Hablamos Español
Tax ID 86-1048897

SUN RADIOLOGY
"The Leader in Quality Medical Imaging"

Designated Practice Schedule Available

TO SCHEDULE AN APPOINTMENT

Online: www.SunRadiology.com
Phone: 623-815-8200
Fax: 623-815-8299

Request CD of Images Online

☐ STAT FAX ☐ STAT CALL ☐ PT HAND CARRY

TO #: _____

☐ CD
☐ CC Report To: _____

PATIENT NAME:		DOB:
PHONE: (DAY)	(CELL)	DATE:
CLINICAL HX/DX:		
PHYSICIAN:		PHYSICIAN SIGNATURE:
PHYSICIAN PHONE:		FAX:
APPOINTMENT DATE:		TIME:

Schedule Appointment
Agendar Cita

☐ SPECIAL INSTRUCTIONS: _____

PET/CT

☐ Staging ☐ Restaging ☐ Recurrence / Monitoring
☐ Skull to Thigh FDG 78815 (Lung Nodule / Cancer)
☐ Sodium Fluoride (Bone) / NaF18 78816
☐ FDG Brain (AD vs FTD) 78808
☐ Vizamyl / Amyloid Scan (Alzheimer's / Dimentia)
☐ Pylarify (Prostate Cancer)
☐ Whole Body FDG (Melanoma) 78816
☐ Ga-68 NETSPOT (Neuroendocrine Tumor Imaging)

CT 3D Rendering

☐ W/WO IV contrast
☐ W IV contrast
☐ W/O IV contrast
☐ IV contrast per radiologist
☐ 3D reconstruction
☐ Medtronic ☐ Stryker
☐ Fusion ☐ Landmark

☐ Brain
☐ Temporal Bones/IAC
☐ Parathyroid (4D)
☐ Orbits
☐ Face
☐ Sinus (maxillofacial)
☐ Neck (Soft Tissue)
☐ Spine: C T L
☐ Chest ○ High Res. ○ Low Dose ○ Screening
☐ PE Protocol (CTA) / 3D PRN
☐ Cardiac Score / Coronary Calcium Score (Self Pay)
☐ Abdomen (Pelvis if indicated)
☐ Pelvis (Abdomen if indicated)
☐ Virtual Colonoscopy ○ Screening ○ Diagnostic
☐ Enterography
☐ Kidney Stone (A-P w/o)
☐ Hematuria (CT/IVP/UROGRAM)
☐ Low Dose CT Lung Cancer Screening) (Self Pay)
☐ Scanogram (Leg Length)
☐ CT Extremity _____

CTA

☐ Brain
☐ Neck / Brain ○ Cardiac Score
☐ CT Coronary Angiography (CCTA)
☐ Aorta
☐ Renal Arteries / Aorta
☐ Upper Extremity Runoff - Bilateral
☐ Lower Extremity Runoff - Bilateral
☐ CTA / Other
☐ CCTA + Cleerly (Cash Only)

Cardiac Studies

☐ SPECT Myocardial Perfusion (Stress Test w /Lexiscan)
☐ Coronary Angiography (CCTA)
☐ Cardiac Score / Coronary Calcium Score (Self Pay)

Digital Mammography/ Breast Diagnostics

WALK IN

☐ Screening Mammogram ultrasound PRN
☐ Diagnostic Mammogram R L Bil ultrasound PRN
☐ Breast Ultrasound R L Bil
☐ Ultrasound Breast Biopsy R L Bil
☐ Breast MRI GAD / 3D

Iodine-131 Therapy

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

MRI 3D Rendering

☐ Oral sedation
☐ W/WO IV contrast
☐ W IV contrast
☐ W/O IV contrast
☐ IV contrast per radiologist

☐ High Field MRI
☐ Stand Up MRI Weight Bearing
☐ Open MRI

Will include XR orbit screening as necessary

☐ Brain ○ w/MRA ○ Pituitary ○ Neuroquant ○ IACs ○ Orbits ○ Lesionquant
☐ Neck MRA ☐ Neck Soft Tissue
☐ Brachial Plexus R L Bil
☐ Spine C T L Sacrum
☐ Chest
☐ Breast CAD/3D
☐ Abdomen _____
○ Kidney ○ Adrenal ○ Pancreas
○ Liver (Eovist) ○ Enterography ○ MRCP
☐ Pelvis ○ Soft Tissue ○ Bony
☐ Prostate
☐ MRI Arthrogram: _____
☐ TMJ
☐ Joint R L Bil
○ Shoulder ○ Elbow ○ Wrist
○ Hip ○ Knee ○ Ankle ○ Digit
☐ Extremity R L Bil
○ Upper Arm ○ Forearm ○ Hand
○ Thigh ○ Calf ○ Foot

MRA

☐ Brain/COW ☐ Cartoids ☐ Abdominal ☐ Thoracic Aorta
☐ Extremity run-off (bilat) Upper Lower
☐ Renal Arteries ☐ Non-Contrast Renal Arteries

