



## Requisition for MRI, CT, X-RAY, & Ultrasound

1640 Hospital Drive ■ Santa Fe, NM 87505

TEL: 505-983-9350 ■ FAX: 505-954-4253

[www.santafeimaging.com](http://www.santafeimaging.com)

### PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

How can SFI reach the patient? H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Information: Primary \_\_\_\_\_ Policy # \_\_\_\_\_

Secondary \_\_\_\_\_ Policy # \_\_\_\_\_

Is prior authorization required?  YES  NO If yes: RQI # or Expected Approval Date \_\_\_\_\_

### PHYSICIAN INFORMATION

REFERRING PHYSICIAN/PROVIDER NAME: \_\_\_\_\_ # to call with questions: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Physicians you want to receive exam report: \_\_\_\_\_

Routine  STAT # for Radiologist to call w/ STAT report \_\_\_\_\_

### EXAM INFORMATION

EXAM REQUESTED:  MRI (Orbit Xray if indicated)  CT  X-RAY  ULTRASOUND

CONTRAST INSTRUCTIONS:  WITH  WITHOUT  WITH & WITHOUT  ARTHROGRAM

Request Radiologist's Recommendation

AREA(S)/LOCATION: \_\_\_\_\_

REASON(S) FOR EXAM / SYMPTOMS \_\_\_\_\_

### PATIENT SAFETY

- All contrast CT studies require current (w/in 60 days) BUN & CREATININE labs.
- All contrast MRI patients over 60 or with any renal insufficiencies requires current (w/in 60 days) BUN & CREATININE labs.