



**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

**Breast Imaging**

- Screening Mammogram
  - Diagnostic Mammogram
  - Breast Ultrasound (if indicated)
    - \_\_\_ Unilateral \_\_\_ Bilateral
  - Breast Ultrasound
    - \_\_\_ Left \_\_\_ Right \_\_\_ Bilateral
- Date last mammogram: \_\_\_\_\_  
 Breast implants: \_\_\_ Yes \_\_\_ No

**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: \_\_\_\_\_

**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 \_\_\_\_\_