ARIZONA DIAGNOSTIC RADIOLOGY

Dignity Health

IMAGING REQUEST FORM

Scheduling: (480) 455-1850 | **Fax:** (480) 455-1855

CONNECT PATIENT PORTAL
To schedule your exam or see your results, you can scan this QR code with your phone or visit us at:
AZDRGPatientPortal.com

Patient's Name: _____ Date of Birth: _____ Patient's Phone: _____

Reason for Exam/ ICD10 Code: _____

Surgical/Navigational Protocol: _____

Referring Provider (Print): _____ Provider Signature: _____ Today's Date: _____

By signing this order I acknowledge that the radiology practice may use advanced technology and software tools when appropriate to enhance clinical diagnostic capabilities

Phone: _____ Fax: _____ CC Report To: _____

☐ Call in STAT results to: _____ ☐ Release CD with Patient

Insurance Plan: _____ Member ID#: _____

MRI
☐ Without Contrast ☐ With & Without Contrast

○ 3T ○ 1.2 High Field Open ○ 1.5T
☐ Brain:
○ Include Quantitative Analysis:
__Dementia/MCI __Seizures __MS __TBI __Peds
○ IAC/Trigeminal ○ Brain Anti-Amyloid/ARIA ○ Pituitary
☐ Orbits ☐ TMJ ☐ Soft Neck Tissue
☐ Abdomen (*Liver, Kidney, Adrenals, etc*): ○ MRCP (*Pancreas*)
○ Enterography ○ Eovist (*Liver*) ○ Liver Iron Quant
○ Fat Fraction ○ Elastography
☐ Pelvis
☐ Prostate w/wo contrast
○ w/ Bones and Nodes
☐ Enhanced Prostate Screening wo Contrast
☐ Other: _____
Spine: ○ Cervical ○ Thoracic ○ Lumbar ○ Sacrum/Coccyx
Joint: ☐ Left ☐ Right ☐ Arthrogram
○ Shoulder ○ Elbow ○ Wrist ○ Hip ○ Knee ○ Ankle
○ Other: _____
☐ Non-Joint Lower Extremity: _____
☐ Non-Joint Upper Extremity: _____
MR Angiogrphy : ○ Brain ○ Neck ○ Thoracic Aorta ○ Chest
○ Abdomen ○ Abdominal w/run-off ○ Renal Arteries
MR Venogram: ○ Head ○ Neck
Cardiac MRI ☐ Without Contrast ☐ With & Without Contrast
○ Morphology and Function
○ Valve Assessment with Flow
__Aortic __Mitral __Pulmonary __Tricuspid
○ Intracardiac Shunt with Flow ○ Viability
○ Hypertrophic Cardiomyopathy w/Flow
○ Myocarditis ○ Masses ○ Myocardial Iron

FLUOROSCOPY
☐ Aspiration – Body Part: _____
☐ Barium Enema: ○ Single Contrast (*WO Air*)
○ Double Contrast (*W Air*)
☐ Cystogram
☐ Esophagram:
○ Barium Swallow ○ Barium Swallow Double Contrast (*W Air*)
☐ Hysterosalpingogram (*HSG*)
☐ IVP
☐ Lumbar Puncture
☐ Mediport/Porta Cath Study
☐ Small Bowel Follow Through (*SBFT*)
☐ Sniff Test
☐ Therapeutic Injection – Body Part: _____
☐ Upper GI:
○ Single Contrast (*WO Air*): __ With Esophagram
__ Without Esophagram __ W Small Bowel Follow Through
○ Double Contrast (*W Air*): __ With Esophagram
__ Without Esophagram __ W Small Bowel Follow Through
☐ Urethrocystography: ○ Voiding (VCUG) ○ Retrograde

X-RAY
(Walk in; No appointment necessary)

☐ Elbow: ○ R ○ L ○ Bil ☐ Knee: ○ R ○ L ○ Bil ○ WB
☐ Wrist: ○ R ○ L ○ Bil ☐ Ankle: ○ R ○ L ○ Bil ○ WB
☐ Hand: ○ R ○ L ○ Bil ☐ Foot: ○ R ○ L ○ Bil ○ WB
☐ Hip: ○ R ○ L ○ Bil ☐ Skull
☐ Shoulder: ○ R ○ L ○ Bil ☐ Ribs: ○ R ○ L ○ 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: _____

PEDIATRIC ULTRASOUND
☐ Abdominal Ultrasound
☐ Infant Head Ultrasound (*<1yr of age*)
☐ Infant Spine Ultrasound (*<6 months of age*)
☐ Infant Hips Ultrasound (*<6 months of age*)
☐ Pyloric Ultrasound (*<5 months of age*)
☐ Other: _____

CT
☐ w/contrast ☐ w/wo contrast ☐ w/o contrast ☐ w/wo contrast per rad
3D rendering as indicated

