

*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

WALK-IN X-RAY (no appt. necessary)

- 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 - Neuroma/Plantar plate tear R L
- Toe: 1, 2, 3, 4, 5 R L
- Spine C T L
- Sports Hernia/Athletic Pubalgia
- Sacroiliac 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 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

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 and/or correlating radiographs per radiologist discretion
- Gallium Whole Body with SPECT

	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

