HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI MEDICAL CENTER FOR WOMEN & CHILDREN

1319 Punahou St., Honolulu, HI 96826

CT OUTPATIENT REQUEST

Scheduling:	808 535-7000
Phone:	808 983-8630
Fax:	808 983-8133

Patient Name ______________________________

Date of Birth ______________ Home Phone ______________ Work Phone ______________

Date Scheduled ______________ Registration Time ______________ Procedure Time ______________

Date/Location of previous CT scan

Insurance: ______________________ Preauthorization: ______________________

Allergies	☐ yes	☐ no	If yes, list medications: ______________
Asthma	☐ yes	☐ no	If yes, was allergy prep given? ☐ yes ☐ no
Diabetic	☐ yes	☐ no	If yes, list medications: ______________
Pregnant	☐ yes	☐ no	
Kidney Disease	☐ yes	☐ no	**Date of Lab Test:** **Bun:** **Creat:**

Procedure(s):

☐ Brain	☐ Chest	☐ Cervical Spine
☐ IAC	☐ Kub	☐ Thoracic Spine
☐ Orbits	☐ Abdomen	☐ Lumbar Spine
☐ Sinuses	☐ Pelvis	Area of Interest ______________
☐ Mastoids		☐ Soft Tissue Neck

Okay to access CVL ☐ ☐ Other ______________________

Patient History: ______________________________

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Symptoms: ______________________________

CC reports to: ______________________________

Ordering MD Name: ______________________ Phone: ______________

Ordering MD Signature: ______________________ Date: ______________

FAX THIS REQUEST WHEN COMPLETED TO 983-8133

FORM # 31199 (Rev. 07/19)