

TO SCHEDULE | P: (480) 455-1850 or (888) 515-1353 | F: (480) 455-1855 or (888) 515-5653

For authorization please fax the following:  
Patient and clinical information & insurance card(s)

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Clinical History: \_\_\_\_\_

Referring Provider Name (Print): \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_

CC Report to: \_\_\_\_\_

**PRIORITY**

Routine Fax: \_\_\_\_\_

Stat Call: \_\_\_\_\_

Stat Fax: \_\_\_\_\_

**MEDIA REQUESTED**

Films  CD  Patient Hand Carry

Courier to Deliver

Comparison Film Location: \_\_\_\_\_

**MRI**  w/contrast  w/wo contrast  w/o contrast (3D rendering as indicated)

- 3T  1.2T High Field Open  1.5T (Implants)
- Brain:  IACs  MS Protocol  Pituitary  
 NeuroQuant  LesionQuant
- Orbits  TMJ
- Spine:  Cervical  Thoracic  Lumbar  Sacrum/Coccyx
- Neck (Soft tissue)  MRV:  Head  Legs/AVF
- Abdomen:  
 Adrenal Glands  Elastography  Enterography  
 Eovist Liver  Kidney  Liver  
 MRCP  Pancreas  Renals
- Pelvis:  Prostate  Bony  Soft Tissue
- Extremity/Joint:  R  L  Bilateral  
 Shoulder  Elbow  Wrist  Hand  
 Hip  Knee  Ankle  Foot
- MR Arthrogram (with imaging guidance as needed)  
List Body Part: \_\_\_\_\_  R  L
- MRA:  
 Brain / Cerebral / Circle of Willis  
 Neck/Carotid & Vertebral  Chest  Thoracic Aorta  
 Abdomen  Abdominal w/run-off  Renal Arteries  
 Lower Extremity:  R  L  
 Upper Extremity:  R  L
- Other: \_\_\_\_\_

**CT**  w/contrast  w/wo contrast  w/o contrast (3D rendering as indicated)

- Brain  Temporal Bones
- Temporal Bones/IAC's
- Orbits  Maxillofacial - Facial Bones
- Sinus:  Fusion  Stryker  Instatrak  
 Landmark/Medtronic
- Neck (soft tissue)
- Spine:  Cervical  Thoracic  Lumbar
- Extremity Joint:  R  L  Bilateral  
 List Body Part: \_\_\_\_\_
- Extremity (non-joint):  R  L  Bilateral  
 List Body Part: \_\_\_\_\_
- Chest:  Routine  Hi-Res  Lung Screening
- Calcium Score
- Abdomen:  Liver  Pancreas  Renal Mass  
 Adrenal
- Abdomen & Pelvis:  Urogram  Enterography  
 Stone Protocol  Routine  Pelvic Congestion
- Pelvis  Virtual Colonoscopy
- Other: \_\_\_\_\_

**NUCLEAR MEDICINE**

- Bone Scan  3 Phase  Limited  Whole Body  
 SPECT Location: \_\_\_\_\_
- DaTscan w/SPECT
- Gallbladder (HIDA)  w/EF  w/o EF (Bile Leak)
- Gastric Emptying  GI Bleed Scan
- Liver/Hemangioma w/SPECT
- Liver/Spleen w/SPECT  Meckel's Scan
- MUGA  Octreoscan
- Parathyroid w/Spect  Renal Scan w/Lasix
- Thyroid Uptake Scan w/I123
- VQ Lung Scan w/Chest 2 View X-Ray
- WBC Scan  Limited  Whole Body  Dual Isotope

**NUCLEAR MEDICINE w/SPECT/CT** PARK CENTRAL ONLY

- Bone Scan  3 Phase  Limited  Whole Body  
 SPECT Location: \_\_\_\_\_
- DaTscan w/SPECT/CT  Octreoscan w/SPECT/CT
- Liver/Spleen  Parathyroid w/SPECT/CT w/SPECT/CT

**FLUOROSCOPY**

- Esophogram  Small Bowel
- Barium Enema/Lower GI (w/air when indicated)
- UGI  w/air  w/SBFT
- VCUg  Cystogram
- Hysterosalpingogram (HSG)
- Other: \_\_\_\_\_

**X-Ray** (Walk in; No appointment necessary)

- Elbow  OR  OL  Bil  Knee  OR  OL  Bil  OWB
- Wrist  OR  OL  Bil  Ankle  OR  OL  Bil  OWB
- Hand  OR  OL  Bil  Foot  OR  OL  Bil  OWB
- Hip  OR  OL  Bil  Skull
- Shoulder  OR  OL  Bil  Ribs  OR  OL  Bil
- Sinus  Waters  Series
- Neck (soft tissue)  Abdomen Flat/Upright
- KUB  IVP (no tomo)  Chest  PA  PA/LAT
- Spine  Cervical  Thoracic  Lumbar  
 3 View  5 View  Flex/Ext
- Other: \_\_\_\_\_

