



AZ|TX
ADVANCED
IMAGING

SCHEDULING PHONE: 844-641-2111

EMAIL: SUPPORT@AZADVANCEDIMAGING.COM



Hablamos Español



- Phoenix MRI, CT, US, X-RAY** - 2225 W Peoria Ave, Unit 150 Phoenix, AZ 85029 **P 602-753-4860 F 602-715-1510**
- Scottsdale OPEN MRI ONLY** - 9787 N 91st St • Unit 101 Scottsdale, AZ 85258 **P 480-927-3887 F 480-779-1370**
- Chandler MRI, CT, US, X-RAY** - 600 S Dobson Rd, Ste E42 Chandler, AZ 85224 **P 480-306-7008 F 480-306-7316**
- Mesa MRI, CT, US, X-RAY** 4566 E Inverness Ave, Ste 102 Mesa, AZ 85206 **P 480-308-7718 F 480-308-7717**
- Peoria OPEN MRI ONLY** - 6818 W. Thunderbird Rd Peoria, AZ 85381 **P 602-753-4860 F 602-715-1510**
- Tucson MRI, X-RAY** 6261 N La Cholla Blvd, Ste 161 Tucson, AZ 85741 **P 520-783-2300 F 520-532-2026**
- Tucson OPEN MRI, CT, US, X-RAY,** 3970 N. Campbell Ave Tucson, AZ 85719 **P 520-210-0825 F 520-210-0825**

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: _____

Case Manager: _____

Additional Report to: _____ **MVA/PI** **Transportation Needed** **WC** **DOI** _____ **STAT**
(Available for PI cases only)

Insurance carrier: _____ ID #: _____

MRI

(with reconstruction as indicated)

- Brain **TBI**
- Brain & IAC **SPINTECH**
- Brain & Pituitary **TBI Protocol**
- Only Pituitary **DTI**
- 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
- 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: Add Flex/Ext
cervical _____
thoracic _____
lumbar _____
- KUB
- Acute Abdominal Series
- Hip: Left _____ Right _____
- Bilateral Hips (w/ pelvis)
- Pelvis
Indicate area of interest: _____
- Extremity:** Left _____ Right _____
- Other:** _____

- Prior Imaging Report, CD
- Bring attorney's information or business card
- Personal and At-Fault (3rd Party Insurance Information)
- Police Report or Collision Exchange Form
- Call Report to Physician: _____

ULTRASOUND

(with reconstruction 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
- Scrotum
- Thyroid
- Follow Up
- Reason: _____
- Other:** _____

Physician's Direct Phone Number _____

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 hr 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.

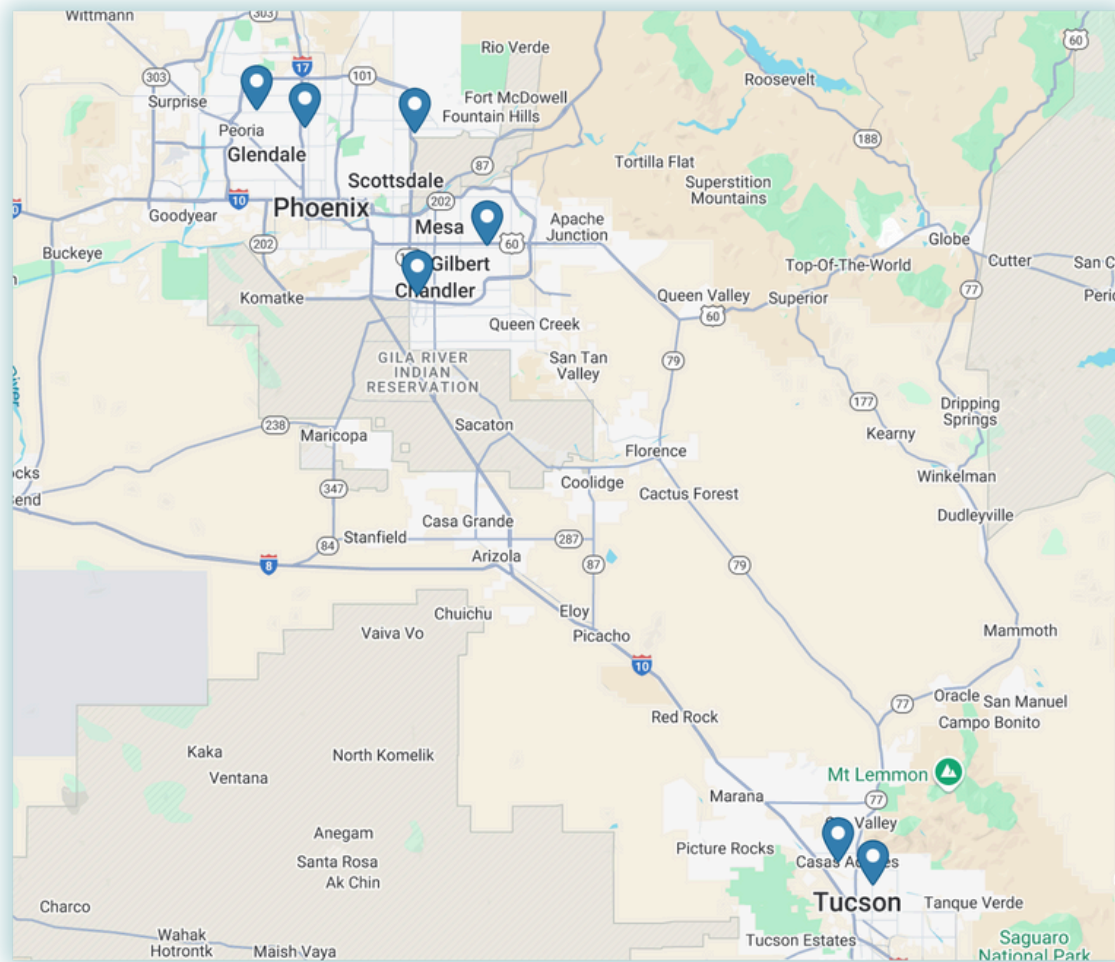
*** Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

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.

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



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***Phoenix Location: Open 7 Days a Week Mesa Location: Open 6 Days a Week