



\*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 Res<sup>1</sup> (diffuse pulmonary disease)
  - Lung Cancer Screening<sup>1</sup> (subject to eligibility)
- Abdomen (does not include pelvis unless also ordered)
  - Optional organ-focused:
    - Adrenal<sup>3</sup>  Kidney<sup>3</sup>  Liver<sup>3</sup>  Pancreas<sup>3</sup>
- Pelvis
- CT Colonography Screening<sup>1</sup> (self pay)
- CT Colonography Diagnostic<sup>1</sup>
- Enterography<sup>2</sup> (replaces SBFT for most indications)
- Hematuria/CT Abd Pelvis IVP<sup>3</sup> (w/u of painless hematuria incl. 3D)
- Kidney Stone<sup>1</sup> (for urinary tract calculi includes KUB)
- Screening Coronary Calcium Score<sup>1</sup> (self pay)
- Diagnostic Coronary Calcium Score<sup>1</sup>
- Extremity: \_\_\_\_\_
- Other: \_\_\_\_\_
- CTA Aorta with Runoff
- CTA Chest for Pulmonary Embolus<sup>2</sup>
  - <sup>1</sup>without contrast <sup>2</sup>with contrast <sup>3</sup>without and with contrast
  - <sup>\*</sup>Includes 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
- Abdomen with Livermultiscan without contrast
- 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/CT
- Thyroid Scan with Uptake
- Bone**
- 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

	MRI	3T MRI	CT	PET-CT	NUC MED	3D MAMM	BREAST BX	US	DEXA	FLUORO	MR/CT ARTHRO	VEIN & IR	X-RAY
<b>A</b> HIGHLAND & 22ND ST.	X	WIDE BORE X	X			X		X	X				X
<b>B</b> TATUM & SHEA	WIDE BORE X		X		X	X		X	X				X
<b>C</b> DESERT RIDGE						X		X	X				X
<b>D</b> THOMPSON PEAK & SCOTTSDALE	X	X	X			X		X	X		X		X
<b>E</b> SCOTTSDALE & OSBORN	X	WIDE BORE X	X					X		X	X		X
<b>F</b> 2ND ST. & BROWN						X	X	X	X				X
<b>G</b> NORTH MEDICAL PLAZA II								X				X	X
<b>H</b> 92ND ST. & MOUNTAIN VIEW	X	WIDE BORE X	X	X	X	X	X	X	X	X	X		X
<b>I</b> PALISADES & SAGUARO	X		X			X		X	X				X
<b>J</b> GILBERT	WIDE BORE X	X	X	X	X	X	X	X	X				X
<b>K</b> MCKELLIPS RD. & STAPLEY DR.	WIDE BORE X		X			X		X	X		X		X
<b>L</b> I-17 & DOVE VALLEY	WIDE BORE X		X			X		X	X				X
<b>M</b> I-17 & AZ 101	X		X					X		X	X		X
<b>N</b> I-17 & AZ 101 BREAST HEALTH	X					X	X	X	X				
<b>O</b> TATUM & UNION HILLS	X		X					X					X
<b>P</b> 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 NORTH MEDICAL PLAZA II**  
HonorHealth Scottsdale Shea  
Medical Campus  
10290 N. 92nd St., Ste. 100  
Scottsdale, AZ 85258
- 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

**APPOINTMENT INFORMATION**

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_ A.M./P.M.

LOCATION \_\_\_\_\_



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