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WE PROVIDE AUTHORIZATIONS

✓ Copy of Insurance Card

✓ Fax Physician NOTES

Auth Fax: 602-274-0804

PATIENT INFORMATION

PATIENT NAME _____ DOB _____ DATE _____

PATIENT HOME PHONE _____ CELL _____

PLEASE SCHEDULE WITH PATIENT PATIENT TO CALL

Possibly Pregnant? Yes No Allergic to IV Contrast? Yes No

INSURANCE: _____ INS. AUTH.: _____

REASON FOR STUDY/INDICATION _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____ Physician Signature (required) _____

Phone # _____ Fax: _____ After hrs. phone: _____

STAT FAX # _____ Send CD with patient Deliver CD FILMS (please circle)

STAT CALL # _____ Send FILM with patient Comparison of previous study required

CC Report to: _____ Location _____

MRI

- NO IV CONTRAST
- W / WO CONTRAST PER RAD*

HEAD & NECK

- Brain
- IACs Pituitary Orbits
- Neck soft tissue
- TMJ
- Brachial plexus R L Bil

SPINE

- Cervical
- Thoracic
- Lumbar
- Sacral
- CHEST (specify) _____
- ABDOMEN (specify) _____
- Complete Liver Kidney
- Adrenals Pancreas MRCP

PELVIS (specify) _____

- JOINT** R L Bil
- Shoulder Elbow Wrist
- Hip Knee Ankle

MR ARTHOGRAM (specify) _____

- Extremity** R L
- Upper Arm Forearm Hand
- Thigh Calf Foot

MR ANGIOGRAM (MRA)

- Brain Carotid/Vertebral/Neck
- Thoracic Aorta Renal Arteries
- Adominal Aorta & Iliacs
- Lower Extremity Runoff
- Other (specify) _____

MR VENOGRAM

- Brain Pelvis

CT 320 DETECTOR ROW

- NO IV CONTRAST WITH CONTRAST
- W / WO CONTRAST PER RAD*

*MDI requires recent BUN/Creatinine for all patients over 70, and any patient with history of diabetes, hypertension, heart or kidney disease

BUN = _____ Creatinine = _____
 check here if you would like MDI to perform BUN & Creatinine

HEAD & NECK

- Brain Orbits
- Maxillofacial Sinuses
- Temporal Bone Neck (Soft Tissue)

- Chest Chest PE study*

- Lung Only (Hi Res)
- Abdomen (with pelvis if indicated)
- Abdomen with Pelvis Pelvis
- Kidney Stone Study
- CT Urogram (CT IVP)*

SPINE with 3-D renderings

- Spine C T L (circle)

EXTREMITY with 3-D renderings

- (Specify) _____
- Other (specify) _____

DYNAMIC VOLUME 320 ROW CT

BRAIN/CAROTID (All exams require I.V. contrast*)

- Carotid/Cerebral CTA Brain Arteriogram
- Brain Venogram 4D Brain Perfusion
- Neck/Carotid Bifurcations

HEART/THORACIC AORTA

- Calcium Score Screening (no I.V. contrast needed)
- Cardiac/Coronary CTA
- LV Wall Motion & Function
- Thoracic Aorta

ABDOMINAL AORTA CTA

- Aorta CTA Renal CTA
- Mesenteric CTA
- Aortobifemoral runoff

ORGAN SPECIFIC TRIPHASIC CT

- Liver Kidney Pancreas
- Other _____

ULTRASOUND

- Abdomen
- Aorta, Retroperitoneum, Kidneys
- Pelvis with Transvaginal Scan
- Pelvis - Transabdominal Only
- Thyroid
- Testicular/scrotum
- OB 1st Trimester
- OB 2nd & 3rd Trimester
- BPP
- Other (specify) _____

VASCULAR ULTRASOUND

- Arterial legs
- Venous leg R L Bil
- Venous arm R L Bil
- Carotids
- Renal Artery Doppler
- Other (specify) _____

X RAY

- Chest PA + lateral (routine 2 view)
- Abdomen (KUB)
- Abdomen (2 view)
- Shoulder R L
- Humerus R L
- Elbow R L
- Forearm R L Wrist R L
- Hand R L Hip R L
- Femur R L Knee R L
- Tib / Fib R L Ankle R L
- Foot R L
- Pelvis
- Spine 2 views C T L
- Spine 5 views C L
- Sinus
- Other (specify) _____

