Valleywise Health

2601 E. Roosevelt
Phoenix, AZ 85008

SCHEDULING AND PRIOR AUTH:
PHONE: 602-344-1300 FAX: 602-344-1313

When Faxing include: Demographics, Insurance Card, Prior Imaging and Labs

TODAY'S DATE:

☐ Obtain Prior Auth

☐ URGENT ☐ STAT ☐ ROUTINE

PATIENT NAME (Please Print) (Required):

HOME PHONE #: | CELL PHONE #: | PATIENT DOB:

INSURANCE: | INSURANCE ID / GROUP #:

REASON FOR PROCEDURE: CLINICAL FINDINGS/SYMPTOMS (NO R/O's, possibles, evaluates, ICD 10 Codes):

☐ PATIENT HAND CARRY CD OR ☐ MAIL CD IMAGES TO:

PHYSICIAN/PROVIDER NAME (Printed): | PHYSICIAN/PROVIDER SIGNATURE: | REFERRING PHYSICIAN PHONE: | REFERRING PHYSICIAN FAX:

* May require preparation ^ Lab work may be required + May require H&P ! General studies only

☐ WITH CONTRAST ☐ WITHOUT CONTRAST ☐ Per Radiologist's Discretion

H & P within 30 days of scheduled appointment

☐ IV SEDATION ☐ GENERAL ANESTHESIA ☐ DIFFICULT AIRWAY

☐ CT ☐ CTA ! (650LB)

- ☐ ABD*^
- ☐ T-SPINE
- ☐ CHEST
- ☐ PELVIS*^+
- ☐ L-SPINE
- ☐ SOFT TISSUE NECK
- ☐ BRAIN*^
- ☐ C-SPINE
- ☐ SINUS
- ☐ CCTA
- ☐ UPPER EXTREMITY
- ☐ HEAD
- ☐ NECK
- ☐ LOWER EXTREMITY
- ☐ CT BIOPSY OF*^+ Send tissue to pathology and cytology
- ☐ OTHER

☐ MRI ☐ MRA (550LB)

- ☐ Brain
- ☐ C-Spine
- ☐ L-Spine
- ☐ T-Spine
- ☐ Abdomen*
- ☐ MRCP*
- ☐ Pelvis
- ☐ IAC
- ☐ Neck
- ☐ HEAD
- ☐ Chest
- ☐ MRI ARTHROGRAM OF:
- ☐ EXTREMITY UPPER
- ☐ EXTREMITY LOWER
- ☐ OTHER

☐ X-Ray ! (500LB)

- ☐ CHEST ☐ 2 VIEW ☐ 1 VIEW
- ☐ KUB (ABDOMEN) ☐ ABDOMEN 2 VIEWS
- ☐ PELVIS ☐ SKULL ☐ SPINE VIEW
- ☐ SHOULDER ☐ LEFT ☐ RIGHT
- ☐ ELBOW ☐ LEFT ☐ RIGHT
- ☐ WRIST ☐ LEFT ☐ RIGHT
- ☐ HAND ☐ LEFT ☐ RIGHT
- ☐ HIP ☐ LEFT ☐ RIGHT
- ☐ KNEE ☐ LEFT ☐ RIGHT
- ☐ ANKLE ☐ LEFT ☐ RIGHT
- ☐ FOOT ☐ LEFT ☐ RIGHT
- ☐ SINUS VIEW ☐ OTHER

☐ ULTRASOUND/VASCULAR !

