



# Arizona Advanced Imaging



**Phoenix**  
**MRI, CT, US, X-RAY**  
 2225 W Peoria Ave, Unit 150  
 Phoenix, AZ 85029  
 PH **602-753-4860**  
 F **602-715-1510**

**Scottsdale**  
**MRI ONLY**  
 9787 N 91st St • Unit 101  
 Scottsdale, AZ 85258  
 PH **480-927-3887**  
 F **480-779-1370**

**Mesa**  
**MRI, CT, US, X-RAY**  
 4566 E Inverness Ave, Ste 102  
 Mesa, AZ 85206  
 PH **480-308-7718**  
 F **480-308-7717**

**Chandler**  
**MRI, CT, US, X-RAY**  
 600 S Dobson Rd, Ste E42  
 Chandler, AZ 85224  
 PH **480-306-7008**  
 F **480-306-7316**

**Tucson**  
**MRI, CT, US, X-RAY**  
 6261 N La Cholla Blvd, Ste 161  
 Tucson, AZ 85741  
 PH **520-783-2300**  
 F **520-532-2026**

**Henderson**  
**MRI, CT, US, X-RAY**  
 10561 Jeffreys St, Unit 111  
 Henderson, NV 89052  
 PH **702-757-4058**  
 F **702-757-4066**

**Please bring this completed order, your insurance card, and a photo ID with you to your appointment.**

Today's date: \_\_\_\_\_ Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  M or  F Patient Phone: \_\_\_\_\_  
(last) (first) MM DD YYYY

Diagnosis/Current Symptoms/History: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ ID #: \_\_\_\_\_

**MRI**  
(with reconstruction as indicated)

Brain  SWI  
 Brain & IAC  TBI  
 Brain & Pituitary  DTI  
 IAC Only  ALAR  
 Pituitary Only  
 Orbits  
 Neck Soft Tissue  
 Spine:  
 cervical \_\_\_\_\_  
 thoracic \_\_\_\_\_  
 lumbar \_\_\_\_\_  
 Abdomen (indicate area of interest below)  
 \_\_\_\_\_

MRCP  
 Adrenals  
 Pelvis

Extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 body part: \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

**Without contrast**  
 **With & without contrast**

**MR Angiography (MRA)**

Brain  
 Neck - Carotids  
 Chest  
 Aorta  
 Renals  
 **Other:**  
 \_\_\_\_\_

**Without contrast**  
 **With & without contrast**

**CT**  
(with reconstruction as indicated)

Head / Brain  
 Temporal Bones (IAC's)  
 Sinus (Maxillofacial)  
 complete \_\_\_\_\_ limited \_\_\_\_\_  
 Maxillofacial – Facial Bones  
 Neck Soft Tissue  
 Shoulder: left \_\_\_\_\_ right \_\_\_\_\_  
 Spine:  
 cervical \_\_\_\_\_  
 thoracic \_\_\_\_\_  
 lumbar \_\_\_\_\_  
 Chest  
 Abdomen (pelvis as indicated)  
 Pelvis  
 CT Urogram  
 CT Stone Protocol  
 Hip: left \_\_\_\_\_ right \_\_\_\_\_  
 Extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 Indicate area of interest: \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

**With contrast**  
 **Without contrast**  
 **With & without contrast**

**CT Angiography (w & w/o contrast)**

Head / Brain  
 Neck - Carotids  
 Chest  
 Abdomen (pelvis as indicated)  
 Pelvis  
 **Other:**  
 \_\_\_\_\_

**X-RAY**

Skull  
 Orbits  
 Sinuses:  
 waters \_\_\_\_\_  
 limited \_\_\_\_\_  
 complete \_\_\_\_\_  
 Shoulder: left \_\_\_\_\_ right \_\_\_\_\_  
 Neck Soft Tissue  
 Chest: PA \_\_\_\_\_ PA/LAT \_\_\_\_\_  
 Ribs (w/ PA Chest):  
 left \_\_\_\_\_ right \_\_\_\_\_  
 Spine:  
 cervical \_\_\_\_\_  
 thoracic \_\_\_\_\_  
 lumbar \_\_\_\_\_  
 KUB  
 Acute Abdominal Series  
 Hip: left \_\_\_\_\_ right \_\_\_\_\_  
 Bilateral Hips (w/ pelvis)  
 Pelvis  
 Indicate area of interest: \_\_\_\_\_  
 **Extremity:** left \_\_\_\_\_ right \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

