

Central Scheduling
Phone: (480) 455-1850 or (888) 515-1353
Fax: (480) 455-1855 or (888) 515-5653



WOMEN'S CENTER
SERVING THE COMMUNITY SINCE 1998

Appt. Date: _____

Appt. Time: _____

PLEASE BRING THIS ORDER TO YOUR APPOINTMENT

Patient Name: _____ Date of Birth: _____

SS#: _____ Phone#: _____ Other Ph#: _____

Insurance: _____ Pre-Auth#: _____ Exp. Date: _____

Diagnosis: _____

- Call Patient
- Confirmation
- Obtain Auth.

**If you would like AZ-Tech to obtain authorization for your office please fax the following:
Patient and clinical information, insurance cards, and your facility Tax-ID number.**

Ordering Physician Signature: _____

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

Other Physician Name: _____ Fax#: _____

Patient to carry films Patient to carry CD Film or CD - Deliver to: _____

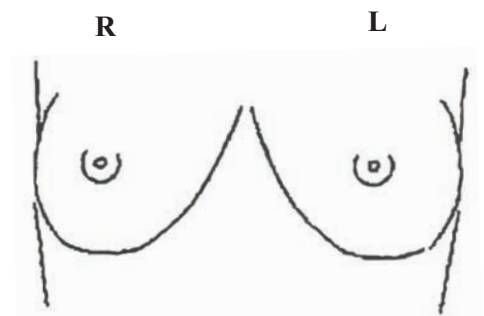
STAT Report **Phone#:** _____ **Fax#:** _____

DIGITAL MAMMOGRAPHY WITH CAD

- Screening (Routine/Annual-NO lumps, recent problems or complaints)** Right Left Bilateral
- Diagnostic (Lump / Problem / Complaint, call-back from screening, short interval follow-up study)** Right Left Bilateral

- Additional Mammo Views
- Additional Mammographic view and/or U/S *as indicated per Radiologist*
- May schedule for subsequent biopsy if indicated

- Stereotactic Core Biopsy** Right Left Bilateral
- Needle Localization** Right Left Bilateral
- Ductogram** Right Left Bilateral



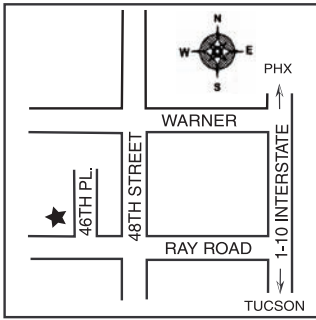
ULTRASOUND

- MRI**
- MRI Bilateral Breast w/ w/o contrast**
- MRI Guided Core Biopsy** Right Left Bilateral
- Needle Localization** Right Left Bilateral
- ULTRASOUND BREAST** Right Left Bilateral
- U/S Guided Cyst Aspiration** Right Left Bilateral
- U/S Guided Core Biopsy** Right Left Bilateral
- OB Complete**
- OB Limited**
- OB Biophysical Profile**
- Pelvis** **Add Transvaginal if Indicated**
- Other** _____

BONE DENSITY

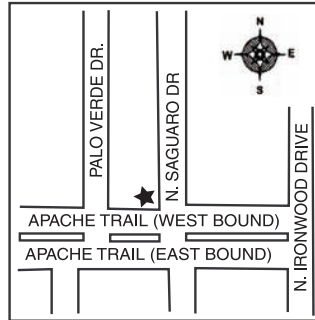
- DEXA**

LOCATIONS



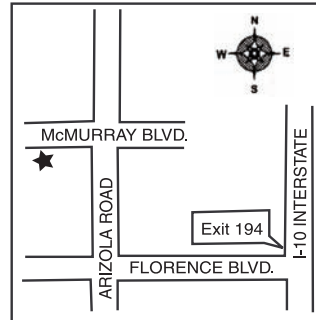
AHWATUKEE
4530 E. Ray Rd., Suite 160
Office: (480) 893-1004
Fax: (480) 893-0306

MR, CT, X-Ray, DEXA, Digital Mammo, US



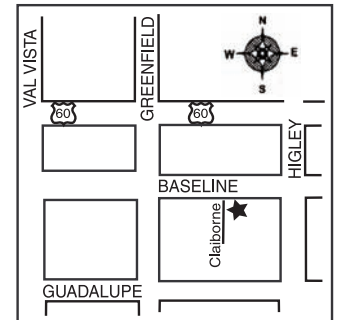
APACHE JUNCTION
1840 W. Apache Trail
Office: (480) 288-6400
Fax: (480) 288-4079

MR, CT, X-Ray, DEXA, PET/CT, Nuc Med, Digital Mammo, US



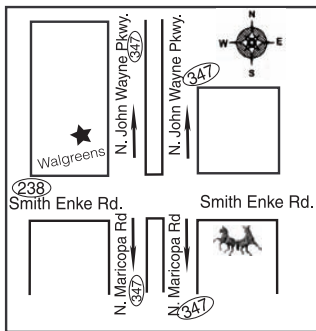
CASA GRANDE
1669 E. McMurray Blvd.
Office: (520) 876-0297
Fax: (520) 876-0167

MR, Open MR, CT, X-Ray, DEXA, PET w/CT Fusion, Digital Mammo, US



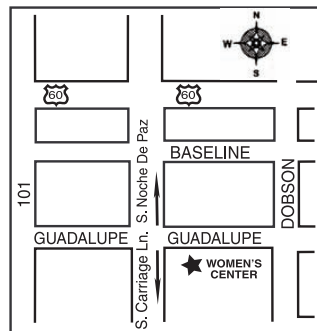
GILBERT
4915 E. Baseline Rd., Suite 116
Office: (480) 354-9200
Fax: (480) 354-9201

3T MR, 64 Slice CT, X-Ray, Fluoro, DEXA, Digital Mammo, US



MARICOPA
 (Behind Walgreens)
21300 N. John Wayne Pkwy. Suite 113
Office: (520) 568-6411
Fax: (520) 568-6312

MRI, CT, X-Ray



MESA / TEMPE
2653 W. Guadalupe Rd., Suite 100
Office: (480) 455-1860
Fax: (480) 455-1862

Digital Mammo, US, DEXA, Biopsy



PHOENIX OSBORN
444 W. Osborn, Suite 105
Office: (602) 277-4111
Fax: (602) 277-1333

MRI, CT, US X-Ray Fluoro, Digital Mammo, DEXA

CENTER	LOCATION	PHONE	FAX	3T MRI	1.5T MRI	OPEN MRI	64 SLICE CT	CT	US	Digital X-RAY	Digital FLUORO	Digital MAMMO	DEXA	Nuc Med	PET	Biopsy
Ahwatukee	4530 E Ray Rd., Ste. 160, 85044	480.893.1004	480.893.0306			•		•	•	•		•	•			
Apache Junction	1840 W Apache Trail, 85120	480.288.6400	480.288.4079			•		•	•	•		•	•	•	•	
Casa Grande	1669 E McMurray, 85122	520.876.0297	520.876.0167		•	•		•	•	•		•	•		•	
Gilbert	4915 E Baseline Rd., Ste. 116, 85234	480.354.9200	480.354.9201	•			•		•	•	•	•	•			
Maricopa	21300 N. John Wayne Parkway, Ste. 113 85139	520.568.6411	520.568.6312		•			•		•						
Phoenix Osborn	444 W. Osborn, Ste. 105, 85013	602.277.4111	602.277.1333		•			•	•	•	•	•	•			
Women's Center	2653 W Guadalupe Rd., Ste 100, 85202	480.455.1860	480.455.1862						•			•	•			•