

***Indicates Required Fields**

*Patient Name: _____ *Today's Date: _____

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

*Referring Provider (Name): _____

*Referring Provider (Signature): _____

CC Provider: _____

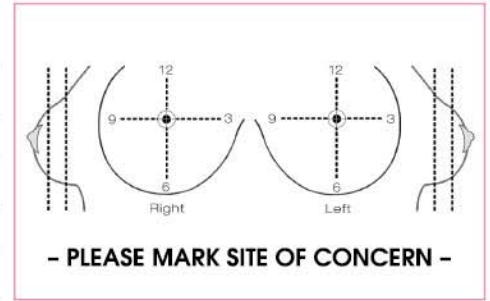
Stat Results via: Phone call to: _____ Fax to: _____

Patient to take CD

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

MAMMOGRAPHY

Screening*

2D/3D Breast Tomosynthesis (includes 2D)

Right Left Bilateral

Diagnostic (with ultrasound as indicated per Radiologist)

2D/3D Breast Tomosynthesis (includes 2D)

Right Left Bilateral

May schedule and perform Stereotactic, Ultrasound or MRI biopsy, if indicated.

*With permission to convert to diagnostic exam. (additional mammographic images and/or ultrasound as indicated per Radiologist)

BIOPSY

MRI Guided Biopsy*

Right Left Bilateral

Stereotactic Biopsy

Right Left Bilateral

Needle Localization Mammo Ultrasound MRI

Right Left Bilateral

Ultrasound Guided Cyst Aspiration

Right Left Bilateral

Ultrasound Guided Core Biopsy

Right Left Bilateral

Ductogram

Right Left Bilateral

Other: _____

*Includes I-STAT if indicated

MRI

Breast WO Contrast (for implant integrity)

Right Left Bilateral

Breast W/WO Contrast*

Right Left Bilateral

Female Pelvis W/WO Contrast*

Other: _____

*Includes I-STAT if indicated

PET-CT

PET-CT Indication: _____

ULTRASOUND

Breast

Right Left Bilateral

Pelvis

Pelvis w/Transvag

Hysterosonogram

Obstetric w/ Transvag (imaging as indicated)

Abdomen

Other: _____

OTHER

DEXA Bone Densitometry (includes wrist as indicated)

Chest X-Ray (2 view)

Hysterosalpingogram

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.**
Billmore 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 _____

SMIL
SOUTHWEST MEDICAL IMAGING
AFFILIATED WITH RADIOLOGY PARTNERS

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

