

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT INFORMATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact #: \_\_\_\_\_

*\*Patient demographics should be faxed with order\****IMAGING STUDY**

Parts of Body/Organs to be Examined: \_\_\_\_\_

- CT       CT       MRI       Ultrasound       Plain Film  
 With Contrast       Without Contrast       With and Without Contrast

Radiologist may administer or withhold contrast at their discretion:       Yes       No**CLINICAL INDICATION**

Diagnosis code (ICD) and diagnosis description for imaging study : \_\_\_\_\_

***Rule out diagnosis not acceptable***Does patient have contrast allergies?       Yes       No**INSURANCE INFORMATION**

Primary Insurance Co. Name: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

Secondary Insurance Co. Name: \_\_\_\_\_ Secondary Insurance ID #: \_\_\_\_\_

Pre-Authorization #: \_\_\_\_\_

**ORDERING PROVIDER**

Physician Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Ordering Signature: \_\_\_\_\_

Clinical Decision Support Information: (Required for CT, MRI)

Decision Support Session ID: \_\_\_\_\_ Decision Support Score: \_\_\_\_\_

Decision Support Vendor: \_\_\_\_\_ Decision Support Adherence: \_\_\_\_\_

**PAMA Portal: <https://app.stansonhealth.com/register/portal?code=wwuhs>**