Ascension	OF	RDER DATE:	Scheduling:					
Sacred Heart Pensacola		Outpatient	Phone: (850) 416-2940 Hours: Mon - Fri, 7:00a - 5:30p					
FOR DEPT USE ONLY: MR#	Request Form				Pre-Registration: Phone: (850) 416-1734			
ACCT.#	Appt.	Date: A	ppt. Time:			Hours: 8:00a - 5:3	Jp	
PATIENT'S NAME:		First MI	PHYSICIAN'S FULL NAME: (print first/last)					
Last ADDRESS:								
SEX: RACE: DOB: /	/ SSN:							
Phone #: Home: Wo	Other:				/			
Any Pertinent History:			🗆 Fax F	Report To):	🗆 Telephone R	eport	
Home Health Care Agency:			Fax #:			Phone #:	·	
Insurance Carrier:								
Subscriber's Name:	Rela	tionship:	Form Con	npleted By: _				
Policy #:	_Group #:				Time Collected AM PM			
Insurance Authorization #:		Exp. Date:	Collected	Ву:				
Routine Detain pat STAT Reading - Telephone R "When ordering tests for which Medicare	leport, as soo		xam to Phor	ne #:				
medically necessary for the diagnosis or t		atient, rather than for screenir	ig purposes."	ais authorized	-		tests that are	
RADIOLOGY	ICD CODE			ICD CODE			ICD CODE	
Chest	. <u> </u>	☐ Thyroid Uptake & Sca	า		Esophagra	m		
Abdomen (KUB)		Gastric Emptying			U.G.I.			
Acute Abdomen Series		Bone Scan	. (6)			strointestinal Tract)		
□ Spine (Specify Site)		Myocardial-Spect-Res			Small Bow			
		Hepatobiliary with GB			🗌 B.E. (Bariu			
Pelvis		□ Lung-Vent & Perf. (Ae	rosol)			wallow with Sp. Path		
Upper Extremities (Specify Site)		CT SCAN			U Other			
□ Lower Extremities (Specify Site)		Head*						
Skull		 Sinus Soft Tissue Neck 			□ Brain/Ven □ Thyroid	tricies		
Sinus		Thorax			□ Hips			
☐ Other		Pelvis Only*			☐ Abdomen	Comp		
		Abdomen Only*				ppler (Specify)		
MRI SCANS		Abdomen & Pelvis*				ppier (Speerly)		
Brain*					Abdomen	Limited		
MRA Brain*		Urogram				ppler (Specify Site)		
─ MRA Neck (Carotids)		Spine (Specify)						
MRA Abd.*				_	□ Abdomen	Abdomen Limited (GB/Liver)		
Spine (Specify)		Calcium Scoring			🗌 with do	ppler (Specify Site)		
		Extremity (Specify)						
Extremity (Specify)*				_	Liver/GB/	Spleen/Abd. Comp		
		Other			🗌 Kidney 🗌	with doppler		
□ MRCP					🗌 Pylorus			
Abdomen		СТА			🗌 Abd. Aorta	а		
Pelvis		🗌 Head			🗌 Carotid*			
□ Other		🗆 Neck			includes d			
		🗌 Chest - (Aorta)			🗌 Testicle 🗌			
URINARY TRACT		Cardiac (Coronary)			Pelvic (trail			
H.S.G.		Chest for PE			with do			
(Hysterosalpingogram)		C/A/P (Chest, Abd, Pe	elvis)		Pelvic End			
		Abdomen & Pelvis			with do			
(Intravenous Pyelogram)		Abdomen CTA			⊔ Sott tissue	(Specify Site)		
		🗌 Runoff						
(Voiding Cystourethrogram)					U Other			
Other								
					———			

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