



AZ|TX  
ADVANCED  
IMAGING



Hablamos Español



SCHEDULING PHONE: 844-641-2111

EMAIL: SUPPORT@AZADVANCEDIMAGING.COM

- ☐ **Phoenix MRI, CT, US, X-RAY** - 2225 W Peoria Ave, Unit 150 Phoenix, AZ 85029 **P 602-753-4860 F 602-715-1510**
- ☐ **Scottsdale OPEN MRI ONLY** - 9787 N 91st St • Unit 101 Scottsdale, AZ 85258 **P 480-927-3887 F 480-779-1370**
- ☐ **Chandler MRI, CT, US, X-RAY** - 600 S Dobson Rd, Ste E42 Chandler, AZ 85224 **P 480-306-7008 F 480-306-7316**
- ☐ **Mesa MRI, CT, US, X-RAY** 4566 E Inverness Ave, Ste 102 Mesa, AZ 85206 **P 480-308-7718 F 480-308-7717**
- ☐ **Peoria OPEN MRI ONLY** - 6818 W. Thunderbird Rd Peoria, AZ 85381 **P 602-753-4860 F 602-715-1510**
- ☐ **Tucson MRI, X-RAY** 6261 N La Cholla Blvd, Ste 161 Tucson, AZ 85741 **P 520-783-2300 F 520-532-2026**
- ☐ **Tucson OPEN MRI, CT, US, X-RAY**, 3970 N. Campbell Ave Tucson, AZ 85719 **P 520-210-0825 F 520-210-0825**

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: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ M or ☐ F Patient Phone: \_\_\_\_\_  
(Last) (First) MM DD YYYY

Diagnosis/Current Symptoms/History: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Additional Report to: \_\_\_\_\_ ☐ MVA/PI ☐ Transportation Needed ☐ WC DOI \_\_\_\_\_ ☐ STAT  
(Available for PI cases only)

Insurance carrier: \_\_\_\_\_ ID #: \_\_\_\_\_

### MRI

(with reconstruction as indicated)

- ☐ Brain ☐ **TBI**
- ☐ Brain & IAC ☐ **SPINTECH**
- ☐ Brain & Pituitary ☐ **TBI Protocol**
- ☐ Only Pituitary ☐ **DTI**
- ☐ 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
- ☐ 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: ☐ Add Flex/Ext  
cervical \_\_\_\_\_  
thoracic \_\_\_\_\_  
lumbar \_\_\_\_\_
- ☐ KUB
- ☐ Acute Abdominal Series
- ☐ Hip: Left \_\_\_\_\_ Right \_\_\_\_\_
- ☐ Bilateral Hips (w/ pelvis)
- ☐ Pelvis  
Indicate area of interest: \_\_\_\_\_
- ☐ Extremity: Left \_\_\_\_\_ Right \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

- ☐ Prior Imaging Report, CD
- ☐ Bring attorney's information or business card
- ☐ Personal and At-Fault (3rd Party Insurance Information)
- ☐ Police Report or Collision Exchange Form
- ☐ Call Report to Physician: \_\_\_\_\_

Physician's Direct Phone Number

### ULTRASOUND

(with reconstruction 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
- ☐ 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 hr 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.

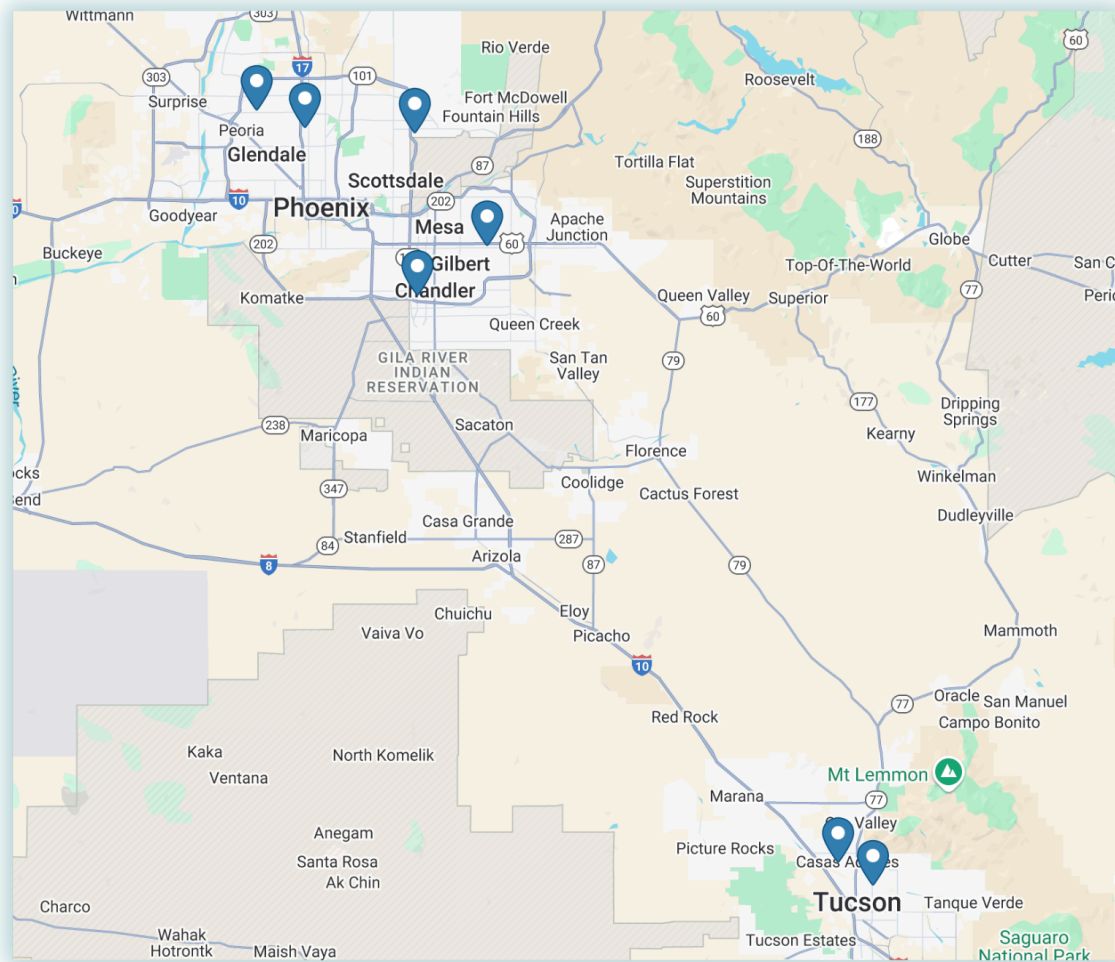
\*\*\* Some CT exams require both oral and IV contrast. In addition, some CT exams require lab work prior to your visit, please inquire when scheduling.

## 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.

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



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\*\*\*Phoenix Location: Open 7 Days a Week Mesa Location: Open 6 Days a Week