



Baptist Health Hot Spring County Imaging - Physician Orders

Please fax order prior to appointment date.

Baptist Health Medical Center - Hot Spring County

Phone: 501-332-7050

Fax: 501-337-3671

(Mammography, CT, MRI, Ultrasound and Diagnostic Radiology — except plain film x-ray)

Appointment Date _____ Appointment Time _____

Pre-Certification #: _____

Patient Name: _____ DOB: _____

Patient Social Security #: _____

Test / Procedure: MRI CT of: _____
 Mammogram Bone Density Ultrasound X-Ray

Reason for Exam/Symptoms: _____

Diagnosis Code: _____

Special Instructions: _____

Contrast Study? YES NO PER RADIOLOGIST

Contrast allergy? YES NO

Is patient diabetic? YES NO

If patient is known diabetic, creatinine / date: _____

Please check if patient is claustrophobic.

Please check if patient has a history of cancer. Type of CA: _____

**Fax copy of patients insurance card (front & back) with request form. Fax copy of Medicaid referral if requesting physician is not the PCP.*

Physician Signature: _____

Deliver films or CD to _____

Send films or CD with patient

Please check if needed:
 Call Report Phone # _____
 Wet Reading Fax # _____