



Chandler
East Mesa
Gilbert
Tempe

- 1076 W Chandler Blvd ♦ Suite 120 ♦ Chandler ♦ 480 393 3700
- 6424 E Broadway Rd ♦ Suite 101 ♦ Mesa ♦ 480 366 4700
- 665 N Gilbert Rd ♦ Suite 154 ♦ Gilbert ♦ 480 507 4500
- 1840 E Warner Rd ♦ Suite 114 ♦ Tempe ♦ 480 768 2800

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 _____ DOB _____
(Last) (First)

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

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

Send Copies To _____

Scheduling Instructions

- Schedule Appointment ASAP
- Please Call Patient to Schedule Exam
- Please Obtain Auth *Include Patient PHI, H & P and Insurance Card*

Ins. Preauth. #: _____

Appointment Details

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 _____

NEURORADIOLOGY ORDER

Clinical History/ICD-10 Code(s)

MRI (x-rays, if indicated)

3T 1.5T Open

- Brain
 - Circle of Willis
 - CSF Flow Study
 - MRA
 - MRV
 - Perfusion
 - Spectroscopy
- Brachial Plexus
- Head
- Head/Neck
- Orbits
- Sacrum
- Soft Tissue Neck
- Spine C T L
- TMJ
- Other: _____

- With Without
 - With & Without
 - Per Radiologist

CT (3D if indicated)

- Brain
- Facial Bones
- Head
- Neck
- Head/Neck
- Orbits
- Sinuses
- Soft Tissue Neck
- Temporal Bones
- Brain
- Other: _____
- CTA Head
- CTA Head/Neck
- CTA Neck

- With Without
 - With & Without
 - Per Radiologist

Ultrasound (Doppler, if indicated)

- Carotid Doppler
- Thyroid
- Other: _____

PET/CT

- Full Body Brain
- Skull to Mid-Thigh

Nuclear Medicine

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

- Bone Scan
 - Total Body
 - 3 Phase
 - Limited _____
- Thyroid Uptake
- Thyroid Uptake & Scan
- I-131 Therapy
- Whole Body

X-ray

- Sinuses
- Skull
- Soft Tissue Neck
- Spine C T L

*Complete This Section When Ordering CT

Does the patient have both functioning kidneys? Yes No

Is the Patient Allergic to Iodine? Yes No

Creatinine _____ (Not Ratio) on DATE: _____

Is the Patient Diabetic? Yes No