MRV

☐ Brain ☐ Extremities/AVF

Ultrasound

☐ Thyroid
☐ Breast / Axilla R L Bil
☐ US guided Breast Biopsy R L Bil
☐ Abdomen Limited (RUQ) /with Fibroscan
☐ Abdomen Complete/with Fibroscan
☐ Liver Elastography
☐ Soft Tissue
☐ Pelvis R/O ectopic pregnancy
☐ Pelvis TA/TV
☐ Mesentric / Celiac Duplex
☐ OB Trimester 1st 2nd 3rd BPP
☐ Renal / Retroperitoneal / Duplex (bladder if indicated)
☐ Renal / Bladder
☐ Urinary Bladder
☐ Scrotal / Duplex
☐ Prostate

WALK IN

VASCULAR ARTERIAL

☐ Carotid
☐ AAA Screening
☐ Aorta / Iliac Duplex
☐ Renal Arteries
☐ Upper Extremity R L Bil
☐ Lower Extremity / ABI R L Bil

VASCULAR VENOUS

☐ DVT Upper Extremity R L Bil
☐ DVT Lower Extremity R L Bil
☐ Venous Reflux Study / Saphenous Vein Mapping

PEDIATRIC ULTRASOUND

☐ Cranial ☐ Pyloric Stenosis ☐ Appendix

Nuclear Medicine

☐ HIDA w/CCK ☐ HIDA w/o CCK
☐ Ultrasound
☐ Gastric Emptying
☐ Thyroid Uptake & Scan - Graves'/Hashimoto's
☐ Parathyroid /SPECT
☐ Bone Scan / SPECT Location _____
○ 3-Phase ○ Limited ○ Whole Body
Plain films per Radiologist as necessary
☐ Renal Scan w/Vascular Flow and Split Function
○ Lasix ○ GFR Quantitation ○ Captopril
☐ Renal-Obstruction (MAG3)
○ Ultrasound ○ Lasix ○ Captopril
☐ Renal-Hypertension (MAG3) (w/wo Vasotec)
☐ DaTscan with DaTQUANT Analysis
☐ VQ Scan w/2 View Chest XR
☐ MUGA
☐ WBC Scan ○ Indium ○ Dual Isotope ○ Ceretec
☐ Meckel's Diverticulum Scan
☐ Meckel's Scan
☐ Liver Spleen w/ SPECT
☐ Hemangioma RBC Scan (w/SPECT)-Liver Mass
☐ SPECT-CT _____

X-Ray

WALK IN

☐ Sinus ○ Waters ○ Series
☐ Skull ○ Mandible ○ Sinus
☐ Chest 1 view (PA)
☐ Chest 2 views (PA&LAT)
☐ Shoulder R L Bil
☐ Abdomen: 2 View KUB
☐ Pelvis AP
☐ Rib Series w/CXR R L Bil
☐ Scoliosis
☐ Spine 3 Views: C T L Add Flex/Ext
☐ Spine 5 Views: C T L Add Flex/Ext
☐ Spine 7 Views: C T L Weight Bearing
☐ Hip w/Pelvis: R L Bil
☐ Femur: R L Bil
☐ Knee: R L Bil
☐ Tibia / Fibula: R L Bil
☐ Ankle: R L Bil
☐ Foot: R L Bil
☐ Toe: R L Bil
☐ Humerus: R L Bil
☐ Elbow: R L Bil
☐ Radius / Ulna: R L Bil
☐ Wrist: R L Bil
☐ Hand: R L Bil
☐ Finger: R L Bil
☐ SI Joint: R L Bil
☐ Skeletal Survey
☐ GI Motility

Pediatric X-Ray

☐ Bone Age ☐ Scoliosis

Dexa (Bone Density Study)

WALK IN

☐ Osteoporosis

Central Scheduling

Phone 623-815-8200 • Fax: 623-815-8299

PET/CT • Nuclear Medicine • MRI-Closed & Open • CT • Coronary Calcium Score
Interventional Radiology • Walk-In: X-Ray, Ultrasound, DEXA and Mammography

PREPARATION

TO OUR PATIENTS AND REFERRING PHYSICIANS:

- Please bring any prior exam/scan films with you that would be beneficial to the diagnosis of the exam(s) ordered on the other side of this form.
- Bring your insurance card and the amount of your co-payment as indicated on your insurance card.
- Bring script if your doctor has given one to you. • A 24 hour notice is required for all cancellations.

PET/CT

- **Day prior:** No sugar and low carbohydrate diet night before test. You can eat meat. No potatoes. No rice. No pasta. No bread.
- **Prior to Test:** If exam is in the morning - overnight fasting (no food after midnight).
- **Day of Test:** Do not eat or drink anything (except water). Medications are allowed with water (bring with you, if necessary). No coffee, tea, sodas, candy, or gum. If exam is scheduled after 1 PM: a very light egg/meat breakfast before 6 am is ok if you must eat. Non sugar coffee/tea ok (no bread/biscuit, no juice or fruits, no milk or cereal).
- **If you have Diabetes:** Please call the center and ask to speak with PET technologist the day before exam for specific instructions.

