

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

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: \_\_\_\_\_

**WOMEN'S ORDER FORM**

**BREAST IMAGING**

- Digital Screening Mammogram**  
*(Proceed with Diagnostic Mammogram and/or US if necessary)*
  - Implants
- High-Risk Protocol**
  - Proceed with Breast MRI if 20% or higher lifetime risk based on TC Score
  - Proceed with Whole Breast Ultrasound if Heterogeneously or Extremely Dense Breast
- Diagnostic Mammogram** *(US if necessary)*  
Select any of the following indications:
  - Lump:  R  L  Bil
  - Localized Nodularity:  R  L  Bil
  - Dimpling or Contour Deformity:  R  L  Bil
  - Nipple Discharge:  R  L  Bil  
Color: \_\_\_\_\_
  - Pain:  R  L  Bil
  - Suspected Complications of Breast Implants  
Specify: \_\_\_\_\_
- Proceed w/ Biopsy** *(if necessary)*  
Prior Imaging:  Yes  No Date: \_\_\_\_\_  
Previous location: \_\_\_\_\_

**ULTRASOUND** *(Duplex if indicated)*

- Abdominal Aorta**  **Abdominal Duplex** *(Liver)*
- Abdomen Complete**  **Abdomen Limited**
- Arterial w/ ABI**  R  L  Bil |  Leg  Arm
- Venous Doppler**  R  L  Bil |  Leg  Arm
- Carotid**
- OB w/ TV (1<sup>st</sup> Trimester)**
- OB (2<sup>nd</sup>/3<sup>rd</sup> Trimester)**
- Biophysical Profile**
- Breast:**  R  L  Bil
- Pelvic TV/TA**  **Pelvis TA only**
- Renal Arteries**
- Thyroid**
- Other:** \_\_\_\_\_

**MRI** *(3D Recon, Labs, Orbital X-Rays, if clinically necessary)*

- W/WO CONTRAST**  **W/WO CONTRAST**
- Pelvis**
  - Bony  Soft Tissue
- Abdomen**
  - Adrenal Glands  Enterography  Eovist Liver
  - Liver  MRCP  Pancreas  Renals
- Breast Bilateral MRI**
  - Implant Rupture  Screening *(high risk patient)*
- Brain**  Pituitary  IACs
- Spine**  Cervical  Thoracic  Lumbar
- Other:** \_\_\_\_\_

**BREAST INTERVENTION**

- Stereotactic Biopsy**  R  L  Bil
- US Biopsy**  R  L  Bil
- MRI Biopsy**  R  L  Bil
- Cyst Aspiration**  R  L  Bil
- Needle Localization**  R  L  Bil

