



RADIOLOGY IMAGING REQUEST FORM

Email: RadiologyOrders@uchealth.org

Voicemail: 720-848-9396

REGIONAL FAX NUMBERS

North Radiology: 970-495-7671; Breast Imaging: 970-207-4755

Metro Radiology: 720-848-1651; Breast Imaging: 720-848-1650

CO Springs Radiology: 719-365-5845; Breast Imaging: 719-364-3626

Parkview-Pueblo, CO Radiology and Breast Imaging: 719-595-7679

IN ADDITION TO THIS FORM: Documents supporting medical necessity are *REQUIRED*. This may include current progress notes, imaging reports, and/or other relevant documentation. Send this documentation via your preferred method (above). Patients will not be allowed to schedule until all documentation is received; which may result in delay of treatment. Please allow 2 business days for processing and then have patients call 844-RAD-APPT to schedule.

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:

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

Is the patient claustrophobic? ☐ YES or ☐ NO

☐ Oral Sedation (Medication given by referring provider) ☐ General Anesthesia ☐ Anxiolysis (North Region ONLY)

☐ 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/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

☐ North Region (Longmont-Fort Collins) ☐ Metro Denver Region ☐ CO Springs Region ☐ Parkview- Pueblo

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