HAWAIʻI PACIFIC HEALTH | PALI MOMI MEDICAL CENTER

IMAGING REQUEST

TEL: 485.4222 | FAX: 485.4233

Record Decision Support Information?

-Decision Support Vendor: _____
-Decision Support Adherence: _____
-Decision Support Session ID: _____
-Decision Support Score: _____

Name: _____ Phone # _____ Cell # _____

Date of Birth: _____ Weight # _____ Is patient pregnant? ☐ Yes ☐ No

Primary Insurance Provider: _____ Policy # _____

Secondary Insurance Provider: _____ Policy # _____

Authorization # _____ ☐ Pending ☐ Waived ☐ No Authorization Needed

☐ Asthma ☐ Diabetes ☐ Allergies Please Specify _____

Ordering Physician: _____ (Signature) _____ (Print Name) _____ (Date) _____ (Time)

Office Contact _____ (Print Name) Phone # _____ Fax # _____

☐ "STAT Reading" requested Copy of Reports To: _____ (Print Name(s))

★★ PLEASE FAX CLINICAL NOTES IF APPLICABLE ★★

Diagnosis: _____

ICD Code(s):

Signs and Symptoms: _____

History: _____ ☐ **Wet read** ☐ **CD** *OR* ☐ **Film**

Specify Body Part of Region to Be Examined (Please indicate Routine and/or Special Studies): ☐ Left ☐ Right ☐ Bilateral

☐ **CT** ☐ **CTA** **Contrast:** ☐ **Radiologist Preference** ☐ **IV** ☐ **Oral** ☐ **None**

- ☐ Brain
- ☐ Sinuses
- ☐ Orbits
- ☐ Chest
- ☐ Abdomen
- ☐ IVP
- ☐ KUB
- ☐ Pelvis
- ☐ Soft Tissue Neck
- ☐ Spine _____

Other _____

☐ **MRI** CALL TO SCHEDULE AT 485-4424, FAX: 485-3148 **Contrast:** ☐ **Radiologist Preference** ☐ **IV** ☐ **None**

- ☐ BRAIN
- ☐ BREAST
- ☐ ORBITS
- ☐ SPINE
  - ☐ Cervical
  - ☐ Lumbar
  - ☐ Thoracic

MRA
- ☐ Brain
- ☐ Neck
- ☐ Chest
- ☐ Abdomen

ABDOMEN
- ☐ Liver
- ☐ Pancreas
- ☐ Renal
- ☐ MRCP

UPPER EXTREMITIES
- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hand
- ☐ Fingers

LOWER EXTREMITIES
- ☐ Femur
- ☐ Knee
- ☐ Hip
- ☐ Tib/Fib
- ☐ Ankle
- ☐ Foot
- ☐ Toes

Other _____

☐ **Ultrasound** _____

☐ **X-Ray** _____

☐ **Fluoroscopy Procedures/GI Procedures** _____

- ☐ Esophagram
- ☐ UGI
- ☐ UGI with SBFT
- ☐ SBFT (small bowel follow through)
- ☐ Barium Enema
- ☐ Modified Barium Swallow
- ☐ HSG
- ☐ IVP
- ☐ Arthrogram
- ☐ Lumbar Puncture
- ☐ Cystogram
- ☐ Myelogram
- ☐ VCUG
- ☐ T-Tube Cholangiogram