PHOENIX CHILDREN'S Hospital®

All Information
MUST BE COMPLETE
in Order to Process Referral

Main number (602) 933-1213
Radiology Scheduling (602) 933-1215 • Fax: (602) 933-1214
Interventional Scheduling (602) 546-4444 • Fax: (602) 933-1587

Imaging Referral Form

PATIENT INFORMATION: Please bring this form with you to your appointment

Parent/Guardian Name ____________________

Child's Name ____________________ Date of Birth ____________

Day Phone ____________ Evening Phone ____________ Today's Date ________

Insurance ____________________ Authorization # ____________

Referring Physician ____________________ Referring Physician Phone # ____________

Referring Physician Fax # ____________ Contact person from Doctor's office ____________

Patient's weight ____________ ☐ Male ☐ Female Language Spoken ____________

☐ **URGENT** ☐ **STAT** ☐ **ROUTINE**

LOCATIONS:

☐ **Phoenix Children's Hospital**
1919 E. Thomas Rd.
Phoenix, AZ 85016

☐ **Phoenix Children's Specialty and Urgent Care**
East Valley Center
5131 E. Southern Ave.
Mesa, AZ 85206

☐ **Phoenix Children's Specialty and Urgent Care**
Northwest Valley Center
20325 N. 51st Ave., Suite 116
Phoenix, AZ 85308
(X-ray only at this location)

EXAM REQUESTED ☐ SEDATION ☐ GENERAL ANESTHESIA

X-RAY (Please be specific)
- ☐ Chest (1 view)
- ☐ Chest (2 views)
- ☐ Sinus - view
- ☐ Skull - view
- ☐ Neck (soft tissue)
- ☐ Spine - view
- ☐ Scoliosis
- ☐ Upper Extremity view/side (specify below)
- ☐ Lower Extremity view/side (specify below)
- ☐ Extremity view/side
- ☐ Other –
- ☐ Barium Enema (BE)***
- ☐ Upper GI (UGI)***
- ☐ UG/Small Bowel***
- ☐ Voiding Cystourethogram (VCUG)***
- ☐ Modified Barium Swallow (with speech)***
- ☐ DEXA***
- ☐ Other
- ☐ Other Non-radiology Outpatient Tests Ordered

ULTRASOUND
- ☐ Head***
- ☐ Renal (Kidney)***
- ☐ Abdomen (Complete or Limited)***
- ☐ Pelvis***
- ☐ Hip***
- ☐ Pyloric***
- ☐ Testicular/Pelvic Doppler***
- ☐ Other***

NUCLEAR MEDICINE*
- ☐ Bone Scan (Whole Body)***
- ☐ GFR***
- ☐ MAG-3***
- ☐ Gastric Emptying (Liquid or Solids)***
- ☐ DMSA***
- ☐ Other***

CT PET (FD6)
- ☐ Whole Body
- ☐ Eyes to Thighs
- ☐ Brain
- ☐ C11 Brain

CT

Contrast (specify)
☐ w/cont ☐ w/o ☐ w & w/o

Sedate (specify)
☐ with ☐ w/o ☐ general

- ☐ Sinus***
- ☐ Head***
- ☐ Chest***
- ☐ Abdomen/Pelvis***
- ☐ Pelvis***
- ☐ Other (specify)***

MRI

Contrast (specify)
☐ w/o ☐ w & w/o

Anesthesia (specify)
☐ with ☐ w/o ☐ general

- ☐ Head***
- ☐ Spine (specify below)***
- ☐ Other (specify below)***

*** Scheduled examination, must be scheduled with Imaging in advance

SPECIAL NEEDS:

HISTORY:

