



NORTH HAWAI'I COMMUNITY HOSPITAL

AN AFFILIATE OF THE QUEEN'S HEALTH SYSTEMS

For Scheduling or General Questions

PHONE: (808) 881-4880

FAX: 808-881-4841

IMAGING SERVICES

All information is required

Appointment Scheduled:

Date: _____ Time: _____ AM / PM

By: _____ Location: _____

OUTPATIENT TESTING ORDERS

PATIENT INFORMATION

Patient's Name (Last, First, Middle Initial):

Date of Birth:

Contact Phone:

Patient's Insurance(s):

Primary Insurance Authorization #:

Secondary Insurance Authorization #:

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

X-Ray _____

Ultrasound _____

CT* _____

Nuclear Med _____

CTA _____

IR/Procedure _____

MRI* _____

MRA _____

*Must complete the Patient Checklist for CT and MRI Contrast Exams (See Back)

CONTRAST/IMPLANT INFORMATION

Is IV contrast required for the procedure requested?

No Yes

Does the patient have any implants? (MRI Only)

No Pacemaker Other (Specify): _____

(MANDATORY) DIAGNOSIS/SYMPTOMS/HISTORY – "Rule Out" or "Routine" not acceptable

ICD 10 Required _____

Lab Results (Must be within past 6 mos):

SPECIAL INSTRUCTIONS

Routine Urgent Stat

Patient to Return with CD.

Other Instructions:

ORDERING PROVIDER CERTIFICATION

X _____

By signature above, I hereby certify that the procedure(s) requested is/are medically necessary.

Print Provider Name:

Phone:

Fax:

Date:

Time:

AM / PM

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**PATIENT CHECKLIST
FOR CT and MRI CONTRAST EXAMS**

If patient has any of the following indications for the risk of contrast induced renal insufficiency, please check all that apply. A recent (no less than 6 mo.) Creatinine and GFR level result must be available prior to a scheduled imaging exam requiring the administration of intravenous contrast and gadolinium-based agents for patients with:

CT and MRI Contrast Exam Checklist		
1.		Patient or family history of hereditary renal disease, such as Autosomal Dominant Polycystic Disease (ADPCKD)
2.		Diabetes Mellitus for 2 years or more, or currently taking Metformin (Glucophage)
3.		Over 60 years of age
4.		Other risk factors for chronic renal disease
5.		Hx renal surgery or solitary renal disease
6.		Nephrotic medications (i.e. chemotherapy, aminoglycosides)
7.		Renal infections or calculi
8.		Multiple myeloma
9.		Congestive heart failure or other cause of poor cardiac output and reduced renal flow
10.		Dehydration
11.		Kidney neoplasm
12.		Pregnant
13.		<u>Allergic to IV contrast</u>
14.		None of the above
Recent Creatinine and GFR - no less than 6 months		
Patient Name:		Office Signature:
Patient Allergies:		Date:
Patient Medications:		