



Arizona Advanced Imaging



Phoenix
MRI, CT, US, X-RAY
2225 W Peoria Ave, Unit 150
Phoenix, AZ 85029
PH **602-753-4860**
F **602-715-1510**

Scottsdale
MRI ONLY
9787 N 91st St • Unit 101
Scottsdale, AZ 85255
PH **480-927-3887**
F **480-779-1370**

Mesa
MRI, CT, US, X-RAY
4566 E Inverness Ave, Ste 102
Mesa, AZ 85206
PH **480-308-7718**
F **480-308-7717**

Chandler
MRI, CT, US, X-RAY
600 S Dobson Rd, Ste E42
Chandler, AZ 85224
PH **480-306-7008**
F **480-306-7316**

Please bring this completed order, your insurance card, and a photo ID with you to your appointment.

Today's date: _____ Appointment date: _____ Appointment time: _____

Patient Name: _____ (last) (first) DOB: ____/____/____ MM DD YYYY M or F Patient Phone: _____

Diagnosis/Current Symptoms/History: _____ ICD 10 Code: _____

Physician Signature: _____ Phone: _____ Fax: _____

Print Physician Name: _____

Additional Report to: _____ Phone: _____ Fax: _____

Attorney Name: _____

MRI

(with reconstruction as indicated)

- Brain SWI
- Brain & IAC TBI
- Brain & Pituitary DTI
- IAC Only
- Pituitary Only
- Orbits
- Neck Soft Tissue
- Spine:
 - cervical _____
 - thoracic _____
 - lumbar _____
- Abdomen (indicate area of interest below)

- MRCP
- Adrenals
- Pelvis

- Extremity: left _____ right _____
- body part: _____

Other:

- Without contrast**
- With & without contrast**

MR Angiography (MRA)

- Brain
- Neck - Carotids
- Chest
- Aorta
- Renals
- Other:**

- Without contrast**
- With & without contrast**

CT

(with reconstruction as indicated)

- Head / Brain
- Temporal Bones (IAC's)
- Sinus (Maxillofacial)
 - complete _____ limited _____
- Maxillofacial – Facial Bones
- Neck Soft Tissue
- Shoulder: left _____ right _____
- Spine:
 - cervical _____
 - thoracic _____
 - lumbar _____

- Chest
- Abdomen (pelvis as indicated)
- Pelvis

- CT Urogram
- CT Stone Protocol
- Hip: left _____ right _____
- Extremity: left _____ right _____

Indicate area of interest: _____

Other:

- With contrast**
- Without contrast**
- With & without contrast**

CT Angiography (w & w/o contrast)

- Head / Brain
- Neck - Carotids
- Chest
- Abdomen (pelvis as indicated)
- Pelvis
- Other:**

X-RAY

- Skull
- Orbits
- Sinuses:
 - waters _____
 - limited _____
 - complete _____
- Shoulder: left _____ right _____
- Neck Soft Tissue
- Chest: PA _____ PA/LAT _____
- Ribs (w/ PA Chest):
 - left _____ right _____
- Spine:
 - cervical _____
 - thoracic _____
 - lumbar _____

- KUB
- Acute Abdominal Series
- Hip: left _____ right _____
- Bilateral Hips (w/ pelvis)

Pelvis
Indicate area of interest: _____

- Extremity:** left _____ right _____

Other:

- STAT**
- Patient to bring CD to doctor's office
- Call Report to Physician at:

Physician's Direct Phone Number

ULTRASOUND

(with Doppler as indicated)

- Carotid Doppler
- Venous Doppler
 - upper extremity: left _____ right _____
 - lower extremity: left _____ right _____
- Abdominal Aorta
- Abdomen
- Abdomen Limited:
 - gallbladder _____
 - hernia _____
 - appendix _____
- Renal / Bladder
- Bladder
- Pelvic (w/ transvaginal as indicated)
- Scrotum
- Thyroid
- Follow Up

Reason:

Other:

For us to obtain prior authorization please fax insurance card front and back

GENERAL INSTRUCTIONS

ULTRASOUND:

Gallbladder and/or Abdomen: Nothing to EAT or DRINK after midnight. Water is OK.

Pelvic: 1 hrs prior to exam, empty bladder (urinate). Start drinking 24 ounces of water. Finish water in 30 minutes. Do not empty bladder until exam is completed.

Renal: Drink 16 ounces of water 30 minutes prior to exam. Do not empty bladder prior to exam.

CT SCAN:

CT Exams Requiring IV Contrast: Nothing to EAT or DRINK 4 hours prior to exam.

CT Exams Requiring Oral Contrast: Nothing to EAT or DRINK 4 hours prior to exam. Patients may pick up oral contrast at the facility prior to the appointment or arrive 1 hour prior to the exam. Please confirm your selection when scheduling your appointment.

* **Note:** Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

MRI:

All MRI Exams: Notify office immediately if you have a **cardiac pacemaker, aneurysm clip, AICD (Cardiac Defibrillator), implanted device of any kind, or possible metal in your eye.**

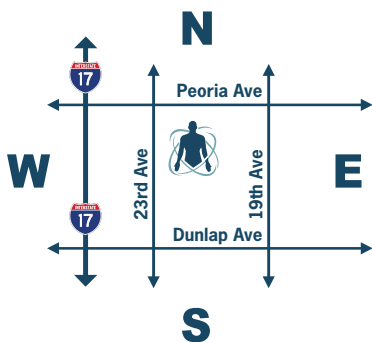
MRI of the Abdomen: Nothing to Eat or Drink 4 hours prior to the exam.

***Note:** Some MRI exams require lab work prior to your visit, please inquire when scheduling.

Arizona Advanced Imaging - Phoenix

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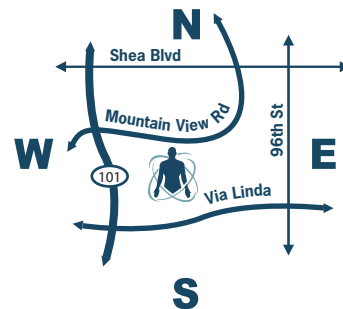
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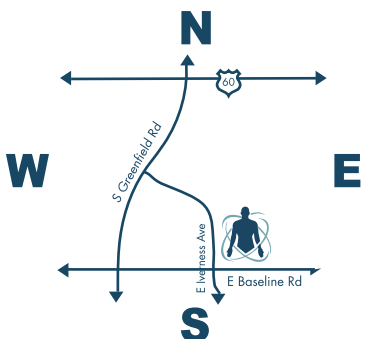
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