



DESERT VALLEY RADIOLOGY

Tax ID # 86-0467926
www.dvrphx.com

Phoenix North Location
4045 E. Bell Rd., Ste. 143
Phoenix, AZ 85032
Main: 602-867-0404
Fax: 602-788-0893

Paradise Valley Location
11209 N. Tatum, Ste. 180
Phoenix, AZ 85028
Main: 602-765-8290
Fax: 602-765-8397

Tempe/Chandler/Ahwatukee
8380 S. Kyrene Rd., Ste. 105
Tempe, AZ 85284
Main: 480-785-2511
Fax: 480-705-4431

Phoenix Metro Location
2225 W. Peoria Ave., Ste. 150
Phoenix, AZ 85029
Main: 602-395-5089
Fax: 602-395-3335

Mesa Location
5424 E. Southern Ave., Ste. 104
Mesa, AZ 85206
Main: 480-776-5340
Fax: 480-776-5344

Phoenix West Location
9150 W. Indian School Rd., Ste. 136
Phoenix, AZ 85037
Main: 623-772-6840
Fax: 623-772-6844

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Clinical History / Diagnosis: \_\_\_\_\_

- Primary Phone# \_\_\_\_\_
Alternate Phone # \_\_\_\_\_
Deliver Images to \_\_\_\_\_
STAT Call Report # \_\_\_\_\_
Authorization needed \_\_\_\_\_
Call patient to schedule \_\_\_\_\_
Patient to carry Paper Film CD
Compare to prior films DVR Other \_\_\_\_\_
Insurance \_\_\_\_\_
Authorization / Claim # \_\_\_\_\_

WE PROVIDE AUTHORIZATION: With Copy of Insurance Card (Front & Back) and Physician Notes

PLEASE BRING THIS PAPER TO YOUR APPOINTMENT

If the patient is a minor and is not accompanied by the legal guardian, a notarized letter of consent is required.

ULTRASOUND

- Abdomen Testicular w/dop. prn
Renal Extremity R L
Renal Artery Doppler
Pelvic w/transvag. prn
Obstetric
Thyroid
Extracranial Carotid
Peripheral Art. w/ABI pm R L Bil IE U E
Peripheral Venous R L Bil IE UE
Other \_\_\_\_\_
(Bell only)
Venous Insufficiency R L Bil LE

LOW DOSE DIGITAL MAMMOGRAPHY

- Bilat, Screening (Add. Views & US if needed)
Diagnostic bilat. unilat. (US if needed)
Breast Ultrasound (Diagnostic Mammo if needed)
Breast Biopsy (US Guided)
Cyst Aspiration

DEXA

- Bone Density
Vertebral Assessment
Body Comp

IVP (Bell only)

- IVP W Tomograms (consider Renal Stone CT or CT/IVP)
VCUG
Cystogram

FLUOROSCOPY (Bell only)

- Esophogram BE with air
Upper GI (UGI) BE without air
UGI & Small Bowel Hysterosalpingogram
Small Bowel Series (consider CT Enterography)

MRI

- W/O Contrast
W & W/O Contrast Per Radiologist
Brain w/orbit xray prn
Pituitary w/orbit xray prn
Orbits wa/orbit xray prn
IAC's w/wo w/orbit xray prn
Neck (Soft Tissue) w/orbit xray prn
Chest w/orbit xray prn
Brachial Plexus w/orbit xray prn
Spine C T L w/orbit xray prn
Abdomen w/orbit xray prn
MRCP w/orbit xray prn
Pelvis w/orbit xray prn
Arthrogram MRI \_\_\_\_\_
Extremity R L \_\_\_\_\_ w/orbit xray prn
MRA: \_\_\_\_\_ w/orbit xray prn \_\_\_\_\_

X-RAY (Walk-Ins)

- Abdomen Chest KUB
Hand Foot Ankle Knee
R L Bil
Weight Bearing 2 views 3 views
Sinuses: Waters Series
Pelvis/Hip: R L Bil
Spine: C T L
Orbits
Extremity: R L \_\_\_\_\_
Misc: \_\_\_\_\_

OTHER

- Therapeutic Musculoskeletal Injection
Anatomical Site \_\_\_\_\_
(circle one) US FL (Bell only) CT Guided

CT (Walk-Ins)

- W/O Contrast Per Radiologist
W & W/O Contrast
Head
Facial Bones w/3D prn
Orbits w/3D prn
Sinus w/3D prn
Temporal Bones w/3D prn
Neck w/3D prn
Chest w/3D prn
Chest HiResolution w/3D prn
Chest (Pulmonary Embolism Protocol) w/3D prn
Abd w/Pelvis w/3D prn
Pelvis w/3D prn
CT/IVP (Urogram) w/3D prn
Abd w/ Pelvic Renal Stone Protocol w/3D prn
CT Enterography w/3D prn
Spine C T L
Extremity w/3D prn R L \_\_\_\_\_

CTA (Walk-Ins)

- Head
Neck (Carotids)
Chest (Pulmonary Embolism Protocol)
Thoracic Aorta (Chest Only)
Thoracoabdominal and Aorta
(chest, abd & pelvis for aneurysm or dissection)
Abdomen Aorta (AAA)
Renal Artery w/renal US prn
Aorta-Femoral Runoff
Pelvis
Upper Extremity R L
Lower Extremity R L

OTHER EXAMS NOT LISTED:

Transportation needed (DVR will provide)

REFERRAL COORDINATOR

REFERRING PHYSICIAN (PLEASE PRINT)

REFERRING PHYSICIAN PH #

REFERRING PHYSICIAN FAX #

DOCTOR SIGNATURE

As Ordered X Date

Per Radiologist X Date

PLEASE BRING PRIOR X-RAY EXAMS INCLUDING CT, MRI, ULTRASOUND AND MAMMOGRAMS.

The patient is scheduled \_\_\_\_\_ Time \_\_\_\_\_ AM / PM