

*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 History: _____

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

Special requests/instructions: _____

WALK-INX-RAY (No appointment necessary)

- Hand R L Bilateral
- Wrist R L Bilateral
 - Navicular View
- Elbow R L Bilateral
- Clavicle R L Bilateral
- Shoulder R L Bilateral
- Chest 1 View 2 View
- Ribs Series R L Bilateral
- Abdomen KUB 3 View
- 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
- Sinuses
 - Single Waters View Full Series
- Spine (3 views)
 - Cervical Thoracic Lumbar
 - Flexion/Extension With Obliques
- 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)

MRI

- W/WO Contrast per Radiologist* WO Contrast
- Neck (soft tissue)
- Brachial Plexus R L Bilateral
- Spine Cervical Thoracic Lumbar
- Hip R L
- Knee R L
- Shoulder R L
- MR Arthrogram Joint _____ R L
(with intra-articular gad injection)
- Other: _____

*Includes I-STAT if indicated

CT

- W/WO Contrast per Radiologist* WO Contrast
- Spine: Cervical Thoracic Lumbar
- Neck and Maxillofacial
- Brain
- Chest
- Abdomen (does not include pelvis unless also ordered)
- Pelvis
- Bony Pelvis
- Other: _____

*Includes I-STAT if indicated

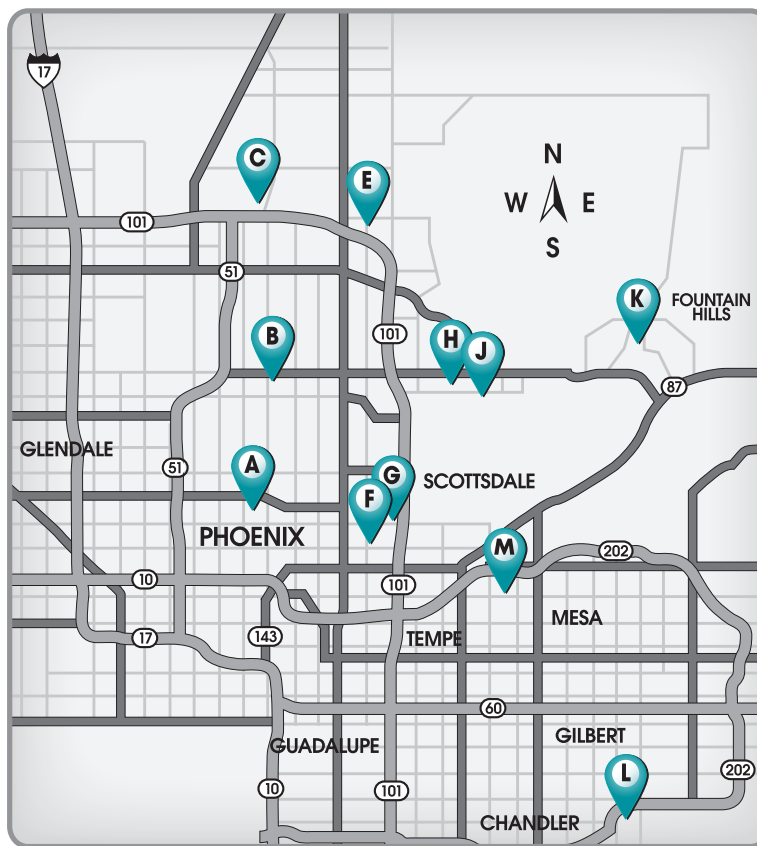
NUCLEAR MEDICINE

- Bone**
- Whole Body Bone Scan
 - 3 phase, SPECT and/or correlating radiographs per radiologist discretion
- Three phase bone scan
 - Specify location: _____
 - Whole body, SPECT and/or correlating radiographs per radiologist discretion
- SPECT
 - Specify location: _____
 - Whole body, 3 phase and/or correlating radiographs per radiologist discretion

OTHER

| | MRI | 3T MRI | CT | PET-CT | NUC MED | 3D MAMM | BREAST BX | US | DEXA | FLUORO | MR/CT ARTHRO | VEIN & IR | X-RAY |
|--------------------------------------|----------------|----------------|----|--------|---------|---------|-----------|----|------|--------|--------------|-----------|-------|
| A HIGHLAND & 22ND ST. | X | | X | | | X | | X | X | | X | | X |
| B TATUM & SHEA | WIDE BORE X | | X | | X | X | | X | X | | | | X |
| C DESERT RIDGE | | | | | | X | | X | | | | | X |
| E THOMPSON PEAK & SCOTTSDALE | X | X | X | | | X | | X | X | | X | | X |
| F SCOTTSDALE & OSBORN | X | WIDE BORE X | X | | | | | X | | X | X | | X |
| G 2ND ST. & BROWN | | | | | | X | X | X | X | | | | X |
| H NORTH MEDICAL PLAZA II | | | | | | | | X | | | | X | X |
| J 92ND ST. & MOUNTAIN VIEW | X | WIDE BORE X | X | X | X | X | X | X | X | X | X | | X |
| K PALISADES & SAGUARO | X | | X | | | X | | X | X | | | | X |
| L GILBERT | WIDE BORE X | X | X | X | X | X | X | X | X | | X | | X |
| M MCKELLIPS RD. & STAPLEY DR. | 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
- E THOMPSON PEAK & SCOTTSDALE**
Thompson Peak Medical Plaza
20201 N. Scottsdale Healthcare Dr.
Ste. 190
Scottsdale, AZ 85255
- F SCOTTSDALE & OSBORN**
HonorHealth Scottsdale Osborn
Medical Center
3501 N. Scottsdale Rd., Ste. 130
Scottsdale, AZ 85251
- G 2ND ST. & BROWN**
Town Center Medical Plaza
7301 E. 2nd St., Ste. 112
Scottsdale, AZ 85251



- H NORTH MEDICAL PLAZA II**
HonorHealth Scottsdale Shea
Medical Campus
10290 N. 92nd St., Ste. 100
Scottsdale, AZ 85258
- J 92ND ST. & MOUNTAIN VIEW**
Desert Mountain Medical Plaza
9220 E. Mountain View Rd.
Suites 100, 214
Scottsdale, AZ 85258
- K PALISADES & SAGUARO**
Fountain Hills Medical Center
16838 E. Palisades Blvd.
Bldg. C, Ste.151
Fountain Hills, AZ 85268
- L MERCY RD. & ROME ST.**
Mercy Medical Commons
3645 S. Rome St., Ste. 101
Gilbert, AZ 85297
- M MCKELLIPS RD. & STAPLEY DR.**
1052 E. McKellips Rd.
Mesa, AZ 85203

APPOINTMENT INFORMATION

PATIENT NAME _____

DATE _____

TIME _____ A.M./P.M.

LOCATION _____



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

