



IMAGING



**THE QUEEN'S
MEDICAL CENTER**
PUNCHBOWL / WEST O'AHU

**PUNCHBOWL
SCHEDULING**

Phone: 691-7171
Fax 691-7007

**WEST O'AHU
SCHEDULING**

Phone: 691-3663
Fax: 691-3678

Please call patient to schedule

- The Queen's Medical Center - Punchbowl
- The Queen's Medical Center - West O'ahu

Your appointment is scheduled for:

Date: _____ Time: _____ AM / PM

By: _____ Location: _____

OUTPATIENT TESTING ORDERS

PATIENT INFORMATION

Patient's Name (Last, First, Middle Initial):	Date of Birth:	Phone:
Patient's Insurance(s):	Authorization:	

PROCEDURE(S) REQUESTED - Please specify body part(s)

<input type="checkbox"/> CT _____	<input type="checkbox"/> X-Ray _____
<input type="checkbox"/> CTA _____	<input type="checkbox"/> Nuc Med _____
<input type="checkbox"/> MRI _____	<input type="checkbox"/> Ultrasound _____
<input type="checkbox"/> MRA _____	<input type="checkbox"/> Dexa _____
<input type="checkbox"/> Angio/IR _____	<input type="checkbox"/> Other _____

APPROPRIATE USE CRITERIA (AUC) CONSULTATION (effective 1/1/20) - MANDATORY FOR CT, MRI, NM, PET

Session ID# _____	AUC Score _____	Vendor (qCDSM) _____	Adherence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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SPECIAL INSTRUCTIONS

Language interpreter requested: _____

DIAGNOSIS/SYMPTOMS/HISTORY (ICD-10 Mandatory)

"Rule Out" or "Routine" not acceptable

ICD-10	DESCRIPTION	Symptoms / History:
_____	_____	
_____	_____	
_____	_____	
_____	_____	

CC REPORT TO:

ORDERING PHYSICIAN CERTIFICATION

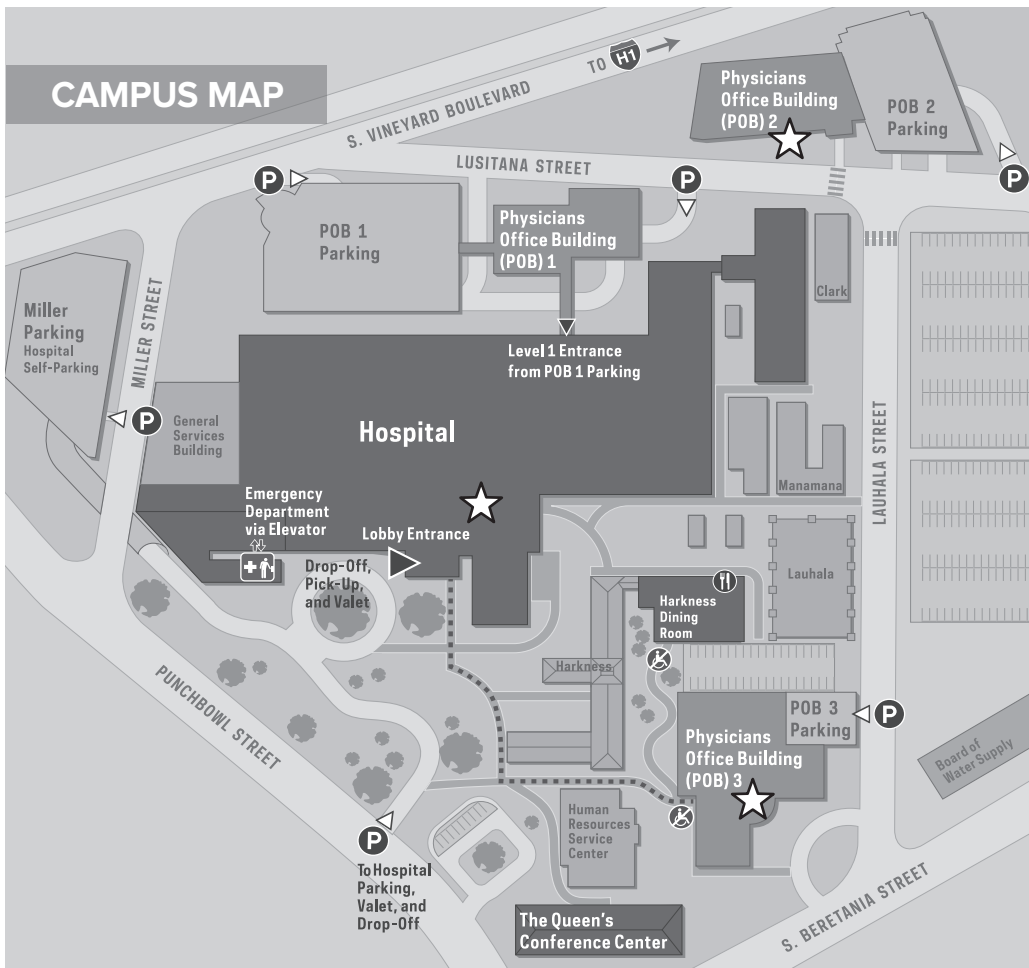
<input type="checkbox"/> Please call report to MD <input type="checkbox"/> Patient to Return with CD	X _____ By signature above, I hereby certify that the procedure(s) requested is/are medically necessary.	
	Print Physician Name: _____	
	Phone: _____	Fax: _____
	Date: _____	Time: _____ AM / PM

