

Radiology Test Requisition

Patient Name: _____ Today's Date: _____

DOB _____ Patient Phone # _____

Ordering Practitioner (Please Print) _____

Address & Phone # _____

TEST(S)/EXAM(S) _____

DIAGNOSIS/SYMPTOM (NOT to include **Rule Out** or **Possible**) _____

Appointment Date & Time _____

MRI & Stress Test Patients must arrive 30 minutes prior to scheduled appointment time. All other procedures, patient must arrive 15 minutes prior to scheduled appointment time.

Patient Notified of Date & Time of Appointment _____

Notified by Whom _____

PRACTITIONER SIGNATURE _____

Cc. _____

PRIOR AUTHORIZATION IS REQUIRED FOR ALL CT, MRI/MRA, NUCLEAR MED. APPOINTMENTS

Any and all insurance authorization is the responsibility of the Doctor's office or Patient.

CT, MRI/MRA, & NUCLEAR MED. Requests must include:

Insurance Company _____ Ins. Phone # _____

Person spoken to _____ Authorization _____

Patients who have CT or IVP examinations requested should have Bun and CREATININE lab values available – not more than 30 days prior to the date of the exam. The decision about use of contrast can then be made on site by the Radiologist.

EITHER THE PATIENT MUST HAVE A COMPLETED TEST REQUISITION OR IT NEEDS TO HAVE BEEN FAXED TO THE ABOVE NUMBER BY THE TIME OF APPOINTMENT. WITHOUT THE COMPLETED REQUISITION, THE PATIENT WILL BE RESCHEDULED.