

PATIENT NAME: _____ **DOB:** _____

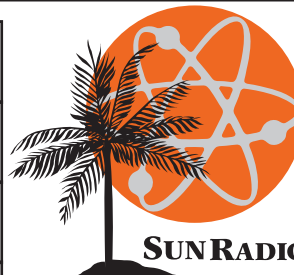
PHONE: (DAY) _____ **(CELL)** _____

CLINICAL HX/DX: _____ **AUTHORIZATION #:** _____

PRIMARY INS. _____ **INS. ID #:** _____

PHYSICIAN NAME: (Print) _____ **PHYSICIAN SIGNATURE:** _____

PHYSICIAN PHONE: _____ **FAX:** _____



Hablamos Español
Central Scheduling

DATE _____

SUN RADIOLOGY

**THE LEADER IN
MOLECULAR IMAGING**

**"DETECTING DISEASES EARLIER
AT A MOLECULAR LEVEL"**

Ph: 623-815-8200 • Fax 623-815-8299

STAT FAX: **STAT CALL:**
TO #: _____

MEDIA REQUEST

Report Only Films w/Report CD w/Report
 Pt to Hand Carry Films CD

SPECIAL INSTRUCTIONS: _____

PET/CT : Oncology

- PET/CT Lung Nodule (Glucose)
- PET/CT Cancer (Glucose)
- PET/CT Melanoma (Glucose)
- PET/CT Prostate (Fluoride)
- PET/CT Bone Metastasis (Fluoride)
- Abnormal Imaging Scan PET/CT (Fluoride)

Open PET/CT
Short Bore
(Claustrophobic)

Sun Alzheimer's Institute Memory Diagnostic Center

- PET/CT MRI Brain w/contrast / FDG / AMYLOID
CT w/contrast if MRI contraindicated

Sun Movement Disorder Center

- DaTScan MRI Brain w/contrast (Parkinson's)
CT w/contrast if MRI contraindicated

Digital Mammography

- Screening w/CAD
(with additional views and ultrasound if indicated)
- Diagnostic w/CAD **R L Bil**
(with ultrasound if indicated)



Dexa

- Bone Density
- Bone Density w/ Fracture Assessment
- Fracture Assessment

Ultrasound

- Thyroid
- Breast **R L Bil**
- US guided Breast Biopsy **R L Bil**
- Abdomen Ltd (RUQ)
- Abdomen Complete
- Pelvis R/O ectopic pregnancy
- Pelvis TA/TV (Doppler)
- OB First Trimester
- Renal
- Renal / Bladder
- Urinary Bladder
- Scrotal (Doppler)
- Prostate



Vascular Arterial

- Carotid
- AAA Aorta
- Renal Arteries
- Upper Extremity **R L Bil**
- Lower Extremity w/ABI **R L Bil**

Vascular Venous

- DVT Upper Extremity **R L Bil**
- DVT Lower Extremity **R L Bil**

Pediatric Ultrasound

- Cranial
- Pyloric Stenosis
- Appendix

Interventional Pain

- L Spine Facet Joint / Nerve Block (CT)
- SI Joint Injection (CT)
- Other Joint _____ (CT)

CT

- Brain
- Sinus (maxillofacial)
- Temporal Bones/IAC
- Orbits
- Face
- Neck (Soft Tissue)
- Spine: **C T L**
- Chest
- PE Protocol (CTA)
- Coronary Calcium Score
- Abdomen
- Abdomen with Pelvis
- Pelvis
- Virtual Colonoscopy w/ KUB
- CT Entrography
- Kidney Stone (Abdomen-Pelvis w/o)
- Hematuria (CT/IVP/UROGRAM)
- Extremity: _____

- W/WO IV contrast
- W IV contrast
- W/O IV contrast
- IV contrast per radiologist
- 3D reconstruction

CTA

- Brain
- Carotid (Neck)
- CT Coronary Angiography (CCTA)
- Aorta
- Renal Arteries
- Upper Extremity Runoff - Bilateral
- Lower Extremity Runoff - Bilateral

Cardiac Studies

- PET/CT Cardiac with Calcium Score (CT)
- SPECT Myocardial Prefusion w/ Calcium Score (CT)
- Coronary Angiography (CCTA)
- Calcium Score (CT)

Nuclear Medicine

- SPECT Myocardial Prefusion
- MUGA w/LVEF
- Thyroid Uptake & Scan
- Parathyroid w/SPECT if indicated
- VQ Scan w/CXR 2 views
- HIDA w/CCK (w/ultrasound)
- HIDA w/o CCK
- Gastric Emptying
- Liver Spleen w/ SPECT
- Hemangioma RBC Scan (w/SPECT)
- Renal-Function (MAG3) w/ Lasix (w/ultrasound)
- Renal-Obstruction (MAG3) w/wo Lasix (w/ultrasound)
- Renal-Hypertension (MAG3) (w/wo Vasotec)
- Bone Scan Whole Body (w/SPECT)
- Bone Scan Limited-Regional (w/SPECT)
- Bone Scan Three-Phase

Iodine-131 Therapy

- I-131 Whole Body Metastatic Survey
- Hyperthyroid Therapy
- Thyroid Cancer Therapy

MRI

- High Field MRI
- Open MRI

- Oral sedation
- W/WO IV contrast
- W IV contrast
- W/O IV contrast
- IV contrast per radiologist
- 3D reconstruction

Will include XR orbit screening as necessary

- Brain (MRA if indicated)
- Neck
- IAC's
- Pituitary
- Orbits
- Brachial Plexus **R L Bil**
- Spine: **C T L Sacrum**
- Chest
- Breast (CAD/3D)
- Breast MRI Core Biopsy
- Abdomen
- Kidney Adrenal Pancreas MRCP Liver (Eovist)*
- Pelvis
- Prostate
- MRI ARTHROGRAM:** _____

- Joint **R L Bil**
TMJ Shoulder Elbow Wrist Digit Hip Knee Ankle

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

MRA

- Brain Carotids Abdominal
- Renal Aorta Extremity run-off (bilat)
Upper Lower

MRV

- Brain Extremities/AVF

X-Ray

- Skull
- Mandible
- Sinus
- Chest (PA & LAT)
- Shoulder **R L Bil**
- Abdomen: **2 View**
- KUB
- Pelvis AP
- Spine 3 Views: **C T L**
- Spine 5 Views: **C T L**
- Hip w/Pelvis: **R L Bil**
- Hand: **R L Bil**
- Foot: **R L Bil**
- Ankle: **R L Bil**
- Knee: **R L Bil**
- Elbow: **R L Bil**
- Wrist: **R L Bil**
- Skeletal Survey
- GI Motility
- IVP

Pediatric X-Ray

- Bone Age
- Scoliosis

