



RADIOLOGY IMAGING REQUEST FORM

Ph: 720-848-9396

Metro Denver: Fax: 720-848-1651

North Region: Fax: 970-495-7671

Email: UCH-RadiologyOrderingProviderSupport@uchealth.org

IN ADDITION TO THIS FORM: Documents supporting medical necessity is *REQUIRED*. This may include current progress notes, imaging reports, and/or other relevant documentation. Send this documentation via your preferred method (above). If supporting documentation is not received, authorization may not be obtained, resulting in delay of treatment.

Patient Information:

Patient Name:		Date of Birth:	Gender/Sex:
Address:	City, State:	Zip Code:	Phone Number:

Insurance Information:

Insurance Provider:	Member/Provider Services Phone Number:
Member ID:	Group ID:

Imaging Order:

<input type="checkbox"/> CT	<input type="checkbox"/> MR	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> PET/CT Scan
<input type="checkbox"/> XRAY/Fluoro	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Other	
Procedure/Exam/CPT Code:	<input type="checkbox"/> W/O Contrast	Laterality:	
Diagnosis Codes:	<input type="checkbox"/> With Contrast	<input type="checkbox"/> Left	
	<input type="checkbox"/> W/WO Contrast	<input type="checkbox"/> Right	
	<input type="checkbox"/> Allergy to contrast	<input type="checkbox"/> Bilateral	
Signs, Symptoms and Clinical Suspicion:			

Is the patient claustrophobic? YES or NO

Oral Sedative (Medication given by referring provider) IV Sedation by RAD RN's (North Region ONLY)
 General Anesthesia

Perform as ordered, DO NOT ALTER Okay to be altered per Radiologist Discretion (Default)

REQUIRED FOR MEDICARE PATIENTS:

Appropriate Use Criteria (AUC)/Clinical Decision Support (CDS) Documentation

Session ID:_____ Score:_____ Vendor:_____ Adherence:_____

Referring Provider Information:

Last Name, First Name (Print, must be legible):	NPI:
Provider Direct Cell/Pager Number:	Direct Office Contact Person/Number: (If provider not available):
Provider Signature:	Date:

Information submitted will be transmitted securely to the appropriate UCHealth imaging facility:

Select One Below

Metro Denver North Region South Region Boulder Sports Med

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