



**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

# ULTRASOUND SCHEDULING

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

**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 with Radiology Ltd. office preferred:**  Eastside  Central  Northwest  Oro Valley  Southwest

Clinical Indication / Primary DX: \_\_\_\_\_

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

### Abdomen

*(belly button up; includes: liver, kidneys, gallbladder, pancreas, spleen, aorta)*

- Abdomen Complete
- Renal *(kidney and ureteral jets)*
- Bladder *(pre and post void)*
- Combined Abdomen and Pelvis Complete  
*(abdomen complete and pelvis complete, both transabdominal and transvaginal)*
- Combined Abdomen and Pelvis  
*(abdomen complete and transabdominal pelvis)*

### Pelvis

*(belly button down; includes: uterus and ovaries)*

- Pelvis Complete *(preferred method; includes both transabdominal and transvaginal)*
- Pelvis transabdominal only
- Pelvis transvaginal only

### Other

- Thyroid
- Testicles w/duplex
- MSK *(Camp Lowell only)*

- Abdominal Aorta**
  - Abdominal Bruit
  - AAA
  - Screening *(may not be payable)*
  - Pulsatile Aorta

- Abdominal Duplex / Doppler**
  - Portal HTN
  - S/P TIPS
  - Pre TIPS
  - Portal Vein Thrombosis

- Renal Artery Duplex / Doppler**  
*(Willmot and La Cholla only)*
  - Renovascular HTN
  - HTN  Recent  Prolonged
  - DM w/Vascular DX

- Carotid Duplex Doppler**  
*(includes vertebrals)*
  - Bruit  Left  Right
  - Syncope
  - AM. Fugax
  - Prior Stenosis
  - Aphasia

### Venous Duplex / Doppler

- Upper EXT  Left  Right
- Lower EXT  Bilateral
- Edema  HX DVT
- Pain  Evaluate for DVT

### Other:

### Special Instructions:

Special Needs or Instructions: \_\_\_\_\_

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

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