
 University Health™	Policy #:4.25.1
SUBJECT: Outside Requests for Imaging Physician without University Health Privileges (FORM)	Written: 10/72 Reviewed:10/16
APPROVED BY: Director of Radiology	Page 1 of 2

University Health Shreveport
Department of Radiology

Outside Request for Imaging Services

Request for Imaging: Please complete the form below to obtain imaging services for your patient. In addition to the information below, please submit a copy of the patient's driver's license (or approved ID) and insurance information. Call 318-675-6212 for questions about obtaining services at University Health Radiology. Requests can be faxed to 318-675-6211.

DEMOGRAPHICS		
Patient Name:		
Address:		
City:	State:	Zip:
Date of Birth:		
Phone:		
Best time to contact patient for pre-registration:		
INSURANCE INFORMATION		
Insurer:		
Policy:		
Pre-authorization Number (if applicable):		
<i>Copy of insurance card must be submitted with request</i>		
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:		

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Relevant History: _____ Clinical	
_____ _____ _____	
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 <i>If yes, please submit lab with imaging request. If lab is to be performed at University Health submit an order with the imaging order.</i>	
ORDERING PHYSICIAN	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Contact Number for Results: _____	
<i>Include signed physician's order with submission</i>	
FOR UNIVERSITY HEALTH RADIOLOGY USE:	
Rad Approval: _____	Admin Approval: _____
Schedule Date & Time: _____	Rad Notified: _____
Images Placed on PACS Date & Time: _____	