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			

☐ 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 _____			

☐ Women's Center

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

☐ 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 _____		

☐ *Echo*

☐ STRESS ECHO	☐ TEE	☐ Echo

☐ PET/CT (400LB)

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

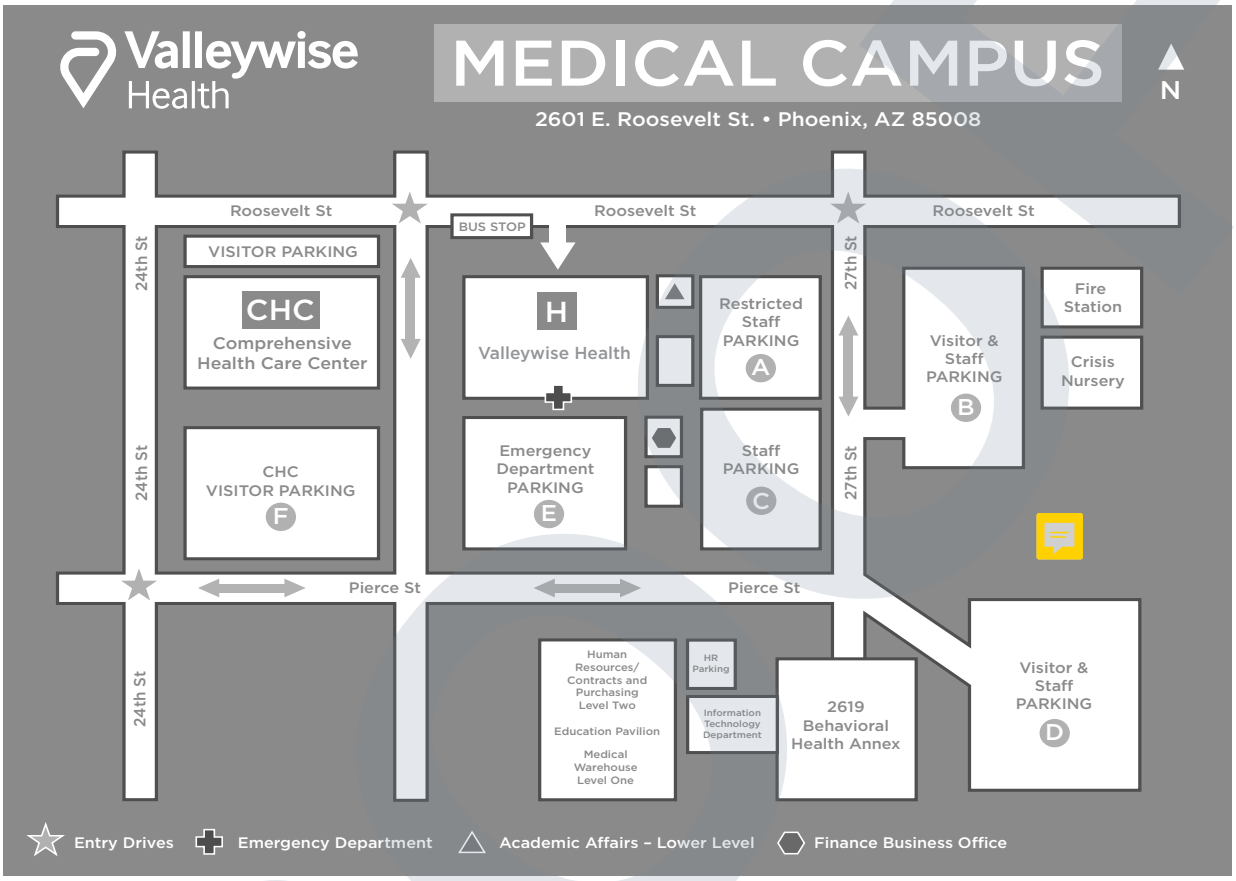
☐ X-Ray ! (500LB)

☐ 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	

☐ 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 _____	
_____	
_____	

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
   - Cardiac Cath

2. **Comprehensive Health Center**
   2525 E Roosevelt, 3rd floor
   Phoenix, AZ 85008
   602.344.5011
   - X-ray
   - Mammography
   - Ultrasound
   - CT Scan
   - Dexa/Bone Density

3. **Avondale Family Health Center**
   950 E Van Buren St
   Avondale, AZ 85323
   623.344.6800
   - X-ray
   - Mammography
   - Ultrasound
   - Echocardiogram

4. **Chandler Family Health Center**
   811 W Hamilton
   Chandler, AZ 85225
   480.344.6100
   - X-ray
   - Ultrasound

5. **El Mirage Family Health Center**
   12428 W. Thunderbird
   El Mirage, AZ 85350
   623-344-6500
   - Ultrasound
   - Echocardiogram

6. **Glendale Family Health Center**
   5141 W. Lamar
   Glendale, AZ 85301
   623-344-6700
   - Echocardiogram

7. ~~**Maryvale Family Health Center**~~
   ~~4011 N 51st Ave~~
   ~~Phoenix, AZ 85031~~
   ~~602.344.6900~~
   - ~~Ultrasound~~

8. **Mesa Family Health Center**
   59 S. Hibbert
   Mesa, AZ 85210
   480-344-6200
   - Echocardiogram
   - Ultrasound