



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

- ☐ BRAIN
 - ☐ with NeuroQuant® (3D volumetric analysis)
 - ☐ Pituitary (MRI)
 - ☐ Post Fossa / IAC (MRI)
 - ☐ Orbits
- ☐ SINUSES with reconstruction
- ☐ NECK (soft tissue)
- ☐ TEMPORAL BONES
- ☐ FACIAL BONES (CT)
- ☐ TMJ (MRI preferred, CT second)
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ CHEST
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ ABDOMEN/PELVIS
- ☐ EXTREMITY

| | 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"/> |
- ☐ 3D Reconstructions

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): (____) _____

Referring Physician's Signature: _____ Date: _____

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. 07/25/25

MRI & CT LOCATIONS



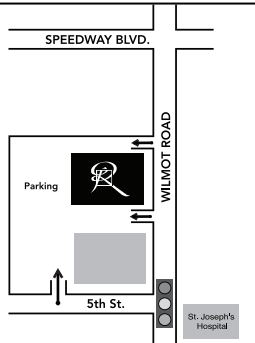
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If you are unable to keep your appointment, please call Centralized Scheduling at (520) 733-7226 to reschedule your appointment. Cancellations made less than 24-hours prior to appointment time may be subject to a no-show fee.

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

677 N. Wilmot Rd.
 Tucson, AZ 85711

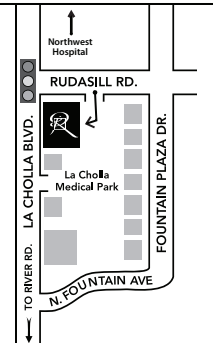
*After hour and weekend
 MRI appointments available
 at this location.*



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

5960 N. La Cholla Blvd.
 Tucson, AZ 85741

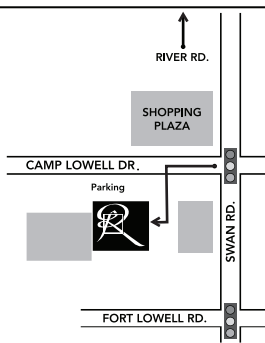
*After hour and weekend
 MRI appointments available
 at this location.*



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

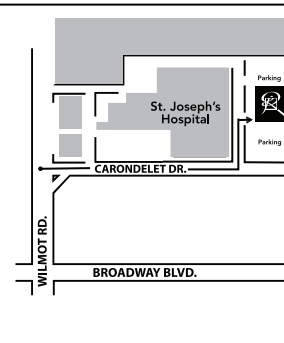
4640 E. Camp Lowell Dr.
 Tucson, AZ 85712

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



Radiology Ltd. - **Carondelet**

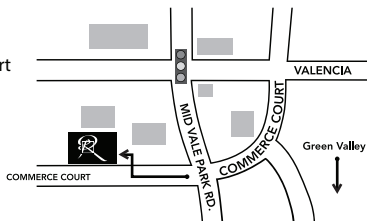
6567 E. Carondelet Dr., Suite 105
 Tucson, AZ 85710
 (On the campus of
 St. Joseph's Hospital
 in Plaza II)



Radiology Ltd. Midvale Imaging Center

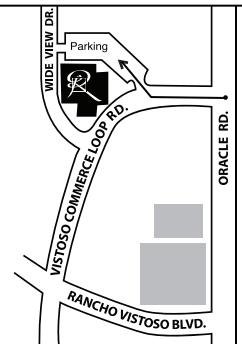
1598 A W. Commerce Court
 Tucson, AZ 85746

After hour and weekend MRI appointments available at this location.



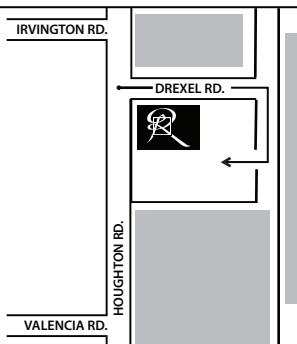
Radiology Ltd. **Rancho Vistoso** **Diagnostic Imaging**

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



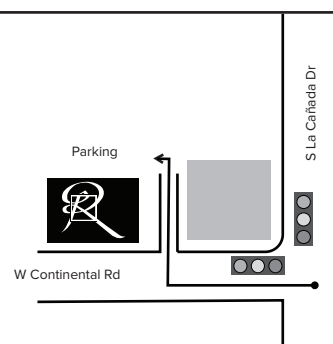
Radiology Ltd. - **Rincon Imaging Center**

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

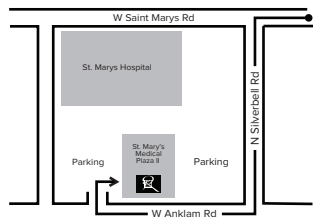


Radiology Ltd. - **Green Valley**

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

