



Banner Desert
Medical Center

Order Date: _____



Banner Health
Cardon Children's
Medical Center

OUTPATIENT MEDICAL IMAGING - PHYSICIAN ORDER

Central Scheduling

PHONE: 480-684-7500

FAX: 480-684-7501

Patient Name: _____ Date of birth ___/___/___ M / F

Best Phone # : _____

Insurance: _____ Insurance Phone _____

Patient Ins. ID # _____ Ins. Auth. # _____

PROCEDURE/ EXAM

CT Scan With Without With and without contrast

MRI / MRA With Without With and without contrast

****** H&P Required for all MRI / MRA ******

General Anesthesia? Yes No Oral Relaxation Meds? Yes No
 Does the patient have both functioning kidneys? Yes No
 Allergy to Iodine? Yes No Any known Renal Disease? Yes No
 Is patient diabetic? Yes No Claustrophobic? Yes No

BUN _____ Creatinine _____ Date of Lab results _____

Recent (30 days) Bun and Creatinine is required if patient is 65+ or diabetic.

Ultrasound/ Vascular Lab _____

General Radiology _____

Nuclear Medicine _____

PET / CT _____

Diagnosis/ Reason for exam [Must be sign /symptom or ICD-9-Code]

Physician Signature _____ Phone _____

(Medicare requires actual doctor signature)

Please print Physician Name and Fax # _____

Inform Patients to always "call in" for further details or updated information.

Central Scheduling Telephone (480) 684 - 7500

Banner Prior Authorization Service FAX: (602) 640 - 3220

Prior Auth Telephone (480) 684 - 6500

Please fax this **480-684-7501**

To schedule an appointment, call 480-684-7500



Banner Health

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Pediatric Order Form

Today's date (date ordered)

If scheduled, Appt date & time:

Patient name

DOB: Male Female **BEST** Phone #

Insurance : Ins. ID # Authorization #

Diagnosis:

*History of compromised renal status may preclude IV contrast administration

Diagnostic X-Ray

- Modified Barium Swallow (MBS) VCUg
- UGI Sm Bowel w/Gastrografin Esophogram
- Barium Enema BE w/air Gastrografin Enema
- Chest 1v 2v
- Abdomen 1v 2v 3v
- Shoulder Humerus Elbow Forearm B R L
- Wrist Hand Finger/Toe
- Hip Femur Tib/Fib Knee B R L
- Ankle Foot B R L
- KUB Other

MRI - See contrast guidelines

- Brain IAC Pituitary/Sella
- MRA of Add Contrast
- Soft tissue neck (other than C spine) Radiologist Discretion
- Chest Abdomen Pelvis
- MRCP Sacrum/ Coccyx Gen. Anesth
- Spine - Cervical Thoracic Lumbar
- Extremity (add any MRI details below)

ANY Exams Not Listed / Or Anesthesia Orders

Nuclear Medicine - Please Specify Below

PET/CT Fusion

- 78816 Total Body w/extremities (all Peds cases)
- 78608 Metabolic Brain order only

Ultrasound

- Abdomen (Complete) Aorta Thyroid
- Renal Bladder Scrotal Doppler
- Pelvic/Transvaginal

CT - See contrast guidelines

- Brain W / IV Contrast
- Sinus - Facial Bones No IV Contrast
- Sinus - Orbit Rad. Discretion
- Detail _____
- CT Extremities : W / wo contrast
- Chest Abdomen 3 - D Recon.
- Abdomen/Pelvis
- Spine- C T L
- Other: _____

Biopsy Ultrasound CT Stereotactic

- Biopsy of _____ (If nodules, please specify)
- Aspiration/Drainage of L R _____
- Diagnostic (requires pathology orders)
- Therapeutic (no pathology orders required)
(All Biopsies may be protocolled before appt. is set)

Angiography

- Carotid Extremities Cerebral Renal
- Visceral Abdominal Aorta w/Bilateral Runoff

ORDERING INFORMATION STAT Comparison obtain from _____

Physician name NPI

Phone Fax

Physician Signature

PRE AUTHORIZATION

Call 480/684-6500 Fax 602/640-3220