THE DAY OF THE EXAM

- Do not eat or drink (except water) for at least 4 hours before your test. • Drink 20 ounces of water the day of the exam.
- Wear warm, comfortable clothes without zippers, metal buttons, snaps, etc.
- You may take the medications prescribed by your physician on the day of the exam UNLESS you are a diabetic and are insulin dependent.

24 HOUR NOTICE IS REQUIRED FOR ALL CANCELLATIONS

CT

- **CT of Abdomen and Pelvis:** Obtain a prep kit and follow directions. Nothing to eat or drink 2 hours prior to exam.
- **CT of Head, Neck, Chest or Extremity:** Nothing to eat or drink 4/6 hours prior to exam.
- **CT of the Spine:** No prep is needed.
- **For Patients Over 65 Years, Diabetic or Kidney Problems -** Need recent labs including BUN and Creatine are required.

- **For Providers: Rx for CT IODINE CONTRAST ALLERGY PREP**
  Medrol 32mg PO 12 hours before exam (Disp 1) and
  Medrol 32mg PO 2 hours before exam (Disp 1) and
  Benadryl 50mg PO 1 hour prior to exam (Disp 1)

MRI

- Be sure to notify our staff if you are claustrophobic or have a cardiac pace-maker, shrapnel or metal clips from cerebral aneurysm surgery in your body.
- For Patients Over 60 Years, Diabetic or Kidney Problems - Most recent labs including BUN and Creatine are required.

BONE DENSITY (DEXA)

- Dress comfortably with no zippers or snaps on clothing. • No calcium supplements 24 hrs prior to exam.

ULTRASOUND

- **Pelvic US and 1st Trimester OB:** Drink 32oz. of water starting 1/2 hour before exam and no voiding. (BLADDER MUST BE FULL)
- **2nd and 3rd Trimester OB:** Drink 24oz. of water 1 hour before exam and no voiding. (BLADDER MUST BE FULL)
- **Abdomen US** (gallbladder, liver, aorta, and pancreas) Nothing to eat or drink after midnight the night before exam.

MAMMOGRAPHY

- Bring prior films. No lotions, powder or deodorant to the chest or under arm area.

We Welcome

Walk-ins • Same Day Scheduling • STAT Appointments

OPEN Evenings M-F • OPEN WEEKENDS

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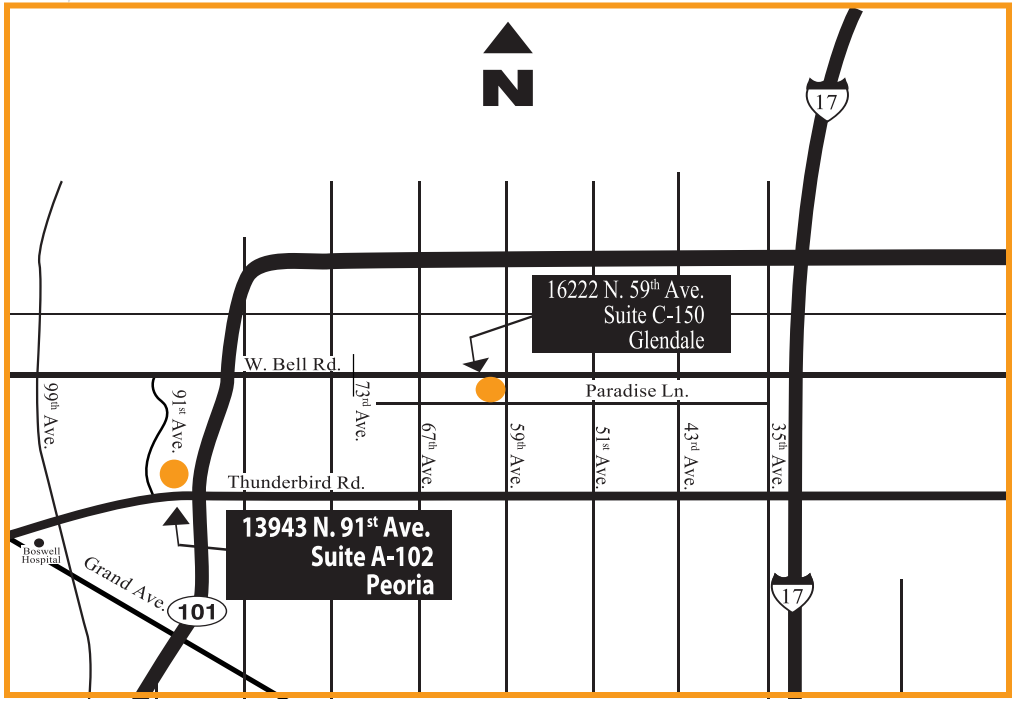
Online Patient Scheduling www.sunradiology.com

Designated Practice Scheduler Available



Quick Reference Guide

1. Online Patient Scheduling: **www.SunRadiology.com**
2. To schedule an appointment - 623.815.8200, 1 - English. 2 - Spanish. Option 1.
3. To reach medical records - 623.815.8200, 1 - English. 2 - Spanish. Option 3.