URMC IMAGING
URGENT CARE OUTPATIENT IMAGING REQUISITION

TAX ID 16-1070301
NPI 1821030362
STRONG MEMORIAL HOSPITAL

Patient information on reverse

**Notes to Urgent Care Provider:**

- Please call ahead so we may begin preparing for your patient, and fax the requisition as soon as possible.
- Your patient needs to bring this requisition to their imaging study.
- Please administer a pregnancy test for all females of child-bearing age and record on the requisition.
- Provide your patient with discharge instructions, in the case the results are negative.
- Provide patient with any past imaging studies available.
- Patient should remain NPO prior to the imaging study.

**CLINICAL INDICATION (HISTORY / DIAGNOSIS / SIGNS & SYMPTOMS / ICD-9)**

Rule out diagnosis not acceptable

**PARTS OF BODY/ORGANS TO BE EXAMINED**

Type of imaging study: □ CT  □ US  □ X-ray

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<tr>
<th>Parts of Body/Organs to Be Examined</th>
<th>Type of Imaging Study</th>
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<td>CT</td>
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<td>US</td>
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<td>X-ray</td>
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**LABS PENDING AT:**

- □ Strong
- □ VIA
- □ ACM

**Cautions / Risks:**

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

**Pregnancy Test Results**

- □ Pos
- □ Neg
- □ NA

**Does patient have renal disease?**

- □ Yes
- □ No

**Is patient on coumadin?**

- □ Yes
- □ No

**Is patient diabetic?**

- □ Yes
- □ No

If yes, type of insulin: Injected ________ Oral agent ________

**Insurance Authorizations**

- Patient's Primary Insurance: __________________________
- Subscriber ID: __________________________

**Pre-Authorizations if applicable**

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<tr>
<th>Study</th>
<th>Pre-Authorization # / Tracking</th>
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**Zebra Label Affix Here**

**Scheduling Phone:** (585) 274-4664
**Scheduling FAX:** (585) 276-0061
Notes to Patient:
• Bring the requisition and your identification with you
• Bring your insurance card (if you have one)
• Withhold eating and drinking prior to your imaging study
• Please be patient. We will do our best to fit your study in when there is an availability. This may take longer during busy patient intake times.

DIRECTIONS TO STRONG MEMORIAL HOSPITAL

From the South and Thruway (Exit 46):
I-390 North to Exit 16 (W. Henrietta Rd.); Continue straight across E. Henrietta Rd; turn right on W. Henrietta Rd. (Rte. 15); proceed two miles and make a left on Elmwood Avenue; parking garage will be on the left.

From the North:
I-390 South to Exit 16 (W. Henrietta Rd.); turn left on W. Henrietta Rd. (Rte. 15); proceed two miles and make a left on Elmwood Avenue; parking garage will be on the left.

From Parking Garage:
Please note color/area where you parked. Take the garage elevators to the 1st Floor. Follow the signs to the Main Lobby.

Report to security and present your requisition. Then take the Red elevators to the ground floor. Exiting towards the Red corridor turn right, then turn right down the first hallway. Check-in at the "MRI" reception suite (G-3430) on the right side of the hallway.

Parking will be validated

University Imaging
Strong Memorial Hospital
601 Elmwood Avenue
Rochester, NY 14642-8648