Appt. Date _____ Time _____ Today's Date _____ Initials _____

PATIENT INFORMATION

- Please be sure to bring this referral form from your physician with you.
- Bring your health insurance information, forms and cards with you.
- If you have previous x-rays, examination films or reports, bring them with you.
- Please bring a photo I.D. with you.
- Please leave valuables at home. MDI cannot be held responsible for lost belongings.
- If there is a possibility of pregnancy, please inform our staff prior to your appointment.
- Children 11 and under cannot be left unattended or go into the exam room with you.
- If you are improperly prepared for your exam, you may need to be rescheduled. Please check prep instructions.
- If you need to reschedule your appointment, please call us at least 24 hours in advance.
- Please notify schedulers if you need an attendant due to physical limitations.

THE FOLLOWING EXAMS REQUIRE PREPARATION AND APPOINTMENTS

CT

Allow 1 hour

You may take medications with sips of water

- CT Abdomen and/or Pelvis - No food for 4 hours prior to scan, medications and clear fluids allowed and strongly encouraged. Please pick up your prep kit from an MDI Center at least 24 hours before your exam. Follow the special instructions very closely.
- Kidney Stones
- CT Chest - No food 4 hours prior to exam. Fluids are strongly encouraged.
- CT Angiogram of Coronary Arteries - Contact office for special instructions.
- All other CT exams - No restrictions.

MRI

Times Varies

- Please let us know if you have any implanted medical devices.
- Some metals may not be allowed in magnet. Do not wear excessive mak-up, bobby pins or other metal hair accessories.
- Please leave valuables at home.
- Please continue taking your medications unless otherwise directed.

ULTRASOUND EXAMINATION

Allow 30 minutes - 1 hour

- **Pregnancy** - Drink 32oz. of water 1 1/2 hours before the examination. Be sure and drink the water within the first 1/2 hour and PLEASE DO NOT VOID. **You need a full bladder for this exam.**
- **Pelvis** - Drink 32oz. of water 1 1/2 hours before the examination. Be sure and drink the water within the first 1/2 hour and PLEASE DO NOT VOID. **You need a full bladder for this exam.**
- **Abdominal (Liver, Gallbladder, Pancreas, Aorta, Renal Arteries)**- Take nothing by mouth for 8 hours prior to the examination. Small sips of water are allowed to take medication.
- **Kidneys** - Drink 8oz. of water 1 hour before the examination. Take nothing by mouth except the water and medications if needed.

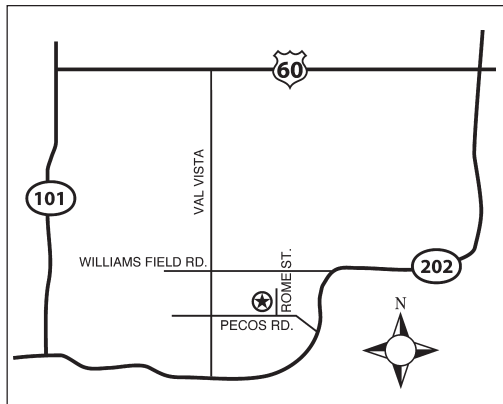
All other ultrasound examinations require no preparation.

WHEN WILL I KNOW MY RESULTS?

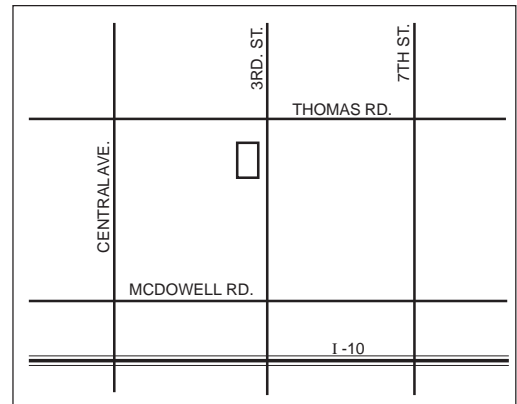
One of our board certified radiologists will interpret the images and usually prepare a written report for your referring clinician the same day as your exam. The imaging study done at MDI may be only one tool in your clinician's work up - they may need additional time to correlate all of the associated reports and data before they are ready to talk to you. MDI and your referring clinician politely request that you wait for your clinician's office to contact you about the scan results.

Marquis Diagnostic Imaging

We are Located on the 1st Floor of the Rome Towers



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