- ☐ VEIN MAPPING*
- ☐ TRANSVAGINAL
- ☐ ABDOMEN COMPLETE*
- ☐ RENAL
- ☐ PYLORIC
- ☐ ABDOMEN DUPLEX*
- ☐ RENAL ARTERY*
- ☐ SOFT TISSUE
- ☐ THYROID
- ☐ OB ☐ >14 WEEKS ☐ <14 WEEKS
- ☐ PELVIS*
- ☐ CAROTID DOPPLER
- ☐ GRAFT SURVEILLANCE*
- ☐ PARACENTESIS*^+
- ☐ HEAD
- ☐ NECK
- ☐ TRANSCRANIAL DOPPLER
- ☐ HIP
- ☐ SCROTAL
- ☐ LOWER EXTREMITY ☐ R ☐ L ☐ BILAT
- ☐ UPPER EXTREMITY ☐ R ☐ L ☐ BILAT
- ☐ ARTERIAL DUPLEX LOWER ☐ R ☐ L ☐ BILAT
- ☐ ARTERIAL DUPLEX UPPER ☐ R ☐ L ☐ BILAT
- ☐ THORACENTESIS W/CXR IF NEEDED^+
- ☐ ULT BIOPSY OF*^+ Send tissue to pathology and cytology
- ☐ OTHER _____

☐ NUCLEAR MEDICINE (500LB)

THYROID NM EXAMS REQUIRES LABS

- ☐ BIPHASE RENAL* ☐ VASOTEC
- ☐ DIURESIS (lasix)
- ☐ THYROID THERAPY*
- ☐ THYROID UPTAKE & SCAN*
- ☐ THYROID WHOLE BODY*^
- ☐ PARATHYROID SCAN
- ☐ THYROGEN 0.9MG IM Q24hrs X 2 doses
- ☐ HEPATOBILIARY SCAN (HIDA / DISIDA)*
- ☐ SINGLE PHASE GASTRIC EMPTYING*
- ☐ V/Q LUNG SCAN
- BONE SCAN (Mark one) ☐ 3 PHASE ☐ LIMITED ☐ WHOLE BODY
- WBC SCAN (Mark one) ☐ 3 PHASE ☐ LIMITED ☐ WHOLE BODY
- ☐ BONE MARROW SCAN
- ☐ MIBG
- ☐ DaTSCAN*
- ☐ BONE PALLIATION (SAMARIUM)(Sm53)
- ☐ MUGA
- ☐ SENTINEL LYMPH NODE INJECTION
- ☐ OCTREOSCAN*

NUCLEAR STRESS TEST* (Mark one)

☐ LEXISCAN ☐ DOBUTAMINE ☐ TREADMILL

- ☐ OTHER _____

☐ FLUOROSCOPY (660LB)

- ☐ LUMBAR PUNCTURE^+
- ☐ ARTHROGRAM^ _____
- ☐ SMALL BOWEL F/T*
- ☐ HYSTEROSALPINGOGRAPHY
- ☐ CYSTOGRAM
- ☐ ESOPHAGRAM*
- ☐ MODIFIED BARIUM SWALLOW*
- ☐ BARIUM ENEMA* ☐ W/AIR ☐ W/O AIR
- ☐ MYELOGRAM OF*^+_____
- ☐ UGI*
- ☐ VCUG
- ☐ OTHER _____

☐ Women's Center

- ☐ MAMMOGRAPHY
- ☐ BREAST MRI
- ☐ DIAGNOSTIC
- ☐ DEXA
- ☐ BIOPSY ☐ LEFT ☐ RIGHT
- ☐ NEEDLE LOCALIZATION ☐ LEFT ☐ RIGHT
- ☐ SENTINEL LYMPH NODE INJECTION
- ☐ OTHER

