

# CT & MRI SCHEDULING



**Radiology Ltd.**  
**Diagnostic Imaging Services**  
 Centralized Scheduling Tel: (520) 733-7226  
 Toll Free Tel: 1-866-565-2220  
 Toll Free Fax: 1-866-707-0750

**Appt. Time:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Check-in Time:** \_\_\_\_\_

To schedule an appointment, please call (520) 733-7226 or fax to (520) 290-8377.

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

If physician practices at multiple locations, please include address for these results to be sent: \_\_\_\_\_

PATIENT: (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

DOB: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ BEST TIME TO CONTACT: \_\_\_\_\_ AM \_\_\_\_\_ PM

PATIENT INSURANCE: \_\_\_\_\_ POLICY/GROUP#: \_\_\_\_\_ INS. PHONE: (\_\_\_\_) \_\_\_\_\_

PRIOR AUTHORIZATION # (if needed): \_\_\_\_\_ Would you like authorization assistance?  YES  NO

MEDICAL LIEN ATTORNEY NAME: \_\_\_\_\_ ATTORNEY PHONE: (\_\_\_\_) \_\_\_\_\_

If you would like authorization assistance, please include all clinical information and a copy of the insurance card with the order.  
 Please note: We are unable to provide authorization assistance for STAT cases and CareMore, Humana and United Healthcare insurance plans.

**Please check which Radiology Ltd. office preferred:**  Eastside  Central  Northwest  Oro Valley  Southwest  Green Valley

<p><b>EXAM</b></p> <p><input type="checkbox"/> MRI</p> <p><input type="checkbox"/> MRA</p> <p><input type="checkbox"/> CT</p> <p><input type="checkbox"/> CTA</p> <p><b>SPECIALTY EXAM</b></p> <p><input type="checkbox"/> CT CALCIUM SCORE <i>(Wilmot)</i></p> <p><input type="checkbox"/> CTA CARDIAC</p> <p><input type="checkbox"/> MR CARDIAC</p> <p><input type="checkbox"/> MR PROSTATE MULTIPARAMETRIC W/3D RECON <i>(Camp Lowell)</i></p> <p><input type="checkbox"/> CT IVP - UROGRAM</p> <p><input type="checkbox"/> CT VIRTUAL COLON <i>(Camp Lowell)</i></p> <p><input type="checkbox"/> CT LUNG SCREENING</p> <p><input type="checkbox"/> ENTEROGRAPHY</p> <p style="margin-left: 20px;"><input type="checkbox"/> CT <i>(All locations)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> MRI <i>(Wilmot, Camp Lowell, La Cholla, &amp; Rancho Vistoso)</i></p>	<p><b>BODY PART</b></p> <p><input type="checkbox"/> BRAIN</p> <p style="margin-left: 20px;"><input type="checkbox"/> with NeuroQuant® <small>(3D volumetric analysis)</small></p> <p style="margin-left: 20px;"><input type="checkbox"/> Pituitary (MRI)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Post Fossa / IAC (MRI)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Orbits</p> <p><input type="checkbox"/> SINUSES with reconstruction</p> <p><input type="checkbox"/> NECK (soft tissue)</p> <p><input type="checkbox"/> TEMPORAL BONES</p> <p><input type="checkbox"/> FACIAL BONES (CT)</p> <p><input type="checkbox"/> TMJ <small>(MRI preferred, CT second)</small></p> <p><input type="checkbox"/> CERVICAL SPINE</p> <p><input type="checkbox"/> THORACIC SPINE</p> <p><input type="checkbox"/> LUMBAR SPINE</p>	<p><input type="checkbox"/> CHEST</p> <p><input type="checkbox"/> ABDOMEN</p> <p><input type="checkbox"/> PELVIS (Body)</p> <p><input type="checkbox"/> PELVIS (MSK)</p> <p><input type="checkbox"/> EXTREMITY</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td></td> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Elbow</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Wrist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hand</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hip</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Knee</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Ankle / Hindfoot</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Forefoot</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 3D Reconstructions</td> <td></td> <td></td> </tr> </table>		Left	Right	<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ankle / Hindfoot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Forefoot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3D Reconstructions		
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<p><b>SYMPTOMS</b></p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> TIA</p> <p><input type="checkbox"/> CVA</p> <p><input type="checkbox"/> Stenosis</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Ataxia</p> <p><input type="checkbox"/> Syncope</p> <p><input type="checkbox"/> Seizure Disorder</p> <p><input type="checkbox"/> Disc Disorder</p> <p><input type="checkbox"/> Stenosis</p> <p><input type="checkbox"/> Fracture</p> <p><input type="checkbox"/> Back Pain</p> <p><input type="checkbox"/> Radiculopathy</p> <p><input type="checkbox"/> Other</p> <p style="font-size: x-small; font-weight: bold;">(Please indicate symptoms on the lines below)</p>																																

