



FOR OFFICE USE ONLY:	
Appointment Scheduled:	
Date:	Time:

IMAGING OUTPATIENT ORDER FORM

IMPORTANT NOTES: *This form must be completed in full and signed.* Orders missing pertinent information may be returned for completion. If the patient is pregnant or suspected to be pregnant, please contact Wilcox Imaging Center for further instruction.

PATIENT & INSURANCE INFORMATION

PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL):			DATE OF BIRTH:	CONTACT PHONE:
HEIGHT:	WEIGHT:	LAST MENSTRUAL PERIOD (LMP):	DATE OF INJURY/CAUSE:	
PATIENT'S INSURANCE(S):			AUTHORIZATION #: <input type="checkbox"/> NOT NEEDED	
DECISION SUPPORT VENDOR (G-Code):	DECISION SUPPORT ADHERENCE (MF/MG/ME):	DECISION SUPPORT SESSION ID:	DECISION SUPPORT SCORE:	

LIST ALL PATIENT ALLERGIES:

PROCEDURE INFORMATION

Please select exam type: Please specify laterality(s) and body part(s):

- Radiology (X-Ray)
- Bone Densitometry
- Nuclear Medicine
- Ultrasound:

The following information is required to order a CT examination. IV contrast maybe utilized as clinically indicated by a radiologist. If this is for a CT lung cancer screening exam, please use the WMC Imaging Lung Screening Order Form.

CT

- Is patient allergic to Iodine? No Yes, patient must be pre-medicated.
- Is patient over 60 years of age? No Yes, MUST fax lab results containing Creatinine levels no greater than 30 days old.
- Is patient taking medications containing Metformin? No Yes, patient must discontinue drug for 48 hours after exam.
- History of Heart disease? No Yes, please provide diagnosis:

ORDER COMMENTS / SPECIAL INSTRUCTIONS:

(MANDATORY) DIAGNOSIS / CLINICAL INDICATIONS / HISTORY INFORMATION

ICD-10:	DESCRIPTION:	CLINICAL INDICATIONS OR REASON FOR EXAM AND HISTORY: <i>(NOT ACCEPTED VERBIAGE - "Rule Out" or "Routine"):</i>
_____	_____	
_____	_____	

ORDERING PHYSICIAN CERTIFICATION

If this is a verbal order a qualified medical person, per state statute, must sign a verbal order.

SIGNATURE:	DATE:
PRINT NAME:	OFFICE PHONE:
CC REPORT TO:	FAX NUMBER:
CALL REPORT TO:	PHONE No.: