



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

MRI & CT SCHEDULING

Scan to Self Schedule



To schedule an appointment visit radltd.com, call (520) 733-7226 or fax form to 1-520-290-8377

PHYSICIAN'S NAME: _____ PHONE #: (____) _____ FAX #: (____) _____

PROVIDER NPI: _____

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

PATIENT: (First Name) _____ (Last Name) _____ (Middle Initial) _____

DOB: _____ PRIMARY PHONE: (____) _____

PATIENT INSURANCE: _____ POLICY/GROUP#: _____ INS. PHONE: (____) _____

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

☐ MEDICAL LIEN CASE #: _____ ATTORNEY NAME: _____ ATTORNEY PHONE: (____) _____

Please include all clinical information and a copy of the insurance card with the order

EXAM

- ☐ MRI
- ☐ MRA
- ☐ MRV
- ☐ CT
- ☐ CTA
- ☐ CTV

SPECIALTY EXAM

- ☐ MR PROSTATE MULTIPARAMETRIC W/3D RECON
- ☐ CT CALCIUM SCORE
- ☐ CT LUNG SCREENING
- ☐ CT IVP - UROGRAM
- ☐ CTA CARDIAC
- ☐ ENTEROGRAPHY
 - ☐ MRI
 - ☐ CT
- ☐ CT VIRTUAL COLON
- ☐ MR CARDIAC

BODY PART

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|------|-------|-----------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> BRAIN <ul style="list-style-type: none"><input type="checkbox"/> with NeuroQuant® (3D volumetric analysis)<input type="checkbox"/> Pituitary (MRI)<input type="checkbox"/> Post Fossa / IAC (MRI)<input type="checkbox"/> Orbits | <input type="checkbox"/> CHEST | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SINUSES with reconstruction | <input type="checkbox"/> ABDOMEN | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NECK (soft tissue) | <input type="checkbox"/> PELVIS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> TEMPORAL BONES | <input type="checkbox"/> ABDOMEN/PELVIS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> FACIAL BONES (CT) | <input type="checkbox"/> EXTREMITY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> TMJ (MRI preferred, CT second) | <table border="0"><tr><td></td><td>Left</td><td>Right</td></tr><tr><td><input type="checkbox"/> Shoulder</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Elbow</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Wrist</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Hand</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Hip</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Knee</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Ankle / Hindfoot</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Forefoot</td><td><input type="checkbox"/></td><td><input type="checkbox"/></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"/> |
| | 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"/> CERVICAL SPINE | <input type="checkbox"/> 3D Reconstructions | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> THORACIC SPINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> LUMBAR SPINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SYMPTOMS

- ☐ Headache
- ☐ TIA
- ☐ CVA
- ☐ Stenosis
- ☐ Dizziness
- ☐ Ataxia
- ☐ Syncope
- ☐ Seizure Disorder
- ☐ Disc Disorder
- ☐ Stenosis
- ☐ Fracture
- ☐ Back Pain
- ☐ Radiculopathy
- ☐ Other

(Please indicate symptoms on the lines below)

Primary Diagnosis: _____

Signs & Symptoms: _____

Special Instructions: _____

- ☐ The interpreting physician may modify the test design, including number of views, thickness of tomographic sections, and use or non-use of contrast.

Does the patient need IV sedation?

☐ YES ☐ NO If yes, patient will need transportation.

Any known allergies to contrast or dye?

☐ YES, CT Contrast Allergy ☐ YES, MRI Contrast Allergy ☐ NO

If yes, please prescribe premed protocol.

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

Previous Imaging? ☐ YES ☐ NO If yes, where? _____

☐ Stat Report Requested ☐ Fax report to: (____) _____

☐ Call Report Requested (cell phone, pager number, or office backline required): (____) _____

The information contained in this 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.

To reorder, call (520) 733-4104 and request form #903

rev. 02/20/25

MRI & CT LOCATIONS



Radiology Ltd.