**Has patient had 6 weeks or more of unsuccessful pain management measures?**  YES  NO

**Check all that apply:**  NSAIDs  Physical Therapy

**Primary Diagnosis:** \_\_\_\_\_

**Signs & Symptoms:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

Does the patient need IV sedation?  YES  NO

Any known allergies to X-ray dye (Contrast)?  YES  NO

Does the patient have kidney disease / renal failure?  YES  NO If yes, dialysis?  YES  NO If yes, next appt: \_\_\_\_\_

Previous Films:  YES  NO Where: \_\_\_\_\_

Stat Report Requested  Fax report to: (\_\_\_\_\_) \_\_\_\_\_

Call Report Requested (cell phone, pager number, or office backline required): (\_\_\_\_\_) \_\_\_\_\_

**Referring Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information contained in this facsimile message is CONFIDENTIAL and/or LEGALLY PRIVILEGED information intended only for the use of the facility named above. If you have received this in error, please call (520) 545-1969.

# CT & MRI LOCATIONS



**Radiology Ltd.**  
**Diagnostic Imaging Services**  
 Centralized Scheduling Tel: (520) 733-7226  
 Centralized Scheduling Fax: (520) 290-8377  
 Toll Free: 1-866-565-2220

**If you are unable to keep your appointment, please call Centralized Scheduling at (520) 733-7226 to reschedule your appointment. Cancellations made less than 24-hours prior to appointment time may be subject to a no-show fee.**

**Radiology Ltd.**  
**Wilmot Center for Diagnostic Imaging and Treatment**

677 N. Wilmot Rd.  
 Tucson, AZ 85711  
 Phone: (520) 571-9599

*After hour and weekend appointments available at this location.*

**Radiology Ltd.**  
**La Cholla Center for Diagnostic Imaging and Treatment**

5960 N. La Cholla Blvd.  
 Tucson, AZ 85741  
 Phone: (520) 290-4848

*After hour and weekend MRI appointments available at this location.*

**Radiology Ltd.**  
**Camp Lowell Imaging Center**

4640 E. Camp Lowell Dr.  
 Tucson, AZ 85712  
 Phone: (520) 318-6144

*After hour and weekend MRI appointments available at this location.*

**Radiology Ltd. - Carondelet**

6567 E. Carondelet Dr., Suite 105  
 Tucson, AZ 85710  
 (On the campus of St. Joseph's Hospital in Plaza II)  
 Phone: (520) 751-3096

**Radiology Ltd. Midvale Imaging Center**

1598 A W. Commerce Court  
 Tucson, AZ 85746  
 Phone: (520) 290-4842

*After hour and weekend MRI appointments available at this location.*

**Radiology Ltd.**  
**Rancho Vistoso Diagnostic Imaging**

2551 E. Vistoso Commerce Loop Rd.  
 Oro Valley, AZ 85755  
 Phone: (520) 825-1990

**Radiology Ltd. - Rincon Imaging Center**

10350 E. Drexel Road  
 Tucson, AZ 85747  
 (In TMC Rincon building)  
 Phone: (520) 290-4846

**Radiology Ltd. - Green Valley**

450 W Continental Rd,  
 Green Valley, AZ 85622  
 Phone: (520) 625-7670