☐ *Echo*

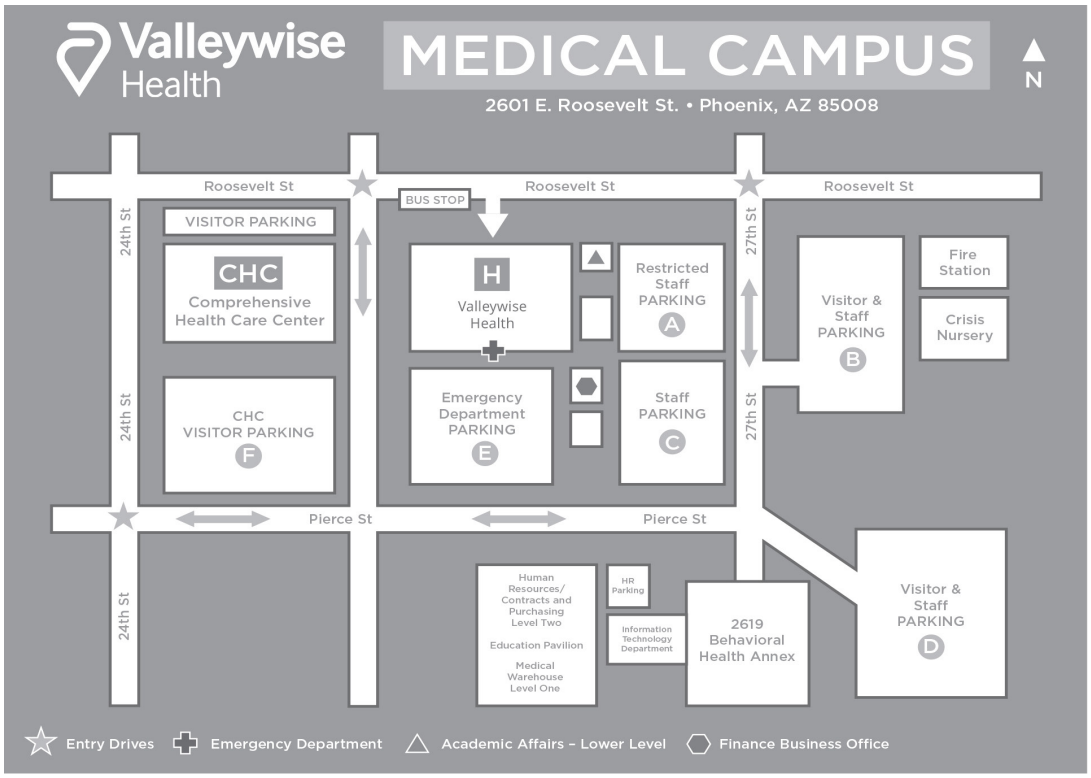
- ☐ STRESS ECHO
- ☐ TEE
- ☐ Echo

☐ PET/CT (400LB)

- ☐ Skull to Thighs (dx: _____)
- ☐ WHOLE BODY (dx: _____)
- ☐ Sodium Fluoride Bone (dx _____)
- ☐ OTHER: _____)

12150 (2/19)

MEDICAL IMAGING OUTPATIENT SCHEDULING



1. Valleywise Health

2601 E Roosevelt St
Phoenix, AZ 85008
602.344.5011
Located east of the CHC, 1st floor, Radiology Dept.

- X-ray
- MRI
- Ultrasound
- IR
- CT Scan
- Nuclear Med
- Echocardiogram
- Cardac Cath

2. Community Health Center - Phoenix

2525 E Roosevelt St
Phoenix, AZ 85008
602.344.5011

- X-Ray
- Mammography
- Ultrasound
- CT Scan
- Dexa/Bone Density

3. Community Health Center - Avondale

950 E Van Buren St
Avondale, AZ 85323
623.344.6800

- X-Ray
- Mammography
- Ultrasound
- Echocardiogram

4. Community Health Center - Chandler

811 W Hamilton
Chandler, AZ 85225
480.344.6100

- X-ray
- Ultrasound

5. Community Health Center - El Mirage

12428 W Thunderbird
El Mirage, AZ 85350
623.344.6500

- Ultrasound
- Echocardiogram

6. Community Health Center - Glendale

5141 W Lamar
Glendale, AZ 85301
623.344.6700

- Echocardiogram

7. Community Health Center - Maryvale

4011 N 51st Ave
Phoenix, AZ 85031
602.344.6900

- Ultrasound

8. Community Health Center - Mesa

59 S Hibbert
Mesa, AZ 85210
480.344.6200

- Echocardiogram
- Ultrasound