☐ Brain ☐ Temporal Bones ☐ Temporal Bones/IAC's
☐ Orbits ☐ Maxillofacial - Facial Bones
☐ Sinus: ○ Fuion ○ Stryker ○ Instarak
○ Landmark/Medtronic
☐ Neck (*Soft Tissue*)
☐ Spine: ○ Cervical ○ Thoracic ○ Lumbar
☐ Extremity Joint: ○ R ○ L ○ Bil
__ Body Part: _____
☐ Extremity (*non-joint*): ○ R ○ L ○ Bil
__ 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: _____

CTA
(ANGIOGRAPHY)

☐ Brain ☐ Neck ☐ Chest: ○ Aorta ○ PE
☐ Abdomen ☐ Pelvis ☐ Coronary (*if indicated, FFRCT*)
☐ Abdomen & Pelvis: ○ Post Stent ○ Pre Stent ○ Venogram
☐ Venogram Abdomen/Pelvis/Legs
☐ Aorta and runoff vessels

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 ○ Bil ○ Uppr ○ Lwr
☐ Carotid Doppler (*Duplex*)
☐ Arterial Doppler (*Duplex*): ○ R ○ L ○ Bil ○ Uppr ○ Lwr
☐ Angle Brachial Indices (*ABI*) ☐ Scrotum/Testicular
☐ OB w/TV (*1st Trimester*) ☐ (*2nd/3rd Trimester*)
☐ Ultrasound Echocardiogram TTE with Strain
☐ Other: _____

BREAST IMAGING
☐ **3D Screening Mammogram**
☐ **Proceed w/ Diagnostic Mammo and/or Ultrasound if Indicated**
☐ **EBCD® Recommended**
☐ **3D Diagnostic Mammogram** (*Breast Ultrasound if Indicated*): ○ R ○ L ○ Bil
☐ **3D Diagnostic MammograM**
☐ **Screening Breast Ultrasound**
☐ **Diagnostic Breast Ultrasound:** ○ R ○ L ○ Bil
☐ **Stereotactic Guided Breast Biopsy**
☐ **Ultrasound Guided Breast Biopsy**
☐ **MRI Guided Breast Biopsy**
☐ **MRI Breast w/wo Contrast**
☐ **MRI Breast wo Contrast** (*Implant evaluation only*)

☐ ***Additional breast imaging as clinically indicated:***
Checking box authorizes radiologist to proceed with, Diagnostic Mammogram, Breast Ultrasound, Breast MRI w/wo contrast and/or applicable Biopsy.

DEXA
☐ Hip & Spine
☐ Radius/Wrist/Heel
☐ Hip & Spine & Radius/Wrist/Heel

Include (*with any option above*):
○ Vertebral Fracture Assessment (*VFA*)
○ Trabecular Bone Scan (*TBS*)

☐ Body Fat Composition Analysis

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
☐ **Pyrophosphate Cardiac SPECT**

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 w/SPECT/CT** ☐ **Parathyroid w/SPECT/CT**
☐ **Pyrophosphate Cardiac SPECT/CT**

PET/CT
☐ **FDG - Skull Base to Mid-Thigh** (*CPT: 78815, A9552*)
☐ **FDG - Whole Body** (*Melanoma; CPT: 78816, A9552*)
☐ **F-18 PSMA/PYL** (*Prostate Cancer – Initial Staging or Biochemical Recurrence; CPT: 78815, A9595*)
☐ **Ga 68 NetSpot** (*Neuroendocrine Tumor (NET) / Carcinoid Tumor; CPT: 78815, A9587*)
☐ **18F-FES Cerianna** (*ER+ Breast Cancer; CPT: 78815, A9591*)
☐ **Amyloid - Brain** (*Alzheimer's Disease, Memory Loss, Mild Cognitive Impairment; CPT: 78814, Q9983*)
☐ **FDG – Brain** (*Metabolic; CPT: 78608, A9552*)
☐ **Other:** _____

PET/MR
PARK CENTRAL ONLY

PET (Select One)
☐ **FDG Metabolic Brain** (*78608, A9552*)
☐ **Amyloid Brain Scan - Amyvid** (*78811, A9586*)
☐ **Amyloid Brain Scan - Vizamyl** (*78811, Q9982*)

MRI (Select One)
☐ **MR for Attenuation Correction/ PET Fusion Only** (*No dedicated MRI sequences*)
☐ **MR Brain WO** (*70551*) ☐ **MR Brain W** (*70552*)
☐ **MR Brain W WO** (*70553*)

INTERVENTIONAL RADIOLOGY
☐ **US Guided Thyroid Biopsy:** ○ Core ○ FNA
☐ **US Guided Lymph Node Biopsy:** ○ Core ○ FNA
☐ **US Guided Liver Biopsy** ☐ **Paracentesis**
☐ **CT Myelogram (w/Fluoroscopy Guidance):**
○ Cervical ○ Thoracic ○ Lumbar
☐ **Lumbar Puncture**
☐ **Central Venous Access Port:** ○ Placement ○ Removal
☐ **Central Venous Access Catheter:** ○ Placement
○ Repositioning ○ Replacement ○ Removal
☐ **Midline Venous Access Catheter:**
○ Placement ○ Removal
☐ **PICC Line:** ○ Placement ○ Removal
☐ **Other:** _____

