



Baptist Health

MEDICAL CENTER
Arkadelphia

BAPTIST HEALTH Arkadelphia Imaging Center - Physician Orders

Please fax order prior to appointment date.

BAPTIST HEALTH Imaging - Arkadelphia

Phone: 870-245-1111

Fax: 870-245-1175

(Mammography, CT, MRI, Nuclear Medicine, Ultrasound, and Diagnostic Radiology)

| | |
|------------------------|------------------------|
| Appointment Date _____ | Appointment Time _____ |
|------------------------|------------------------|

Pre-Certification #: _____

Patient Name: _____ DOB: _____

Patient Social Security #: _____

Test / Procedure: MRI MRA CT of: _____

Mammogram Ultrasound

ICD-9 Code/Symptoms: _____

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: _____

| |
|----------------------------|
| Physician Signature: _____ |
|----------------------------|

Deliver CD to _____

Send CD with patient

| | |
|--------------------------------------|---------------|
| <i>Please check if needed:</i> | |
| <input type="checkbox"/> Call Report | Phone # _____ |
| | Fax # _____ |