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
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MRI BRAIN CHEST Headache MRA with NeuroQuant* ABDOMEN TA CT Pituitary (MRI) PELVIS (Body) Stenosis CTA Pituitary (MRI) PELVIS (MSK) Dizziness CTA CARDIAC SINUSES with reconstruction Shoulder Dizziness MR CARDIAC SINUSES with reconstruction Elbow Sinuses Sinuses MR CARDIAC NECK (soft tissue) Wrist Disc Disorder Sinuses MR CARDIAC NECK (soft tissue) Wrist Disc Disorder Sinuses CT IVP - UROGRAM FACIAL BONES Hand Stenosis Fracture CT WITUAL COLON (comp Lowell) TMJ MRI preferred, CT second) Knee Back Pain CT Allocations) UIMBAR SPINE 3D Reconstructions Radiculopathy CT Allocations) UIMBAR SPINE 3D Reconstructions MR eleadache CT Allocations) Physical Therapy Presson NO Note the lines below? CT Allocations) LUMBAR SPINE 3D Reconstructions Other (Peresson) Presson Signs & Symptoms: Spe	To schedule an a	appointment, plea	ase call (52	0) 733-72	26 or fax to (520) 290-8	377.		
PATIENT: (First Name) (Middle Initial) DOB: HOME PHONE: (PHYSICIAN'S NAME:		PHO	NE #: ()		FAX #: ()		
DOB: HOME PHONE (If physician practices at multiple loo	cations, please include a	ddress for these	e results to be	e sent:				
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 check which Radiology Ltd. office preferred: Eastside Central Northwest Oro Valley Southwest Please check which Radiology Ltd. office preferred: Eastside Central Northwest Oro Valley Southwest EXAM BODY PART BODY PART Stenosis Headache 0 rth BDY FART Stenosis Headache 0 rth BRAIN CHEST Headache 1 rth with NeuroQuant* ABDOMEN Dizziness 0 rth With Construction PetLVIS (Body) Etheodia Stenosis 0 rth With RCORE // With Construction NECK (soft tissue) With Readache Syncope 0 rth WITH ALCOLON (comp towel) FEMPORIAL BONES Hand Stenosis Stenosis 0 rth WITH ALCOLON (comp towel) THM preferred. Crassend Knee Stenosis Stenosis 0 rth WITH ALCOLON (comp towel) THM PACALE SPIN									
PRIOR AUTHORIZATION # (if needed):	DOB: HOME PHONE: ()W	ORK PHONE: ()	BEST TIM	E TO CONTACT:	: AM_PM		
PRIOR AUTHORIZATION # (if needed):	PATIENT INSURANCE:	POLICY/GROUP	#:		INS. PHO	DNE: ()			
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 Gro Valley Southwest EXAM BODY PART BRAIN CHEST Headache MRA BRAIN CHEST Headache CTA BRAIN CHEST Headache OT CTA Provide authorization assistance for STAT cases and CareMore, Humana and United Healthcare insurance plans. OT CTA BRAIN CHEST Headache MRA BRAIN CHEST Headache OT CTA Proteintary (MRI) PletVIS (Body) Stenosis OT CTALCIUM SCORE (Without) Orbits Shoulder Stenosis OT TO FUTUA COLON (Camp Lowell) SINUSES with reconstruction Bloow Secure Diordet CTA (LING SCREENING FACIAL BONES (CT) Hip Hip Stenosis CT CHLING CAGNA CERVICAL SPINE Ankke / Hindfoot Back Pain CT CHLING CAGNA CERVICAL SPINE Ankke / Hindfoot Back Pain CT WILL COLON (Camp Lowell) CLINBAR SPINE 3D Rec									
EXAM BODY PART MRI BRAIN CHEST MRA with NeuroQuant* ABDOMEN CT ''''''''''''''''''''''''''''''''''''	If you would like authorization assistance, please include all clinical information and a copy of the insurance card with the order.								
MRI BRAIN CHEST Headache MRA With NeuroQuant* ABDOMEN TIA CT CT Pituitary (MRI) PELVIS (Body) CVA SPECIALTY EXAM Orbits Post Fossa / IAC (MRI) PELVIS (MSK) Dizziness CT CALCIVI SCORE (witimat) Orbits Shoulder Dizziness Dizziness CT CACADIAC SINUSES with reconstruction Elbow Disc Disorder Syncope MR PROSTATE MULTIPRAMETRIC NECK (soft tissue) Wrist Disc Disorder Disc Disorder CT TV - UNOGRAM FACIAL BONES (CT) Hand Disc Disorder Stenosis CT CLING SCREENING FACIAL BONES (CT) Hand Radiculopathy Other (MRI (Witnot, Camp Lowell) CT (MIChoations) CERVICAL SPINE Ankle / Hindfoot Back Pain MRI (Witnot, Camp Lowell) CT CALL BONES (CT) Hip Radiculopathy Other (MRI (Witnot, Camp Lowell) CT CRUINCATION Hip Radiculopathy Other CT CLING SCREENING LUMBAR SPINE 3D Reconstructions Radiculopathy Other (MRI (Witnot, Camp Lowell) <th>Please check which Radiology L</th> <th>.td. office preferred:</th> <th>🗆 Eastside</th> <th>Central</th> <th>Northwest</th> <th>🗆 Oro Valley</th> <th>Southwest</th>	Please check which Radiology L	.td. office preferred:	🗆 Eastside	Central	Northwest	🗆 Oro Valley	Southwest		
Check all that apply: NSAIDs Physical Therapy Primary Diagnosis: Signs & Symptoms: Special Instructions: Does the patient need IV sedation? Previous Films: Previous Films: YES NO NO Where: Where: YES NO Where: Where: Where: Output Call Report Requested (cell phone, pager number, or office backline required): ()	 MRA CT CTA SPECIALTY EXAM CT CALCIUM SCORE (Wilmot) CT CALCIUM SCORE (Wilmot) CT CACARDIAC MR CARDIAC MR PROSTATE MULTIPARAMETRIC W/3D RECON (Camp Lowell) CT IVP - UROGRAM CT VIRTUAL COLON (Camp Lowell) CT LUNG SCREENING ENTEROGRAPHY CT (All locations) MRI (Wilmot, Camp Lowell, 	 BRAIN with Neurod (3D volumetric) Pituitary (MI Post Fossa / Orbits SINUSES with resident of the second se	analysis) RI) IAC (MRI) econstruction e) IES (CT) econd)	 ABDOM PELVIS (PELVIS (EXTREM Shout Elbo Wriss Han Hip Kneet Ankli Foret 	Body) MSK) IITY Left ulder w t d d e le / Hindfoot foot u	Right - - - - - - - - - - - - -	 Headache TIA CVA Stenosis Dizziness Ataxia Syncope Seizure Disorder Disc Disorder Stenosis Fracture Back Pain Radiculopathy Other (Please indicate symptoms) 		
Signs & Symptoms: Special Instructions: Does the patient need IV sedation? Does the patient need IV sedation? 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):	Check all that apply:	Ds Physical Th	nerapy			NO NO			
Special Instructions: Does the patient need IV sedation? 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: Where: Stat Report Requested If Fax report to: Call Report Requested (cell phone, pager number, or office backline required):									
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Referring Physician's Signature: Date:				-					
	Reterring Physician's Signat	ure:			C	Date:			

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