Upright
■ PEORIA

STAND-UP MRI OF ARIZONA LLC

Hi-Field 3T
■ PHOENIX

8581 W. Kelton Lane, Suite 202
Peoria, AZ 85382

623-815-8500 **Fax 623-815-7773**

1112 E. McDowell Rd., Suite 100
Phoenix, AZ 85006

APPOINTMENT

DATE:

TIME:

If you must reschedule or cancel your appointment, please give at least 24 hours notice.

Patient Name: _____
First M.I. Last

D.O.B. _____ **Date of Referral:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Brain ❑ Routine ❑ w/ IAC's ❑ w/ Pituitary ❑ w/ Orbits ❑ TBI (3T only) ❑ Contrast
❑ MRA Circle of Willis (Head) ❑ MRA Carotids (Neck)

Spine ❑ Cervical ❑ Thoracic ❑ Lumbar ❑ Sacrum ❑ Contrast | **Upright MRI** ❑ Flexion ❑ Extension

MSK Lower Circle R or L ❑ Foot R / L ❑ Ankle R / L ❑ Knee R / L ❑ Hips (Bilateral only) ❑ Contrast

MSK Upper Circle R or L ❑ Shoulder R / L ❑ Wrist R / L ❑ Hand R / L ❑ Elbow R / L ❑ Contrast

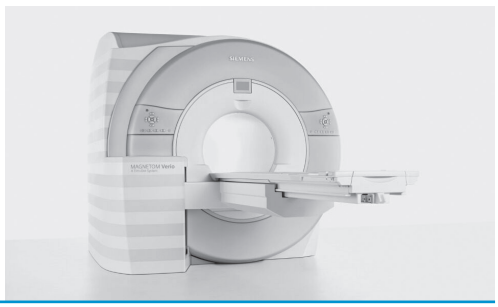
Other: ❑ Soft Tissue Neck ❑ Abdomen ❑ Pelvis ❑ Contrast **Notes:** _____

_____

Upright MRI

Liens Accepted

3T Hi-Field MRI



X-Ray Orders

❑ Shoulder ❍ R ❍L
❑ Elbow ❍ R ❍L
❑ Wrist ❍ R ❍L
❑ Hand ❍ R ❍L

❑ Knee ❍ R ❍L
❑ Ankle ❍ R ❍L
❑ Foot ❍ R ❍L

❑ Sternum
❑ Ribs ❍ R ❍L
❑ Chest ❍ 1 view ❍ 2 views
❑ Abdomen ❍ KUB ❍ 2 views

❑ Pelvis AP
❑ Hip (w/ Pelvis) ❍ R ❍ L

❑ Other _____

_____

_____

SPINES

	3vw	5vw	Flex	Ext
C	❑	❑	❑	❑
T	❑			
L	❑	❑	❑	❑

Notes _____

_____

_____

Attorney: _____ DOI: _____ DX: _____ ICD-10: _____

Insurance: _____ Insurance Phone #: _____ Policy #: _____ Claim #: _____ (if required)

STAT ☐ Yes ☐ No Report Only ☐ Yes ☐ No DVD ☐ Yes ☐ No Phone _____

Physician's Name: _____ Physician's Signature: x _____ Fax _____