



9601 Baptist Health Drive, Ste 1100  
 Litte Rock, AR 72205  
 Main Number (501) 227-5240  
 Fax Number (501) 227-4735

## REQUEST FOR RADIOLOGY EXAMINATION

(Please bring this form with you to your appointment)

Appointment Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Exam(s) Requested.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Diagnosis or reason for this exam (do not use "rule out"): \_\_\_\_\_

CPT code that was authorized: \_\_\_\_\_

Authorization number(s) if required: \_\_\_\_\_ Authorization valid dates \_\_\_\_\_ to \_\_\_\_\_

Serum Creatinine & Date: \_\_\_\_\_

(Must be within 6 months of exam date)

Allergy to Iodine or x-ray contrast? \_\_\_\_\_ No \_\_\_\_\_ Yes (**NOTIFY OUR OFFICE AS PRE-MEDICATION MAY BE REQUIRED.**)

Wet Reading Phone Number: \_\_\_\_\_

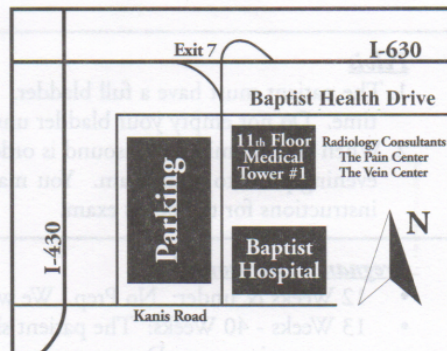
(Average report turnaround time is 4 hours from interpretation.)

Referring Physician: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

(Please Print)

Radiology Consultants is unable to watch unattended children. Please make provisions for children prior to coming to our office for your exam.

Most insurers will pay for radiology exams, although some exams require prior – authorization. You may be required to pay at the time of service depending on your policy. You should check with your insurer about your benefits at least a day prior to your exam.



Free Parking With Stamped Ticket