UR MEDICINE IMAGING

UR MEDICINE
MEDICINE of THE HIGHEST ORDER

UR MEDICINE IMAGING
OUTPATIENT REQUISITION

TAX ID 16-1070301

TODAY'S DATE: _____

APPT DATE/TIME: _____

EXAM LOCATION: _____

Patient's Name: _____

Patient's Birthdate: _____

Patient's Contact #: _____

ORDERING/ RENDERING PROVIDER

NAME: _____
LAST FIRST

CONTACT #: _____

FAX #: _____

ATTENDING: _____

PCP: _____

Ordering Signature

Imaging Study

- ☐ CT
- ☐ DXA
- ☐ Fluoroscopy / GI
- ☐ Interventional Procedure (Angio / Biopsy / Myelogram)
- ☐ MRI
- ☐ Mammography
- ☐ Nuclear Medicine
- ☐ Plain Film
- ☐ PET/CT
- ☐ PET/MRI
- ☐ Ultrasound

PARTS OF BODY/ORGANS TO BE EXAMINED

- ☐ Right
- ☐ Left
- ☐ Bilateral

CLINICAL INDICATION (HISTORY / DIAGNOSIS / SIGNS & SYMPTOMS)

Diagnosis code (ICD) for imaging study: _____

Rule out diagnosis not acceptable

LAB REQUIREMENTS: At least 2 days prior to exam.

- MRI/CT exams with contrast: BUN, Creatinine, eGFR
- Interventional Radiology Procedures: PLT, PT/PTT, INR

LABS PENDING AT: ☐ Strong ☐ RRH ☐ ACM

INSURANCE AUTHORIZATIONS*

Patient's Primary Insurance: _____

Subscriber ID: _____

Pre-Authorization if applicable

STUDY	Pre-Authorization #

Radiologist may administer or withhold contrast at their discretion: ☐ Yes ☐ No

Does patient have contrast allergies? ☐ Yes ☐ No If yes, describe: _____

Is patient potentially pregnant? ☐ Yes ☐ No Date of LMP _____

Does patient have renal disease? ☐ Yes ☐ No

Interventional Radiology Patients: Is patient on an anticoagulant? ☐ Yes ☐ No

Does patient have a pacemaker, neurostimulator, or implanted device? ☐ Yes ☐ No

If yes, what is it? _____

11/26/24