



i SELECT

**Abrazo Locations:**

- Arizona Heart
- Maryvale
- Central
- Arrowhead
- Scottsdale
- West
- Buckeye
- Peoria

**AZ-Tech Locations:**

- Ahwatukee
- Apache Junction
- Casa Grande
- Gilbert
- Maricopa
- Osborn
- Tempe
- Women's Center
- Chandler

**To Schedule Appointments:**

Centralized Scheduling  
 Tel: (844) 307-7133  
 Fax: (888) 842-9713

**DIRECT REFERRAL  
IMAGING REQUEST**

Appointment Date/Time: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Clinical History/ Reason for Exam: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Insurance Information: \_\_\_\_\_

\_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

- STAT WET READ
- Patient to hand carry:
- Film
- CD

Send Referring Physician:  Film  CD

**X-Ray is performed on a walk in basis,  
NO APPOINTMENT NECESSARY**

**X-Ray**

- Head: \_\_Skull \_\_Orbits \_\_Sinuses
- Spine: \_\_Cervical \_\_Thoracic \_\_Lumbar
- Chest: \_\_PA \_\_PA/LAT
- Ribs: \_\_Unilateral \_\_Bilateral \_\_w/PA Chest
- Abdomen: \_\_KUB \_\_Two Views
- Pelvis
- Hips w/AP pelvis, bilateral  
\_\_Unilateral \_\_Left \_\_Right
- Extremity: \_\_Left \_\_Right \_\_Bilateral  
Specify Body Part \_\_\_\_\_
- Other: \_\_\_\_\_

**Breast Imaging**

- Screening Mammogram
- Diagnostic Mammogram
- Breast Ultrasound (if indicated)  
\_\_Unilateral \_\_Bilateral
- Breast Ultrasound  
\_\_Left \_\_Right \_\_Bilateral
- Date last mammogram: \_\_\_\_\_
- Breast implants: \_\_Yes \_\_No

**Fluoroscopy**

- Arthrography  
Specify body part \_\_\_\_\_
- IVP
- VCUG
- Esophagram
- Hysterosalpingogram (HSG)
- UGI
- UGI w/SBFT
- Small Bowel
- Barium Enema
- Other: \_\_\_\_\_

**Ultrasound**

- Abdomen \_\_\_\_\_
- Abdomen Limited \_\_\_\_\_
- Renal w/ Bladder
- Bladder \_\_\_\_\_
- Aorta/Retroperitoneal \_\_\_\_\_
- TV and Transabdominal
- Transabdominal only
- Transvaginal only
- Scrotum w/Doppler
- Other \_\_\_\_\_

**Vascular Studies**

- Arterial Doppler (Duplex) \_\_\_\_\_
- Carotid Doppler (Duplex) \_\_\_\_\_
- Venous Doppler (Duplex) \_\_\_\_\_
- Extremity  
\_\_Upper \_\_Lower \_\_L \_\_R \_\_Bil
- Other \_\_\_\_\_

**OB Ultrasound**

- OB Ultrasound (TV if indicated) \_\_\_\_\_
- Limited (Viability, Heart Beat, Position, Fluid, Placental Location) \_\_\_\_\_
- Follow-up -- specify documented problem \_\_\_\_\_

**DEXA**

Reason for Bone Density: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_