AZ | TX ADVANCED IMAGING

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RadSite ACCREDITED

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 520-200-8358
☐	**Central Phoenix MRI, CT, US, X-RAY,** 444 W Osborn Road, Ste 105, Phoenix ,AZ 85013	P 602-362-3076 F 602-362-3185

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
- ☐ Brain & IAC
- ☐ Brain & Pituitary
- ☐ Only Pituitary
- ☐ 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**

- ☐ **TBI**
- ☐ **SPINTECH TBI Protocol**
- ☐ **DTI**

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:**

_____

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
- ☐ Pelvic
- ☐ Scrotum
- ☐ Thyroid
- ☐ Follow Up

Reason:

_____

- ☐ **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: _____
  Physician's Direct Phone Number

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

GENERAL INSTRUCTIONS

ULTRASOUND

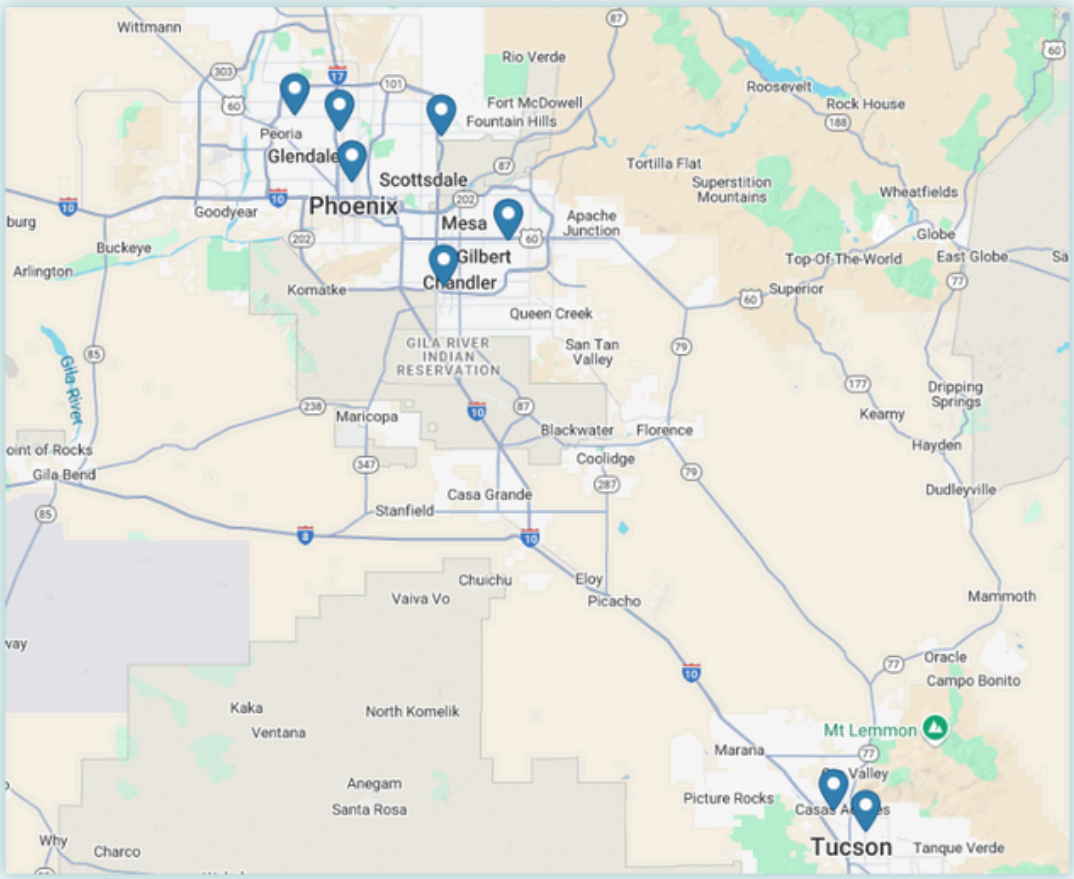
Gallbladder and/or Abdomen: Nothing to EAT or DRINK 6 hours prior to exam. Water is OK.
Pelvic: 1 hr prior to exam, empty bladder (urinate). Start drinking 24 ounces of water. Finish water in 30 minutes. Do not empty bladder until exam is completed.
Renal: Drink 16 ounces of water 30 minutes prior to 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