Brigham and Women's Hospital
Founding Member, Mass General Brigham

Radiology Central Scheduling: 617-732-6248
(M-F, 8a-5p)
Fax: 978-352-9015

RADIOLOGY REQUISITION

ORDERING PROVIDER INFORMATION:			
Ordering Provider	NPI		Ordering Site
Provider's Phone	Provider's Pager		Provider's Fax
PATIENT INFORMATION			
Patient Name			Date of Birth
Address			Telephone
City	State	ZIP	Work/Cell

EXAM MODALITY SELECTION

- ❑ X-RAY
- ❑ STRESS TESTING
- ❑ MAMMOGRAPHY (❑ SCREENING / ❑ DIAGNOSTIC)
- ❑ CT
- ❑ ULTRASOUND
- ❑ MRI
- ❑ NUCMED and/or PET/CT
- ❑ BONE DENSITY
- ❑ IR & CSIR CONSULTS

COMPLETE FOR CT AND MR ORDERS ONLY:

Laboratory Results:

Date: _____

Creatinine: _____

Allergies including contrast: ❑ Yes ❑ No

Please list allergies:

_____

_____

SPECIFIC EXAM REQUIREMENTS

Is this a STAT/Urgent patient waiting read ? ❑ Yes ❑ No

LATERALITY: ❑ LEFT ❑ RIGHT ❑ BILATERAL

CONTRAST: ❑ WITHOUT ❑ WITH ❑ PER RADIOLOGY PROTOCOL

ANESTHESIA: ❑ YES ❑ NO

TRANSPORT: ❑ WHEELCHAIR ❑ STRETCHER ❑ BED

SPECIFIC EXAM TYPE: I.E. SCROTAL ULTRASOUND/BRACHIAL PLEXUS MRI, ETC.

_____

_____

_____

PRIMARY DIAGNOSIS & RELEVANT HISTORY:

INSURANCE INFORMATION: OUTPATIENT ONLY

Insurance Carrier: _____ Policy #: _____

Authorization #: _____

PHYSICIAN SIGNATURE: _____ ***DATE/TIME:*** _____