lasix renogram)

INFECTION IMAGING

- ☐ Tagged White Blood Cell Scan
Specify location: _____
-With Bone Marrow Mapping, SPECT/CT
and/or correlating radiographs per
radiologist discretion
- ☐ Gallium Whole Body with SPECT/CT

MUSCULOSKELETAL

- ☐ Whole Body Bone Scan
-3 phase, SPECT/CT and/or correlating
radiographs per radiologist discretion
- ☐ Three Phase Bone Scan
Specify location: _____
-Whole body, SPECT/CT and/or correlating
radiographs per radiologist discretion
- ☐ SPECT/CT
Specify location: _____
-Whole body, 3 phase and/or correlating
radiographs per radiologist discretion
- ☐ Sodium Fluoride Bone Scan PET/CT
- ☐ Mandibular Growth Study with SPECT

NEUROENDOCRINE

- ☐ Ga 68 Netspot (Dotatate) PET/CT
- ☐ Octreoscan Whole Body with SPECT/CT
- ☐ MIBG Whole Body with SPECT/CT

ONCOLOGY

- ☐ FDG PET/CT
Indication: _____
- ☐ Sodium Fluoride Bone Scan PET/CT
- ☐ F 18 Cerianna (Fluoroestradiol) PET/CT

PROSTATE CANCER IMAGING

- ☐ F 18 Axumin (Fluciclovine) PET/CT
PSMA PET Agents
- ☐ F 18 Pylarify (Piflufolastat) PET/CT
- ☐ F 18 Posluma (Flotufolastat) PET/CT
- ☐ Ga 68 Illucix (Gozetotide) PET/CT
- ☐ Ga 68 Locametz (Gozetotide) PET/CT
- ☐ Other: _____

THERAPY

THYROID

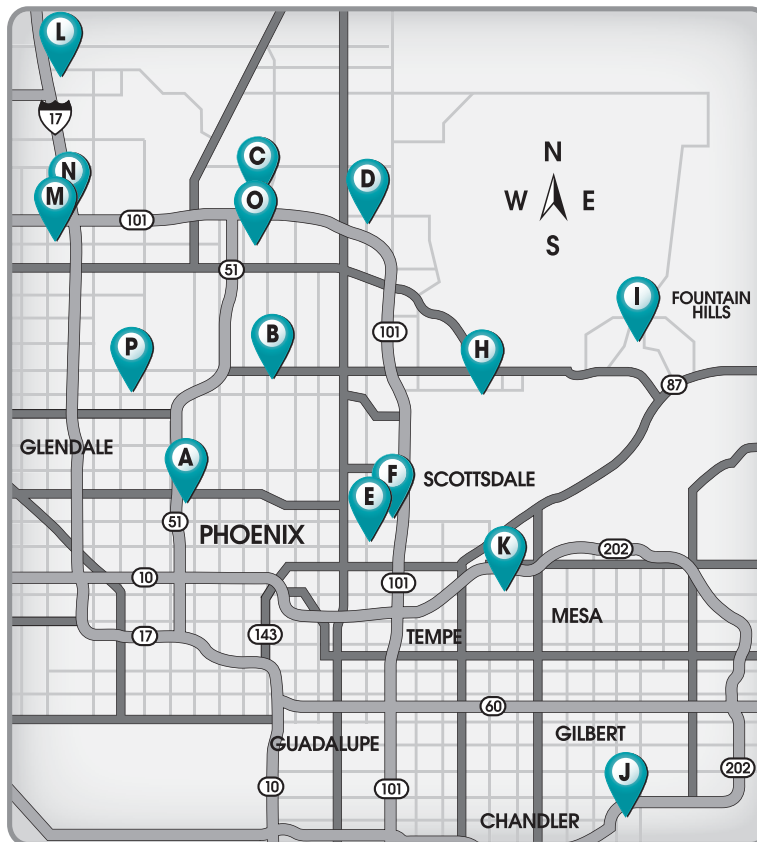
- ☐ Hyperthyroid Treatment
(Thyroid Uptake and Scan to be performed
unless performed in the last 6 weeks)
 - ☐ Dose _____ mCi I131
Or
 - ☐ Nuclear Medicine physician discretion
- ☐ Thyroid Cancer Therapy with
Post Ablation Scan
with SPECT/CT per radiologist discretion
 - ☐ With Thyrogen Stimulation
 - ☐ SMIL to administer
 - ☐ Referring office to administer
 - ☐ Dose _____ mCi I131
Or
 - ☐ Nuclear Medicine physician discretion
- ☐ I131 Post Ablation Scan
(Dose administered at referring office)
with SPECT/CT per radiologist discretion

