

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 **Appointment Details** **Report/Image Instructions**

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

Appt Date: _____

Appt Time: _____

Arrival Time: _____

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

Ins. Preauth. #: _____

PODIATRY ORDER **Clinical History/ICD-10 Code(s)**

MRI (*x-rays, if indicated*)

- 3T 1.5T Open
 - Ankle
 - Foot
 - Heel
 - Tibia/Fibula
 - Toes
 - Other: _____
- With Without
 - With & Without
 - Per Radiologist

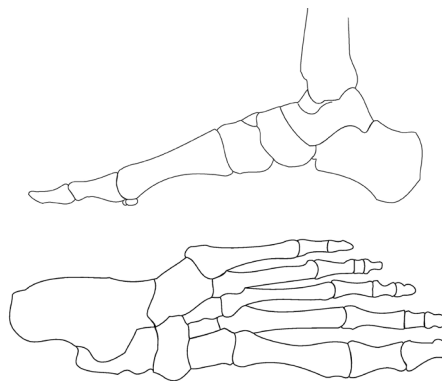
X-ray

- Ankle
- Calcaneus
- Foot
- Toes
- Other: _____

CT (*3D if indicated*)

- Ankle
 - Foot
 - Heel
 - Tibia/Fibula
 - Toes
 - Other: _____
- With Without
 - With & Without
 - Per Radiologist

Circle Area of Examination



Nuclear Medicine

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

- Bone Scan
 - Total Body
 - 3 Phase/Flow Study
 - Limited _____
- Bone Spect

***Complete This Section When Ordering CT**

Does the patient have both functioning kidneys? Yes No
 Creatinine _____ (Not Ratio) on DATE: _____

Is the Patient Allergic to Iodine? Yes No
 Is the Patient Diabetic? Yes No