WRITTEN DIAGNOSIS

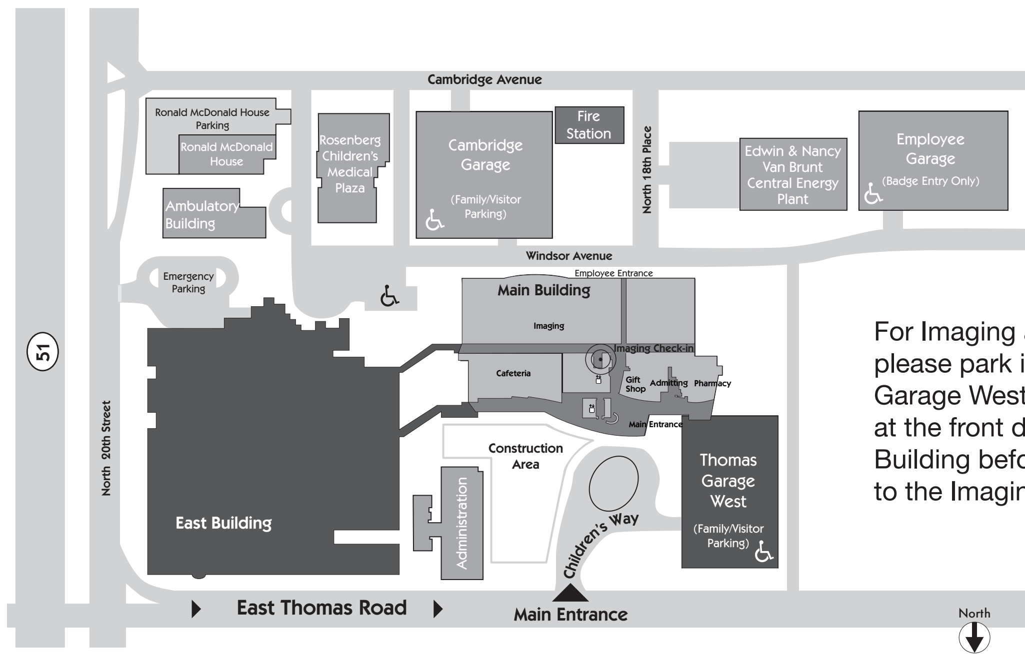
☐ Check here if additional clinical information is included with this order

PHYSICIANS/PA/NP SIGNATURE: ____________________

PHOENIX CHILDREN'S Hospital®

PHOENIX CHILDREN'S HOSPITAL-MAIN CAMPUS

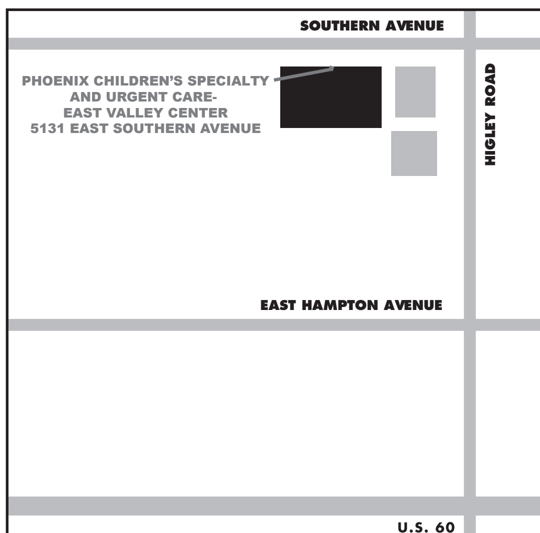
Main Campus
1919 E. Thomas Rd.
Phoenix, AZ 85016



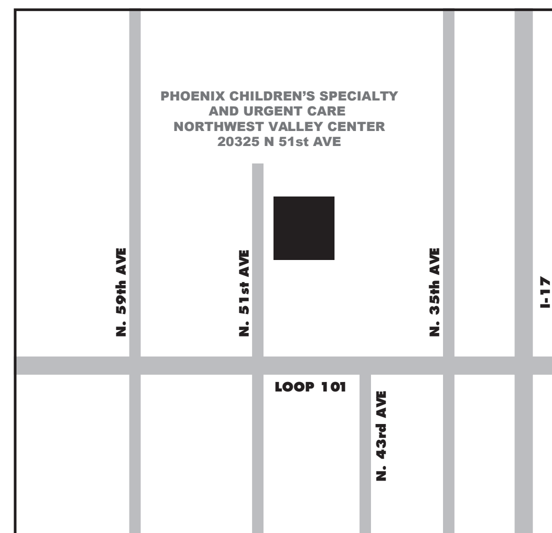
For Imaging appointments please park in Thomas Garage West and check-in at the front desk of the Main Building before proceeding to the Imaging Check-in

PHOENIX CHILDREN'S SPECIALTY AND URGENT CARE

East Valley Center
5131 E. Southern Ave.
Mesa, AZ 85206



Northwest Valley Center
20325 N. 51st Ave., Suite 116
Phoenix, AZ 85308
X-ray only at this location



www.phoenixchildrens.com