

*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

CT CTA (please check one or both)

- W/WO Contrast per Radiologist* WO Contrast
- Brain
- Temporal Bones
- Sinus LandmarX Instatrak
- Orbits
- Maxillofacial
- Neck
- Neck and Maxillofacial
- Spine Cervical Thoracic Lumbar
- Chest High Res¹ (diffuse pulmonary disease)
 - Lung Cancer Screening¹ (subject to eligibility)
- Abdomen (does not include pelvis unless also ordered)
 - Optional organ-focused:
 - Adrenal³ Kidney³ Liver³ Pancreas³
- Pelvis
- CT Colonography Screening¹ (self pay)
- CT Colonography Diagnostic¹
- Enterography² (replaces SBFT for most indications)
- Hematuria/CT Abd Pelvis IVP³ (w/u of painless hematuria incl. 3D)
- Kidney Stone¹ (for urinary tract calculi includes KUB)
- Screening Coronary Calcium Score¹ (self pay)
- Diagnostic Coronary Calcium Score¹
- Extremity: _____
- Other: _____
- CTA Aorta with Runoff
- CTA Chest for Pulmonary Embolus²
 - ¹without contrast ²with contrast ³without and with contrast
 - ¹Includes I-STAT if indicated

MAMMOGRAPHY

- Screening***
- 2D/3D Breast Tomosynthesis (includes 2D)
 - R L Bilateral
- Diagnostic (with ultrasound as indicated per Radiologist)**
- 2D/3D Breast Tomosynthesis (includes 2D)
 - R L Bilateral
 - May schedule and perform Stereotactic, Ultrasound or MRI biopsy, if indicated.
 - *With permission to convert to diagnostic exam (additional images and/or ultrasound as indicated per Radiologist),
 - Stereotactic Biopsy R L
 - MRI Guided Breast Biopsy R L
 - Breast Biopsy Needle Localization R L
 - Other: _____

DEXA

- DEXA Bone Densitometry (includes wrist as indicated)

MRI MRA (please check one or both)

- W/WO Contrast per Radiologist* WO Contrast
- Brain IAC Orbits Pituitary
 - Memory loss (NeuroQuant/3D rendering)
- Neck (soft tissue)
- Spine Cervical Thoracic Lumbar
- Brachial Plexus R L
- Breast R L Bilateral
- Elastography
- Enterography (Abdomen and Pelvis) with and without contrast*
- Extremity R L _____
- MR Arthrogram R L _____
- Abdomen Adrenal Liver Kidney MRCP Pancreas
- Pelvis Soft Tissue Bony
- Prostate (3D Rendering)
- MRA Cerebral Carotid Arteries
- MRA Aorta Mesenteric Arteries Renal Arteries Non-contrast Renal Arteries
- Other: _____
- *Includes I-STAT if indicated

WALK-IN X-RAY (No appointment necessary)

- Chest (2 view)
- KUB
- Pelvis
- Ribs (incl. PA Chest) R L Bilateral
- Hip R L Bilateral
- Knee R L Bilateral
- Knee (Osteoarthritis Protocol) R L Bilateral
- Ankle R L Bilateral
- Foot R L Bilateral
- Shoulder R L Bilateral
- Elbow R L Bilateral
- Wrist R L Bilateral
- Hand R L Bilateral
- Spine Cervical Thoracic Lumbar
 - Standard 3 View With Obliques Flex/Ext
- Other: _____

FLUOROSCOPY

- Barium Enema (BE) BE With air
- Esophagram UGI
- Small bowel follow through (SBFT) (Replaced by CT Enterography for most indications)
- Hysterosalpingogram Cystogram
- VCUG Other: _____

ULTRASOUND

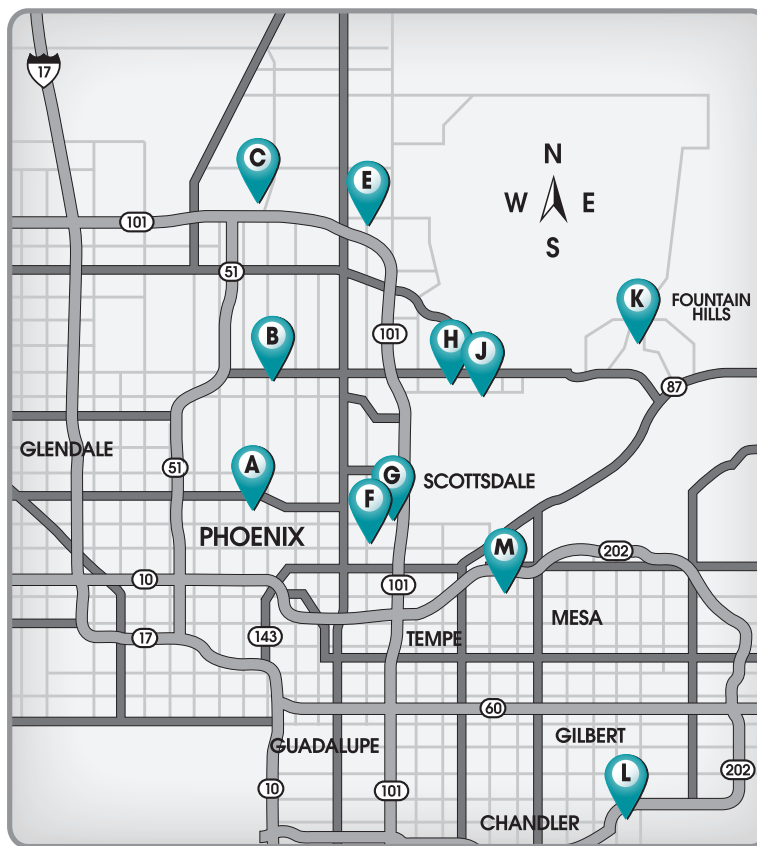
- Abdomen
- Pelvis w/Transvag Hysterosonogram
- Obstetric w/Transvag (Imaging as indicated)
- Testicular
- Renal/Retroperitoneal (Kidneys)
- Renal w/Renal Artery Doppler
- Abdomen* complete w/shear wave liver elastography
- Thyroid Thyroid Biopsy
- Breast (mammo as indicated per radiologist)
 - R L Bilateral
- Breast Core Biopsy R L Bilateral
- Breast Cyst Aspiration R L Bilateral
- Cervical Lymph Node Mapping Biopsy
- Carotid Artery (extracranial, complete)
- CIMT** (Carotid Intima - Media Thickness)
- AAA (Screening) (Medicare Only)
- Segmental Arterial Pressures with/or without Stress** (duplex imaging of graft/stent if indicated)
- Duplex Arterial Arm Leg
 - R L Bilateral
- ABI
- Peripheral Venous
 - R L Bilateral
- Other: _____
- *Mountain View location only
- **North Medical Plaza II location only

NUCLEAR MEDICINE/PET-CT

- PET-CT Oncology: Indication _____
- FDG Myocardial Viability Imaging (Requires Rest Myocardial Perfusion Scan within the last 6 weeks)
 - Hepatobiliary Scan EF (CCK)
- MUGA
- Parathyroid Scintigraphy with SPECT
- Thyroid Scan with Uptake
- 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

	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

