



Deliver CD
 Patient to carry CD

Scan here for directions to our office.



5448 South Highway 260, Suite 110 • Lakeside AZ 85929

* Patient Name: _____ * Date of Birth: ___ / ___ / ___

* Phone: _____ Other Ph#: _____ Appt. Date: ___ / ___ / ___ Appt. Time: _____

* Insurance: _____ Pre-Auth#: _____ Exp. Date: ___ / ___ / ___

* Diagnosis: _____ Primary Concern: _____

* **Ordering Physician Print:** _____ **Signature:** _____

I hereby authorize Premier Mountain Imaging to act on my behalf to obtain any and all authorizations needed for the above named patient. I hereby certify that the test ordered are medically necessary for the diagnosis and treatment of this patient.

Send Report To: Ordering Physician Phone#: _____ Fax#: _____

Other Physician Name: _____ Fax#: _____

*** AUTHORIZATION SUPPORT**

Please fax the following: Patient clinical information, insurance cards, NPI/Tax-ID number.

STAT Report **STAT Call:** _____ **STAT Fax:** _____

LAB WORK
CT, MRI and IVP: If patient is over the age of 65 or diabetic, or chronic kidney disease-please include labs

GENERAL RADIOLOGY

- Chest PA & Lateral
- Spine C T L
- Shoulder R L
- Elbow R L
- Wrist R L
- Hand R L
- Hip R L
- Knee R L
- Tibia/Fibula R L
- Ankle R L
- Foot R L
- Pelvis R L
- Toes R L
- Humerus R L
- Fingers R L
- Thumb R L
- Skull
- Paranasal Sinuses
- Soft Tissue Neck
- KUB
- Abdomen Flat/Upright
- Sacroiliac Joints
- Sacrum/coccyx
- IVP (no tomo)
- Other: _____

MRI 3 TESLA
 w/wo contrast per radiologist without IV contrast
 w/wo IV contrast

- Brain
- Pituitary IACs Orbits
- Spine C T L
- Sacrum (Pelvis)
- Neck-Soft Tissue
- Breast
- Abdomen
- Pelvis
- MRCP
- Extremities**
- Shoulder R L
- Elbow R L
- Wrist R L
- Hand R L
- Hip R L
- Knee R L
- Ankle R L
- Foot R L

MRA

- Brain/Cerebral/C.O.W.
- Neck/Carotid & Vertebral
- Renal
- Thoracic Aorta
- Abdominal Aorta
- Upper Extremity
- Lower Extremity
- Abdomen and Runoff
- Other: _____

ULTRASOUND DIRECTIONS
▲ Study may include doppler
▷ Study may include transvag if needed unless checked here ___

- ULTRASOUND**
- Thyroid
 - Breast Rt / Lt / Bil
 - Abdomen Complete ▲
 - Abdomen Limited _____
 - OB Limited
 - OB Complete
 - Testicular/Scrotal ▲
 - Renal
 - Abdominal Aorta
 - Pelvis Male ▲
 - Pelvis Female ▲ ▷
 - Other: _____

Vascular Studies

- Carotid
- Renal Arteries
- Venous Doppler:
- Rt Leg Lt Leg Bi Leg
- Rt Arm Lt Arm Bi Arm
- Arterial with ABI:
- Rt Leg Lt Leg Bi Leg
- Rt Arm Lt Arm Bi Arm

TOMOSYNTHESIS 3D MAMMO

- Additional views or US if indicated
- Screening Diagnostic
- Rt Lt Bil

DEXA
CT SCAN 64 SLICE

- Chest
- Brain
- Orbits
- Temporal Bones
- Neck-Soft Tissue
- Sinuses
- Abdomen/Pelvis
- Abdomen
- Pelvis
- Spine C T L
- Other: _____

CTA

- Brain/C.O.W.
- Neck/Carotids
- Chest/Aorta
- Abdomen and Runoff
- Abdomen/Aorta/Renals
- Pelvis
- Lower Extremities
- Other: _____

CT CARDIAC

- Coronary
- Cardiac Scoring