



# Thumb Butte Imaging

IYA Med

3120 Willow Creek Rd., Prescott, AZ 86301

**AUTHORIZATION SUPPORT**  
 ~ Copy front & back of insurance card  
 ~ Fax appropriate physician notes  
 FAX TO 480.590.2479

**TAX ID#**  
 81-0644541

**APPOINTMENT SCHEDULING**  
 928-515-3232 Scheduling  
 scheduling@iyamedical.com

TIME: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Bill to: \_\_\_\_\_

Clinical HX/DX: \_\_\_\_\_ GFR/CR  YES  NO Date: \_\_\_\_\_

Is the patient taking any blood thinners/anti-platelet medications?  YES  NO Allergy  YES  NO

Please list: \_\_\_\_\_ Please list: \_\_\_\_\_

Is the patient taking any diabetic medications?  YES  NO

Please list: \_\_\_\_\_

Healthcare Provider Name: (print) \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize Thumb Butte 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 is medically necessary for the diagnosis and treatment of this patient.

ROUTINE FAX: \_\_\_\_\_  STAT FAX: \_\_\_\_\_  STAT CALL: \_\_\_\_\_

CDILMFS with PATIENT  CD  FILMSTO: \_\_\_\_\_  CC REPORT TO: \_\_\_\_\_

## MRI

w/Contrast  w/woContrast  
 PerRad  noIVcontrast

(3Drecon if indicated) (IStat if indicated) (Orbital X-rays as needed)

- Brain  w/MRA  IACs  
 Pituitary  Orbits  
 Neuroquant  Lesionquant
- Spine  C  T  L
- TMJ
- Neck/Carotid MRA  Neck Soft Tissue
- Brachial Plexus  R  L  Bil
- Chest  Eovist (Liver Imaging)
- Breast w/ CAD/3D
- Abdomen  
 Liver  Kidney  Adrenal Glands  
 MRCP  Enterography  Pancreas
- Liver  Fatquant  Elastography
- Pelvis  Bony  Soft Tissue
- Joint  R  L  Bil  
 Shoulder  Elbow  Wrist  
 Hip  Knee  Ankle
- MR Arthrogram: \_\_\_\_\_  
*with imaging guidance as needed*
- Extremity  R  L  Bil  
 Upper Arm  Forearm  Hand  
 Thigh  Calf  Foot
- MRA:  
 Abdominal w/run-o°  
 Thoracic Aorta  
 Extremity  R  L  Bil  
 Renal Arteries  Non-Contrast Renal Arteries
- Prostate  Non-Contrast
- Multi-Parametric Prostate (w/wo contrast)
- MRV \_\_\_\_\_  
 Head  Legs  Pelvis

## ULTRASOUND

(Doppler if indicated, 3D as indicated)

- Abdomen  Abdomen LTD / RUQ
- Liver with Elastography  Pelvic Complete (TA w/TV) (duplex as needed)
- Liver Duplex/TIPS/Pelvic TA w/TV  Pelvic TA Only
- Aorta/Iliac Duplex  Mesenteric/Celiac Duplex
- Renal w/Duplex  Renal/Retroperitoneal (bladder if indicated)
- Scrotal with Duplex  Breast/Axilla  3D
- Cervical Lymph Node Mapping
- OB  1st Trimester  2nd/3rd Trimester  Ltd.  Biophysical Profile (BPP)
- Thyroid  Carotid/Extracranial Arteries Complete
- Venous LE  R  L  Bil
- Venous UE  R  L  Bil
- Arterial LE with ABI  R  L  Bil
- Arterial UE  R  L  Bil
- UE Venous/Arterial mapping for Dialysis Access Graft/Fistula
- Saphenous Vein mapping Pre or Post Ablation/Treatment
- Hyserosonogram  Pyloric Stenosis
- AAA Screening  Duplex Graph/Stent Imaging
- Other: \_\_\_\_\_

## FLUOROSCOPY

- IVP (No Tomo)  Esophogram/Barium Swallow
- Esophogram  Hysterisalpogram
- UGI  Small Bowel  BE  BE w/air
- Voiding cystourethrogram (VCUG)
- Other: \_\_\_\_\_