**ULTRASOUND** (Doppler if indicated)

- Thyroid
- Abdomen:  Limited  Complete  
 Area of concern:  Liver  Gallbladder  
 Upper Right Quadrant  Lower Right Quadrant
- Renal:  w/Bladder
- Renal Arteries  Bladder (w/pre and post voiding)
- Pelvis:  TV/TA  TA only  TV only
- Venous Doppler (Duplex):  
 R  L  Bilateral  Upper  Lower
- Carotid Doppler (Duplex)
- Arterial Doppler (Duplex):  
 R  L  Bilateral  Upper  Lower
- Ankle Brachial Indices (ABI)
- Scrotum/Testicular
- Other: \_\_\_\_\_
- OB w/ TV (1st Trimester)  (2nd/3rd Trimester)

**PET/CT**

- FDG Skull Base to Thigh (78815)
- FDG Whole Body (78816)
- PSMA/PyL Prostate (78815) (A9595)
- Gallium 68 NETSPOT (78815) (A9587)
- FDG Metabolic Brain (78608)
- Amyloid Brain (78814) (A9586)
- Axumin (78815) (A9588)
- NaF18 Bone Scan (78816)

**INTERVENTIONAL RADIOLOGY**

- US Guided Thyroid Biopsy:  Core  FNA
- US Guided Lymph Node Biopsy:  Core  FNA
- US Guided Liver Biopsy
- CT Myelogram (w/Fluoroscopy Guidance):  
 Cervical  Thoracic  Lumbar
- Lumbar Puncture

**DEXA**

Bone Density Date of last exam: \_\_\_\_\_  
Reason for bone density: \_\_\_\_\_

**BREAST IMAGING**

\*Mammography referral sheet available

## Locations, Maps & General Information

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CENTER	LOCATION	PHONE	3T MRI	1.5T MRI	High Field Open MRI	Prostate MRI	3D Mammography	64 Slice CT	CT	Ultrasound	Digital X-Ray	Digital Fluoroscopy	DEXA	Nuclear Medicine	PET/CT	Biopsy	Arthrogram	Virtual Colonoscopy	Lumbar Punctures	Myelograms
1 Ahwatukee	4530 E. Ray Rd. Ste. 160, Phoenix, AZ 85044	(480) 893-1004	●			●	●		●	●	●		●			●	●	●		
2 Apache Junction	1840 W. Apache Trail, Apache Junction, AZ 85120	(480) 288-6400	●			●	●		●	●	●		●	●	●			●		
3 Breastlink Chandler	1727 W. Frye Rd. Ste. 110, Chandler AZ 85224	(480) 360-2775				●				●			●			●				
4 Breastlink Mercy Gilbert	3686 S Rome St. Ste. 200, Gilbert, AZ 85297	(480) 256-9061				●				●			●			●				
5 Casa Grande	1669 E. McMurray Blvd., Casa Grande, AZ 85122	(520) 876-0297	●			●	●	●		●	●		●					●	●	
6 Gilbert	4915 E. Baseline Rd. Ste. 116, Gilbert, AZ 85234	(480) 354-9200	●			●	●	●		●	●	●	●				●	●	●	●
7 Park Central	3115 North Third Ave. Ste. S-140, Phoenix, AZ 85013	(602) 277-4111	●		●	●	●	●		●	●	●	●	●	●	●	●	●	●	●
8 Tempe	2501 E. Southern Ave. Ste. 8, Tempe, AZ 85282	(480) 820-2021		●			●		●	●	●		●	●		●		●		
9 Westgate	7330 N. 99th Ave. Ste. 125, Glendale, AZ 85307	(623) 223-7741		●				●		●	●	●						●		

For exam preparation instructions and more visit  
[ArizonaDiagnosticRadiology.com](http://ArizonaDiagnosticRadiology.com)

### General information

1. It is required that we have a doctor's order to perform your exam.
2. Please bring a valid id card with you along with your insurance card.
3. Some exams require authorization.
4. Please plan on completing registration forms prior to your exam.
5. If possible, dress in loose, comfortable, two-piece clothing. For MRI exams, no belts, or zippers and leave your valuables at home.
6. To expedite your final results to your physician, please bring any prior exam reports/images needed for comparison.
7. Study times may vary.

### Now Offering Remote Check-in

- Simple step by step instructions for patients and a quick and easy way to communicate with our staff.
- Reduce lobby traffic and greater social distancing by waiting in the comfort of patient's vehicle.

### How does it work?

- During your pre-check-in process you will be given a number to text, notifying us of your arrival.
- We will text back and include links to **complete check-in from outside the center.**

