RADIOLOGY REQUEST FORM: All Applicable Fields are Required to Process Request

Circle Exam(s) Desired: Angio Radiology Ultrasound Nuclear Medicine CT MRI

FAX Top Copy of Request to: **Inpatient 4-2295** **Portables 4-2242** **Outpatient 4-8206** **NucMed 4-8232** **Angio 4-8116**

Clinic or Unit/Room #	Date of Request	Transportation: Walk, Wheelchair, Stretcher, Bed (circle) Risk of Fall: ☐ Yes ☐ No

Exam (s) Requested:	**Diagnosis: Signs and Symptoms; or Mechanism (Medical Necessity):** **Separate medical necessity is required for each exam ordered**
1.	**1.**
2.	**2.**
3.	**3.**

Requestor/Ordering Provider	**UWP#**	**Phone/Pager #**	**Date**	**Time**
Attending Physician (if different from Requestor)	UWP #	Phone/Pager #	Date	Time
Person filling out request (if different from either of the above)		Phone/Pager #	Date	Time

Priority:
☐ STAT
☐ Urgent
☐ Discharge
☐ Routine

PRECAUTIONS:
☐ Pregnant ☐ Spine/Traction ☐ Recent Barium Study ☐ If > 275 lbs. record weight___
☐ Restraints ☐ Diabetes ☐ Isolation _____ ☐ Allergies_____
☐ Requires a Sitter ☐ Other:_____

☐ Male ☐ Female
Age_____ Height_____ Weight_____

☐ Interpreter Language:

☐ Insurance Information

Complete for Angio Interventional:
PT_____INR_____
PTT_____
Hematocrit_____
Platelet Count_____
Creatinine_____

Complete for CT/MR/ Angio Contrast Studies
☐ IV ☐ Oral
☐ Rectal
Contrast Allergy
☐ Yes ☐ No
Creatinine_____
Date of Creatinine:

Complete for Nuclear Medicine:
List Meds & Doses

Complete for MRI:

Sedation Needed	☐ Yes	☐ No	Cerebral Aneurysm
Metal Worker (ever)	☐ Yes	☐ No	Clips ☐ Yes ☐ No
Cardiac Pacemaker	☐ Yes	☐ No	Type_____
Neuro Stimulator	☐ Yes	☐ No	Date_____
Cochlear Implant	☐ Yes	☐ No	
Swan/EPI/Cath	☐ Yes	☐ No	
Bullets	☐ Yes	☐ No	

FOR RADIOLOGY USE ONLY

SCANNING PARAMETERS:	ACCESSION NUNBER:

PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington

DIAGNOSTIC IMAGING PHYSICIAN ORDER – OUTPATIENT

H0100

WHITE - MEDICAL RECORD

HMC0100 REV JAN 20