

## MEDICAL CENTER Stuttgart

## **Baptist Health Stuttgart Imaging Center - Physician Orders**

Please fax order prior to appointment date.

Baptist Health Imaging - Stuttgart Phone: 870-674-6381 Fax: 870-672-6875 (Mammography, CT, MRI, Nuclear Medicine, Ultrasound, and Diagnostic Radiology)			
Appointment Date			Appointment Time
Pre-Certification #	<i>‡</i> :		
Patient Name:			DOB:
Patient Social Secur	rity #:		
Test / Procedure:	□ MRI □ MI	RA GCT of:	<u></u>
]	☐ Mammogra	ım 📮 Ultrasoı	und
ICD-9 Code/Sympto	oms:		
Does patient have r	metal implant	s (pace maker,	, aneurysm clips, etc.)
Special Instructions			
Contrast Study?	☐ YES	□ NO	☐ PER RADIOLOGIST
Contrast allergy?	☐ YES	□ NO	
Is patient diabetic?	☐ YES	□ NO	
If patient is known di	abetic, creatin	ne / date:	
Patients over 65 havin	ng IV contrast f	for MRI, CT, or	IVP need lab (buncreat)
Please check if patien	t is claustroph	obic. 🖵	
Please check if patien	t has a history	of cancer. 🗖 Ty	ype of CA:
Physician Signature:_			
Please check if need	led:		
☐ Call Report Ph	one #		
Ea	v #		