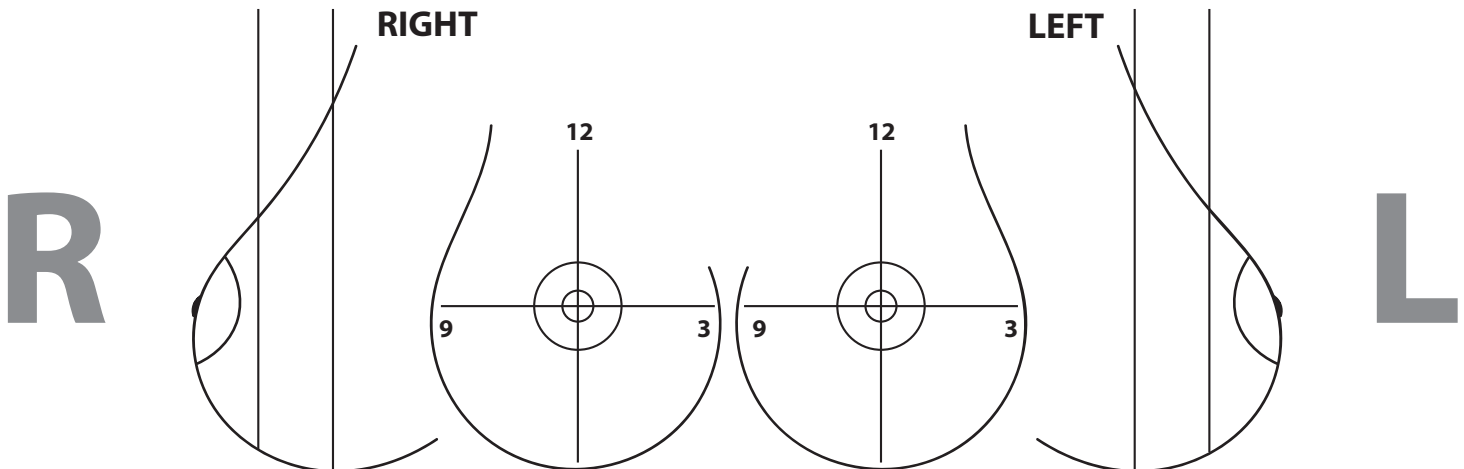
**OTHER REQUEST/INFO**

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

**DEXA - BONE DENSITY**

- Screening** *(LVA if indicated)*

**AREA OF INTEREST**



## Locations, Maps & General Information

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CENTER	LOCATION	PHONE	3T MRI	1.5T MRI	High Field Open MRI	Breast 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
<input type="checkbox"/> ① Ahwatukee	4530 E. Ray Rd. Ste. 160, Phoenix, AZ 85044	480-893-1004	●			●	●	●		●	●	●		●			●	●	●		
<input type="checkbox"/> ② Apache Junction	1840 W. Apache Trail, Apache Junction, AZ 85120	480-288-6400	●			●	●	●		●	●	●		●	●	●			●		
<input type="checkbox"/> ③ Breastlink Chandler	1727 W. Frye Rd. Ste. 110, Chandler AZ 85224	480-360-2775					●				●			●			●				
<input type="checkbox"/> ④ Breastlink Mercy Gilbert	3686 S Rome Street, Suite 200, Gilbert, AZ 85297	480-256-9061					●				●						●				
<input type="checkbox"/> ⑤ Casa Grande	1669 E. McMurray Blvd., Casa Grande, AZ 85122	520-876-0297	●			●	●	●	●		●	●		●						●	
<input type="checkbox"/> ⑥ Gilbert	4915 E. Baseline Rd. Ste. 116, Gilbert, AZ 85234	480-354-9200	●			●	●	●	●		●	●	●	●			●	●	●	●	●
<input type="checkbox"/> ⑦ Park Central	3115 North Third Ave. Ste. S-140, Phoenix, AZ 85013	602-277-4111	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●
<input type="checkbox"/> ⑧ Tempe	2501 E. Southern Ave. Ste. 8, Tempe, AZ 85282	480-820-2021		●				●		●	●	●		●	●		●		●		
<input type="checkbox"/> ⑨ Westgate	7330 N. 99th Ave. Ste. 125, Glendale, AZ 85307	623-223-7741	●					●			●	●	●						●		

### PREPARATION for Digital Mammogram Examination:

- No perfume, deodorant or body powder the day of the exam.
- Please bring any previous mammogram films and reports (if done at another facility).
- Please wear two piece clothing.
- Do not schedule one week before menstrual period.

### PREPARATION for Breast Biopsy:

- No aspirin or "blood thinner" one week prior to biopsy.
- Please consult your physician prior to discontinuing medications.

NO PREP NEEDED FOR BREAST ULTRASOUND OR CYST ASPIRATION.

### PREPARATION for DEXA Exam:

- Patients should not be scheduled within two weeks of any diagnostic or CT exam utilizing Barium, or any nuclear medicine exam.
- If possible, do not wear clothing with metal buttons or zippers.

### 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.

For exam preparation instructions and more visit  
ArizonaDiagnosticRadiology.com  
Breastlink.com