APPOINTMENT INFORMATION

Date: _____ At: _____ A.M. / P.M. Location: _____

	MRI	3T MRI	CT	PET-CT	NUC MED	3D MAMM	BREAST BX	US	DEXA	FLUORO	MR/CT ARTHRO	IR	X-RAY
A HIGHLAND & 22ND ST.	X	WIDE BORE X	X			X		X	X				X
B TATUM & SHEA	WIDE BORE X		X		X	X		X	X				X
C DESERT RIDGE						X		X	X				X
D THOMPSON PEAK & SCOTTSDALE	X	X	X			X		X	X		X	X	X
E SCOTTSDALE & OSBORN	X	WIDE BORE X	X					X		X	X		X
F 2ND ST. & BROWN						X	X	X	X				
H 92ND ST. & MOUNTAIN VIEW	X	WIDE BORE X	X	X	X	X	X	X	X	X	X		X
I PALISADES & SAGUARO	X		X			X		X	X				X
J GILBERT	WIDE BORE X	X	X	X	X	X	X	X	X				X
K MCKELLIPS RD. & STAPLEY DR.	WIDE BORE X		X			X		X	X		X		X
L I-17 & DOVE VALLEY	WIDE BORE X		X			X		X	X				X
M I-17 & AZ 101	X		X					X		X	X		X
N I-17 & AZ 101 BREAST HEALTH	X					X	X	X	X				
O TATUM & UNION HILLS	X	WIDE BORE X	X					X					X
P 3RD ST. & DUNLAP	WIDE BORE X		X			X		X	X		X		X

- A HIGHLAND & 22ND ST.**
Biltmore Medical Mall
2222 E. Highland Ave., Ste. 120
Phoenix, AZ 85016
- B TATUM & SHEA**
10575 N. Tatum Blvd., Ste. C-128
Paradise Valley, AZ 85253
- C DESERT RIDGE**
Desert Ridge Medical Campus
20940 N. Tatum Blvd., Ste. 390
Phoenix, AZ 85050
- D THOMPSON PEAK & SCOTTSDALE**
Thompson Peak Medical Plaza
20201 N. Scottsdale Healthcare Dr.
Ste. 190
Scottsdale, AZ 85255
- E SCOTTSDALE & OSBORN**
HonorHealth Scottsdale Osborn
Medical Center
3501 N. Scottsdale Rd., Ste. 130
Scottsdale, AZ 85251
- F 2ND ST. & BROWN**
Town Center Medical Plaza
7301 E. 2nd St., Ste. 112
Scottsdale, AZ 85251
- H 92ND ST. & MOUNTAIN VIEW**
Desert Mountain Medical Plaza
9220 E. Mountain View Rd.
Suites 100, 214
Scottsdale, AZ 85258



- I PALISADES & SAGUARO**
Fountain Hills Medical Center
16838 E. Palisades Blvd.
Bldg. C, Ste. 151
Fountain Hills, AZ 85268
- J MERCY RD. & ROME ST.**
Mercy Medical Commons
3645 S. Rome St., Ste. 101
Gilbert, AZ 85297
- K MCKELLIPS RD. & STAPLEY DR.**
1052 E. McKellips Rd.
Mesa, AZ 85203
- L I-17 & DOVE VALLEY**
Sonoran Crossing
33423 N. 32nd Ave.
Phoenix, AZ 85085
- M I-17 & AZ 101**
Deer Valley Medical Office II
19636 N. 27th Ave., Ste. LL1 & LL5
Phoenix, AZ 85027
- N I-17 & AZ 101 BREAST HEALTH**
Deer Valley Medical Office III
19646 N. 27th Ave., Ste. 205
Phoenix, AZ 85027
- O TATUM & UNION HILLS**
18404 N. Tatum
Phoenix, AZ 85032
- P 3RD ST. & DUNLAP**
John C. Lincoln Medical Center
9250 N. 3rd St., Ste. 1002
Phoenix, AZ 85020



Schedule Online
by scanning the code