Diagnostic Imaging Services

Centralized Scheduling Tel: (520) 733-7226

Centralized Scheduling Fax: (520) 290-8377

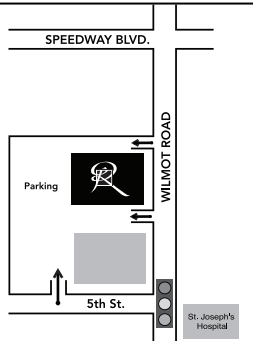
Toll Free: 1-866-565-2220

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

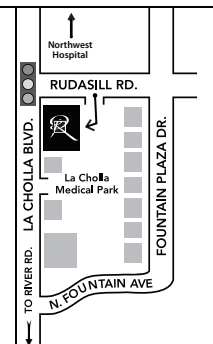
*After hour and weekend
MRI appointments available
at this location.*



Radiology Ltd. La Cholla Center for Diagnostic Imaging and Treatment

5960 N. La Cholla Blvd.
Tucson, AZ 85741

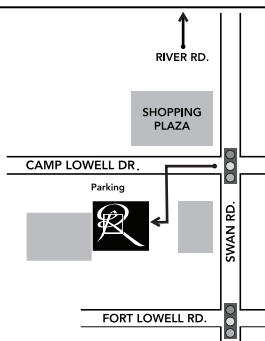
*After hour and weekend
MRI appointments available
at this location.*



Radiology Ltd. Camp Lowell Imaging Center

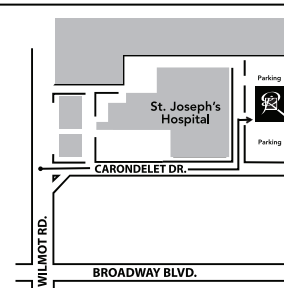
4640 E. Camp Lowell Dr.
Tucson, AZ 85712

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



Radiology Ltd. - Carondelet

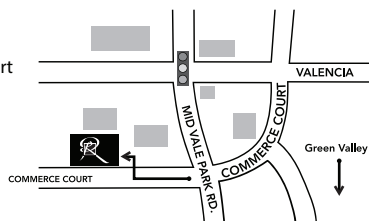
6567 E. Carondelet Dr., Suite 105
Tucson, AZ 85710
(On the campus of
St. Joseph's Hospital
in Plaza II)



Radiology Ltd. Midvale Imaging Center

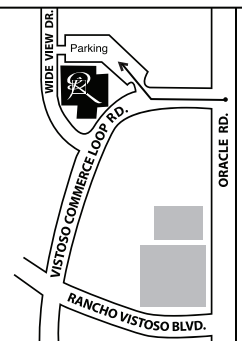
1598 A W. Commerce Court
Tucson, AZ 85746

After hour and weekend MRI appointments available at this location.



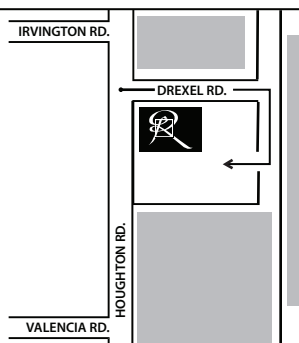
Radiology Ltd. Rancho Vistoso Diagnostic Imaging

2551 E. Vistoso Commerce Loop Rd.
Oro Valley, AZ 85755



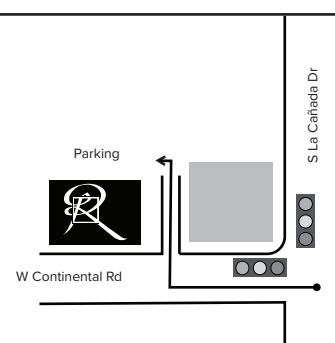
Radiology Ltd. - Rincon Imaging Center

10350 E. Drexel Road
Tucson, AZ 85747
(In TMC Rincon building)



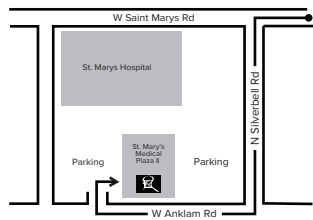
Radiology Ltd. - Green Valley

450 W Continental Rd,
Green Valley, AZ 85622



Radiology Ltd. - St. Mary's Medical Plaza

395 N. Silverbell Road, #185,
Tucson, AZ 85745



Radiology Ltd. - Green Valley Casa Verde

400 W. Camino Casa Verde,
Green Valley, AZ 85614

