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Professional Services by Associated Radiologists, Ltd ♦ Diplomates, American Board of Radiology

Date _____ Please Present This Imaging Order at Time of Exam—See Maps and Preps on Back

Name _____ (Last) _____ (First) _____ DOB _____

SSN _____ Weight _____ Ph (H) _____ (W) _____

Referrer (Please Print) _____ Referrer Contact _____ Contact Ph _____

Send Copies To _____

Scheduling Instructions

- Schedule Appointment ASAP
- Call Patient to Schedule Exam
- Obtain Auth *Send Pt PHI, H&P & Insurance Card*
Preauth. #: _____
- Appt Date: _____
- Appt Time: _____
- Arrival Time: _____

Report/Image Instructions

- Fax Report to () _____
- Call STAT to () _____
- Films CD with Patient
- Films CD with Report
to Location _____

Clinical History/ICD-10 Code(s)

MRI/MRA (x-rays, if indicated)

- 3T MRI HF MRI Open MRI
- Abdomen
 - Adrenals Kidneys
 - MRCP Pancreas Prostate
 - Abdominal MRA Abdominal MRA w/Run-off
 - Renal MRA Liver (Gad or Eovist)
- Brachial Plexus R L B
- Brain
 - Carotids CSF Flow COW MRA
 - Head MRV IACs Orbits
 - Perfusion Pituitary Spectroscopy
- Chest
- Clavicle R L B
- Extremity - Non-Joint R L B
 - Calf Fingers Foot Forearm Hand Thigh Upper Arm
 - Cartilage Sequences/T2 Mapping
 - MRA Lower Extremity R L B MRA Upper Extremity R L B
- Extremity - Joint R L B
 - Ankle Elbow Hip Knee Shoulder Wrist
 - Arthrogram Cartilage Sequences/T2 Mapping
- Face
- Neck
 - Soft Tissue Neck MRA
- Pelvis Pelvic MRA Bony Pelvis
- Spine C T L
- Sternum
- TMJ
- Other: _____

Contrast Per Radiologist
 No IV contrast

Ultrasound (transvaginal/Doppler, if indicated)

- Abdomen Abdomen/Pelvis OB Other: _____
- Abdomen Ltd: _____ Pelvis
- ABI Prostate
- Aorta Renal Renal/Bladder
- Arterial Arm R L B Scrotal
- Arterial Leg R L B Thyroid
- Bladder PVR Venous Arm R L B
- Carotid Venous Leg R L B

CT/CTA* (3D, if indicated)

- Abdomen Abdomen/Pelvis Attn: _____
- Abdomen CTA Abdomen/Pelvis CTA w/Run-off Enterography
- Brain Brain CTA Brain/Neck CTA Orbits
- Temporal Bones Facial Bones Carotid CTA
- Chest Chest CTA High Res PE
- Extremity R L B Arthrogram Extremity CTA Venogram
- Calf Fingers Foot Forearm Hand Thigh
- Upper Arm Ankle Elbow Hip
- Knee Shoulder Wrist
- Pelvis Bony Pelvis Pelvis CTA
- Neck - Soft Tissue Neck CTA
- Renal Renal CTA
 - Pyelogram Kidney Stone
 - Cystogram Renal Mass
- Sinus
- Spine C T L Myelogram
- Other: _____

Contrast Per Radiologist
 No IV contrast

For CT/CTA & IVP *
 Both kidneys? Y N
 Creatinine _____
 Date _____
 Allergic to Iodine? Y N
 Patient Diabetic? Y N

X-ray & DXA

- Abdomen 2-V KUB Spine C T L
- Ankle R L B Other: _____
- Chest
- Foot R L B
- Hand R L B
- Hip R L B
- Knee R L B
- Pelvis AP
- Shoulder R L B
- Sinus DXA Scan (Bone Densitometry)

Fluoroscopy/IVP*

- Esophagram UGI SBFT BE BE with Air Non-Tomo IVP*

Nuclear Medicine (flow study/SPECT/x-rays, if indicated)

- Bone Scan Liver/Spleen Parathyroid
- Whole Body 3-Phase Renal (GFR or Lasix)
- Ltd: _____ SPECT Thyroid Uptake & Scan
- Gastric Emptying I-131 Whole Body I-131 Therapy
- HIDA HIDA w/CCK Other: _____

PET/CT

- Skull to Mid-Thigh Brain Dx: _____