SMIL
SOUTHWEST MEDICAL IMAGING
ORTHOPEDIC IMAGING

APPT. SCHEDULING: (480) 425-5030
SCHEDULING FAX: (480) 425-5033
MAIN PHONE: (480) 425-5000
Tax ID Number: 200382536

Submit a photo of your order by scanning the code
Se habla español
eSMIL.com

***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: _____

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

X-RAY (appointment only)

- ❑ Hand ❑ R ❑ L ❑ Bilateral
- ❑ Wrist ❑ R ❑ L ❑ Bilateral
  - ❑ *Navicular View*
- ❑ Elbow ❑ R ❑ L ❑ Bilateral
- ❑ Clavicle ❑ R ❑ L ❑ Bilateral
- ❑ Shoulder ❑ R ❑ L ❑ Bilateral
- ❑ Chest (2 views)
- ❑ Pelvis ❑ Inlet ❑ Outlet
  - ❑ *Judet Views*
- ❑ Hip ❑ R ❑ L ❑ Bilateral
  - ❑ *Mag Marker*
- ❑ Knee (AP/LAT) ❑ R ❑ L ❑ Bilateral
  - ❑ *Weight Bearing* ❑ *Mag Marker*
  - ❑ *Tunnel* ❑ *Sunrise*
- ❑ Ankle ❑ R ❑ L ❑ Bilateral
- ❑ Foot ❑ R ❑ L ❑ Bilateral
  - ❑ *Weight Bearing* ❑ R ❑ L
- ❑ Spine ❑ C ❑ T ❑ L
- ❑ Scoliosis study on long cassette
  - ❑ *AP* ❑ *Lateral*
  - ❑ *Lateral with ____ cm foot lift* ❑ *R* ❑ *L*
- ❑ Scanogram – Leg Length
  - ❑ *Long leg align. – hip to ankle standing**
- ❑ Other: _____

**North Medical Plaza II only*

DEXA

- ❑ DEXA Bone Densitometry (includes wrist as indicated)

JOINT ASPIRATION/INJECTION

Please specify joint: _____ ❑ R ❑ L

- ❑ Steroid intra-articular with local anesthetic*
- ❑ Arthrocentesis*

*Image guided modality per radiologist discretion

SPINE INTERVENTION

- ❑ Calcific Tendinopathy Aspiration
  - ❑ *with Steroid Injection*
- ❑ Popliteal Cyst Aspiration
  - ❑ *with Steroid Injection*
- ❑ Superficial soft tissue mass biopsy

MRI

❑ **W/WO Contrast per Radiologist*** ❑ **WO Contrast**

- ❑ *Check this box to specify 3T MRI*
- ❑ RAMRIS
- ❑ Hand ❑ R ❑ L
- ❑ Wrist ❑ R ❑ L
- ❑ Finger: 1, 2, 3, 4, 5 ❑ R ❑ L
- ❑ Elbow ❑ R ❑ L
- ❑ Shoulder ❑ R ❑ L
- ❑ Pelvis
- ❑ Hip ❑ R ❑ L
  - ❑ *MARS (metal artifact reduction for prosthesis)*
- ❑ Knee ❑ R ❑ L
  - ❑ *with TT-TG measurements*
- ❑ Ankle/Heel ❑ R ❑ L
- ❑ Foot/Mid-Foot ❑ R ❑ L
- ❑ Forefoot ❑ R ❑ L
  - ❑ Neuroma/Plantar plate tear
- ❑ Toe: 1, 2, 3, 4, 5 ❑ R ❑ L
- ❑ Spine ❑ C ❑ T ❑ L
- ❑ Sports Hernia/ Athletic Pubalgia ❑ R ❑ L
- ❑ Sacroilliac Joints
- ❑ Lumbar Plexus

MR Arthrogram (with intra-articular gad injection)

