

Request for Open Air Imaging

Please complete the form below to obtain an open air MR service for your patient. Open Air MR is currently being provided by Northwest Imaging 1461 E. Bert Kouns Industrial Loop, Suite 708 Office: 318 425-1001.

DEMOGRAPHICS		
Patient Name:		MRN:
Address:		
City:	State:	Zip:
Date of Birth:	Height:	Weight:
Phone:		
SS#:		
INSURANCE INFORMATION		
Insurer:		
Policy:		
Pre-authorization Number (if applicable):		
Copy of insurance card must be submitted with request		
EXAM INFORMATION		
Exam Requested:		
If applicable <input type="checkbox"/> With contrast <input type="checkbox"/> Without contrast <input type="checkbox"/> With and without contrast		
If applicable <input type="checkbox"/> Left <input type="checkbox"/> Right		
Clinical indication:		
ICD9 Code:		
Relevant Clinical History:		
Reason for Open Air:		
Attempted In House: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exams with contrast require lab for Creatinine, BUN and GFR Lab results available (performed within 60 days) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit lab with imaging request. If lab is to be performed at University Health submit an order with the imaging order.		
ORDERING PHYSICIAN		
Name:		Ordering Service:
Address:		
City:	State:	Zip:
Contact Number for Results:		
Include signed physician's order with submission		

FOR UNIVERSITY HEALTH RADIOLOGY USE:	
Rad Approval:	Admin Approval:
Schedule Date & Time:	Images Received Date & Time:
Images Placed on PACS Date & Time:	