

SWEDISH MEDICAL IMAGING

SWEDISH FIRST HILL ULTRASOUND REQUISITION FORM

□ Cranial □ Intraoperative □ Chest □ Infant hips □ Infant spinal canal □ Back □ Other, specify: □ □ □ Medo not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability in our health programs and activities. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuite de asistencia lingüística. Llame al 888-311-9127 (TTY/TI) 注意: 如果您議中文,我們可以給您提供免費中文翻譯服務,講致電	Swedish First Hill Ultraso	*****		Today's date:
Patient legal name:				.04
Patient phone number	Patient information:	(All fields are required)		
Patient phone number	Patient legal name:			Date of birth:
Call patient to schedule Need interpreter (language); Need assistive Hearing Visual devi Pregnant? Yes No Diabetic? Yes No Allergies? Contrast Iodine Latex Other: Insurance/Plan: Member #7/D: Uninsured Self-pay Authorization #; Valid date(s); U. 8 1, Claim #; Valid date	Patient phone number:	☐ Male ☐ F	emale Other:	Height: Weight:
Pregnant? Yes No Diabetic? Yes No Allergies? Contrast Iodine Latex Other: Insurance/Plan: Member #/ID: Uninsured Self-pay Authorization #: Valid date(s): U.81. Claim #: Ordering provider: (All fields are required)	Call patient to schedule	 ☐ Need interpreter (language)	:	Need assistive: Hearing Visual of
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Authorization #: Valid date(s):				
Physician printed name: NPI: Phone: Signature: (required)				
Physician printed name: NPI: Phone: Signature: (required)	Ordering provider: (All fields are required)		
Date/Time: Clinic contact: Clinic fax: In event of critical finding, contact: Phone: Phone			NPI:	Phone:
Clinic fax: In event of critical finding, contact: Phone: Reason for exam: (All fields are required)				
Reason for exam: (All fields are required) ASAP Routine Symptoms/Diagnosis: Reason for exam: ICD-10: CPT code(s): Fax: Prior films? No Yes, where? If injured, date of injury: Swedish Image Transfer Request Form: https://www.swedish.org/services/medical-imaging/image-transfer-request Comments/Instructions: Decision support Vendor (G code) Adherence code (M modifier) ID Score				
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Reports are always faxed. Fax additional report to: Dr. Fax: Prior films? No Yes, where? If injured, date of injury: Swedish Image Transfer Request Form: https://www.swedish.org/services/medical-imaging/image-transfer-request. Comments/Instructions: Decision support Vendor (G code) Adherence code (M modifier) ID Score Exam ordered:		-		
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