❑ Joint _____ ❑ R ❑ L

**Includes I-STAT if indicated*

NUCLEAR MEDICINE

- ❑ 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

CT

❑ **W/WO Contrast per Radiologist*** ❑ **WO Contrast**

- ❑ *Check this box to specify 3D reconstruction*
- ❑ Prosthesis ❑ R ❑ L
- ❑ Hand ❑ R ❑ L
- ❑ Wrist ❑ R ❑ L
  - ❑ *3D Reconstruct Navicular*
- ❑ Elbow ❑ R ❑ L
- ❑ Shoulder ❑ R ❑ L
- ❑ Bony Pelvis
- ❑ Hip ❑ R ❑ L
- ❑ Knee ❑ R ❑ L
  - ❑ *with TT-TG measurements*
- ❑ Ankle ❑ R ❑ L
- ❑ Foot ❑ R ❑ L
- ❑ Spine ❑ C ❑ T ❑ L

CT Arthrogram (with intra-articular injection contrast)

❑ Joint: _____ ❑ R ❑ L

**Includes I-STAT if indicated*

ULTRASOUND

Non-Invasive Vascular:

- ❑ Venous upper extremity ❑ R ❑ L
- ❑ Venous lower extremity ❑ R ❑ L
- ❑ Other: _____

Arterial Doppler

- ❑ Lower extremity with stress ❑ R ❑ L
  - ❑ with Toe PPGs
- ❑ Upper extremity ❑ R ❑ L
- ❑ ABI

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

SMIL
SOUTHWEST MEDICAL IMAGING

SMIL Locations

SCHEDULING: (480) 425-5030
SCHEDULING FAX: (480) 425-5033
MAIN PHONE: (480) 425-5000
eSMIL.com

	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				
G AZ 101 & BELL RD.	WIDE BORE X	WIDE BORE X	X	X	X	X	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

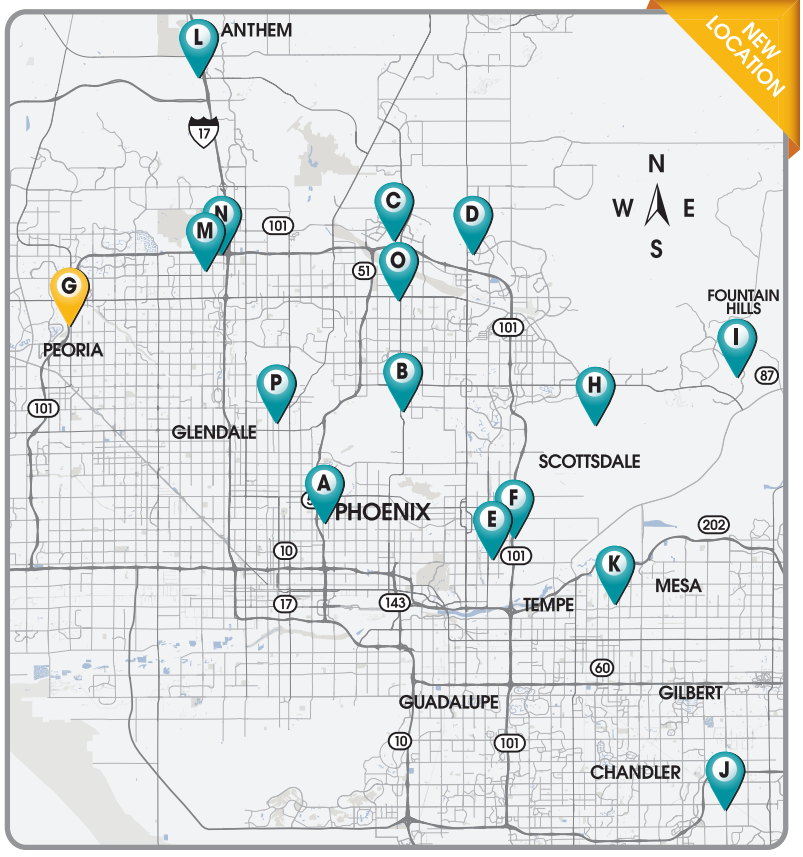
D THOMPSON PEAK & SCOTTSDALE
Thompson Peak Medical Plaza
20201 N. Scottsdale Healthcare Dr.
Ste. 190
Scottsdale, AZ 85255

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

G AZ 101 & BELL RD.
HonorHealth Medical Campus at Peoria
15000 N 83rd Ave., Ste. 100
Peoria, AZ 85381

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

SMIL
SOUTHWEST MEDICAL IMAGING

SCHEDULING: (480) 425-5030
SCHEDULING FAX: (480) 425-5033
MAIN PHONE: (480) 425-5000
eSMIL.com