## X RAY

Performed on a walk-in basis

- Abdomen:  2 View  KUB
- Chest:  1 View  2 View
- Rib:  R  L  Bil Inc. Chest as Indicated
- Foot:  R  L  Knee:  R  L
- Ankle:  R  L  Elbow:  R  L
- Hand:  R  L  Wrist:  R  L
- Shoulder:  R  L  Scoliosis
- Hip:  R  L  Pelvis AP
- Spine Ltd. 3 views:  C  T  L  Add Flex/Ext
- Spine Comp. 5 views:  C  T  L  Add Flex/Ext
- Sinus:  Waters  Series
- Other: \_\_\_\_\_

## CT

(3D recon if indicated) (IStat if indicated)

- w/Contrast  w/woContrast  PerRad  noIVcontrast  
 (Dual Energy if indicated)  Dual Energy
- Abdomen (w/pelvis if indicated)  Enterography
- Abdomen w/Pelvis
- Kidney Stone (A-P w/o)
- Low Dose Renal Stone
- CT/IVP (urogram)
- Chest  Hi Res  Low Dose  
 Screening (criteria apply)
- Pelvis (w/abdomen if indicated)
- Brain
- CTA Coronary  Cardiac Score
- Sinus (maxillofacial)
- Sinus  Fusion  Stryker  
 Instatrak  Landmark/Medtronic
- CT Colon  Screening  Diagnostic
- Neck (soft tissue)
- Temporal Bones  Orbits
- Scanogram (leg length)
- Spine  C  T  L
- Extremity:  
 CTA Brain (only)  
 CTA  Abdomen  Pelvis  Lower Ext.  
 CTA Neck/Brain  
 CTA (other)  
 Other: \_\_\_\_\_

## INTERVENTIONAL PROCEDURES

- Pelvic Embolization for Pelvic Venous Congestion
- Uterine Artery Embolization for Fibroids
- Venous Ablation
- Varicose Veins - Venous Insufficiency
- Pelvic Mass Biopsy
- Pelvic Cyst Aspiration
- Thrombectomy/Thrombolysis for DVT
- Spine Fracture/Kyphoplasty
- Gtube, GJ tube place/exchange
- Thyroid/Neck Biopsy
- Port Placement/Removal
- Tunn. Cath. Placement/Removal

**Patient Instructions**

**PLEASE ARRIVE 15 Minutes prior to your scheduled appointment**

**Computed Tomography (CT)**

**CT of the abdomen and pelvis:**

- Do not eat or drink anything 4 hours prior to the exam.

**CT with IV Contrast:**

- Do not eat or drink anything 2 hours prior to the exam.
- Moderate amounts of fluid are acceptable.
- You may take normal medications with small amount of water the day of the exam.

**CT Urogram:**

- Do not eat anything 4 hours prior to the exam.
- Drink 32 ounces of water prior to exam (have Full Bladder).

**MAGNETIC RESONANCE IMAGING (MRI)**

- You can expect a pre-scan review of your medical history, previous testing, and insurance information.
- Please be sure to inform our staff if you are claustrophobic or have a cardiac pacemaker, shrapnel or metal clips from cerebral aneurysm surgery in your body. Allow 30-90 minutes for the exam.

**ULTRASOUND**

**Pelvic or obstetrical ultrasounds:**

- Please drink 32 ounces of water 1 hour prior to schedule exam time.
- Do not empty you bladder prior to exam; it must be full.
- Allow 30 minutes for the exam.

**Abdominal ultrasounds:**

- Do not eat or drink anything 6 hours prior to your exam.
- Allow 30-45 minutes for the exam.
- Do not chew gum or smoke prior to the exam.

**Renal artery ultrasounds:**

- Do not eat or drink anything 6 hours prior to your exam.
- Do not chew gum smoke prior to the exam.
- Allow 30-45 minutes for the exam.
- You make take normal medications with a small amount of water on the morning of the exam.

**RADIOLOGY EXAMINATIONS**

**Upper GI Exam:**

- Do not eat or drink anything after midnight the night before the exam.
- Allow 30-45 minutes for the exam.
- Do not chew gum or smoke 1 hour prior to your exam. Infants should not eat or drink anything 4 hours prior to exam.

**Barium Enema or IVP:**

- At least 48 hours prior to the exam, you will need to pick a prep kit from us.
- Follow the instructions with the kit.
- Do not drink or eat anything the day of the exam. Allow 60 minutes for the exam.
- You may take normal medications with the small amount of water the morning of the exam.

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