CONFIDENTIALITY NOTICE:

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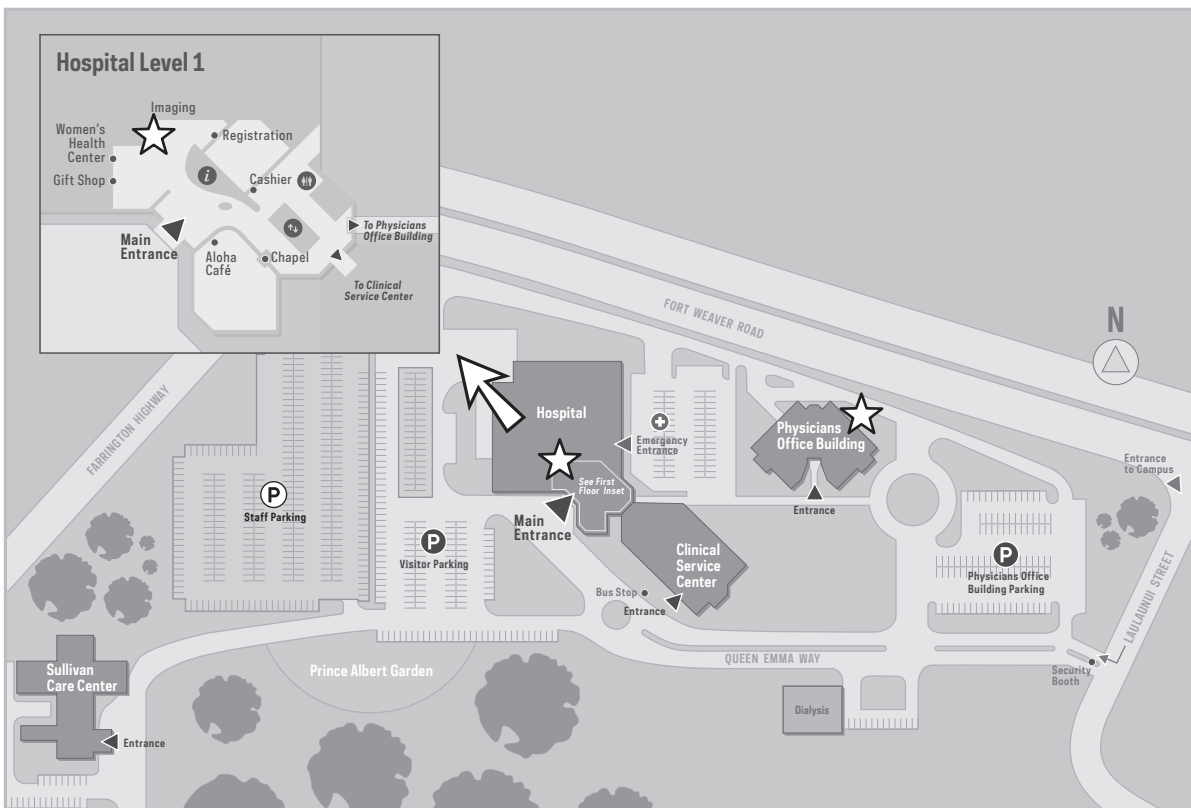
The Queen's Medical Center – Punchbowl



★ Physicians Office Building (POB) 2 – Basement Level

★ Hospital – Level 1

★ Physicians Office Building (POB) 3 – Basement Level



The Queen's Medical Center – West O'ahu

★ Hospital – Level 1

★ Physician's Office Building (POB) West – Level 1, Suite 108