**ULTRASOUND**  
(with Doppler as indicated)

Carotid Doppler  
 Venous Doppler  
 upper extremity: left \_\_\_\_\_ right \_\_\_\_\_  
 lower extremity: left \_\_\_\_\_ right \_\_\_\_\_

Abdominal Aorta  
 Abdomen  
 Abdomen Limited:  
 gallbladder \_\_\_\_\_  
 hernia \_\_\_\_\_  
 appendix \_\_\_\_\_  
 Renal / Bladder  
 Bladder  
 Pelvic (w/ transvaginal as indicated)  
 Scrotum  
 Thyroid  
 Follow Up  
 Reason:  
 \_\_\_\_\_

**Other:**  
 \_\_\_\_\_

- STAT**  
 Patient to bring CD to doctor's office  
 Call Report to Physician at:

\_\_\_\_\_  
 Physician's Direct Phone Number

- MVA**  **WC**  **DOI** \_\_\_\_\_

**For us to obtain prior authorization please fax insurance card front and back**

# GENERAL INSTRUCTIONS

## ULTRASOUND:

**Gallbladder and/or Abdomen:** Nothing to EAT or DRINK after midnight. Water is OK.

**Pelvic:** 1 hrs prior to exam, empty bladder (urinate). Start drinking 24 ounces of water. Finish water in 30 minutes. Do not empty bladder until exam is completed.

**Renal:** Drink 16 ounces of water 30 minutes prior to exam. Do not empty bladder prior to exam.

## CT SCAN:

**CT Exams Requiring IV Contrast:** Nothing to EAT or DRINK 4 hours prior to exam.

**CT Exams Requiring Oral Contrast:** Nothing to EAT or DRINK 4 hours prior to exam. Patients may pick up oral contrast at the facility prior to the appointment or arrive 1 hour prior to the exam. Please confirm your selection when scheduling your appointment.

\* **Note:** Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

## MRI:

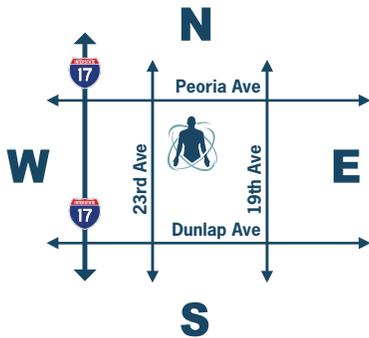
**All MRI Exams:** Notify office immediately if you have a **cardiac pacemaker, aneurysm clip, AICD (Cardiac Defibrillator), implanted device of any kind, or possible metal in your eye.**

**MRI of the Abdomen:** Nothing to Eat or Drink 4 hours prior to the exam.

\***Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

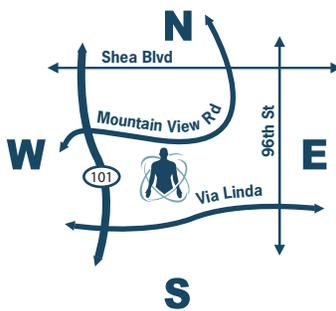
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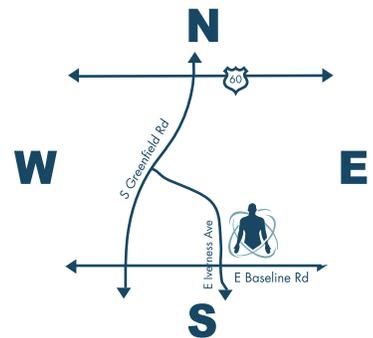
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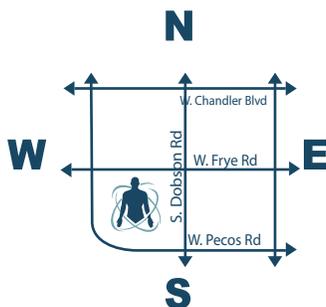
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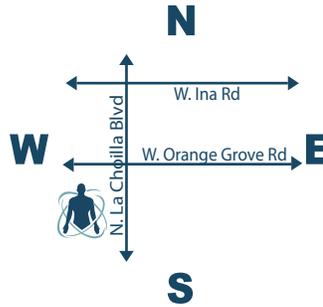
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