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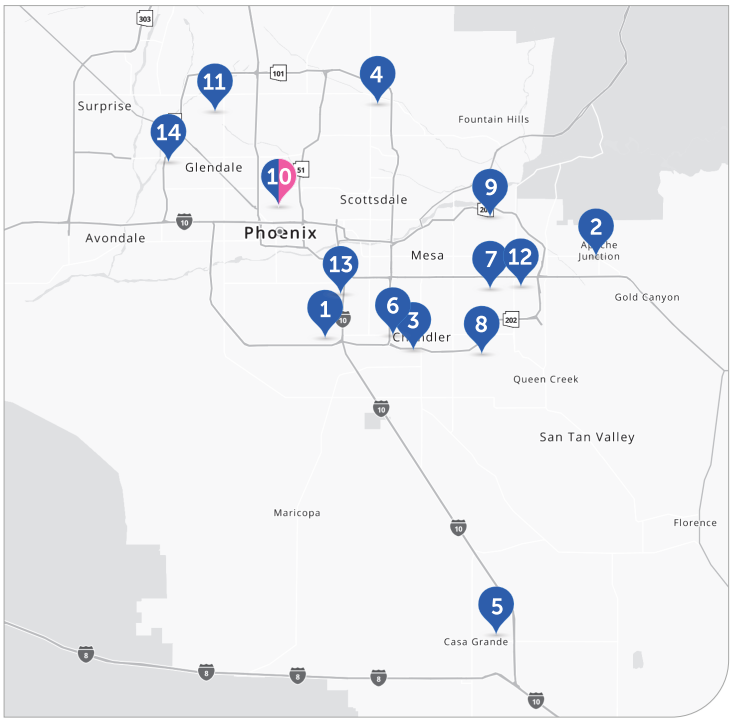
Centralized Scheduling P: (480) 455-1850 | F: (480) 455-1855

	CENTER	LOCATION	3T MRI	1.5T MRI	High Field Open MRI	Prostate MRI	3D Mammography	CT/CCTA	Ultrasound	Echocardiography	Digital X-Ray	Digital Fluoroscopy	DEXA	Nuclear Medicine	PET/CT	PET/MR	Biopsy	Arthrogram	Lumbar Punctures	Myelograms
1	Ahwatukee	4530 E. Ray Rd. Ste. 160, Phoenix, AZ 85044	●			●	●	●	●		●		●							
2	Apache Junction	1840 W. Apache Trail, Apache Junction, AZ 85120	●			●	●	●	●		●		●	●	●					
3	Breastlink Chandler	1727 W. Frye Rd. Ste. 110, Chandler AZ 85224					●		●				●				●			
4	Breastlink Kierland	7469 E. Monte Cristo Ave., Ste. 200, Scottsdale, AZ 85260					●		●				●				●			
5	Casa Grande	1669 E. McMurray Blvd., Casa Grande, AZ 85122	●			●	●	◐	●		●		●				●	●	●	●
6	Chandler Fairview	2201 W. Fairview St., Ste. 1, Chandler, AZ 85224		●					●		●									
7	Gilbert Baseline	4915 E. Baseline Rd., Ste. 116, Gilbert, AZ 85234	●			●	●	◐	●		●	●	●				●	●		
8	Mercy Gilbert	3591 S. Mercy Rd., Ste. 105, Gilbert, AZ 85297	●	●		●	●	◐	●	●	●	●	●		●		●	●	●	●
9	North Mesa	3308 N. Higley Rd., Ste. 103, Mesa, AZ 85215		●																
10	Park Central / Breastlink Park Central	3115 N. Third Ave., Ste. S-140, Phoenix, AZ 85013	◐		●	●	◐	◐	◐	●	●	●	◐	●	●	●	◐	●	●	●
11	Paseo	5891 W. Eugie Ave., Glendale, AZ 85340	●			●	●	◐	●		●		◐							
12	Superstition Springs	6811 E. Superstition Springs Blvd., Mesa, AZ 85209					●		●		●		●							
13	Tempe Baseline	1920 E. Baseline Rd., Tempe, AZ 85283					●		●		●		●							
14	Westgate	7330 N. 99th Ave., Ste. 125, Glendale, AZ 85307		●			●	●	●		●	●								

◐ CT & CCTA ◐ Park Central & Breastlink Park Central ● *Coming Soon*

General Information

1. It is required that we have a doctor's order to perform your exam, with the exception of screening mammography.
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.



CONNECT PATIENT PORTAL

Take advantage of our patient portal to schedule your exam, then view your report after your appointment.
AZDRGPatientPortal.com