

HONOLULU IMAGING CENTER

IMAGING REQUEST

MRI • CT

1401 S. Beretania Street, Suite 107

Honolulu, HI 96814

Phone: (808) 591-1504 Fax: (808) 591-1506

APPOINTMENT

Date ___ / ___ / ___ Please schedule patient

Time ___ : ___ AM PM Patient claustrophobic

Patient unable to drive (Reason) _____

Patient

Patient Name: _____ Male Female Birth Date ___ / ___ / ___ Weight/Height _____

Phone: _____ Previous studies: Yes No Facility: _____

Insurance / Policy number: _____ ***HAIL to initiate prior authorization? Yes No

In order to initiate prior authorization, we require clinical notes as well as a copy of the insurance card

Referring Provider

Provider: _____ Provider Contact: _____

cc Provider: _____ cc Provider Contact: _____

REPORT: Routine STAT Wet Read Delivery: Fax Phone Preferred Radiologist: _____

Physician/Provider Signature: _____ Date: _____

MRI & CT Requisition

Type of Scan: MRI CT Contrast: Yes No Per Radiologist Arthrogram: Yes No

Mass or Tumor? Known Suspected

Diagnosis / Indication: _____

Symptoms/Complaints: _____

Prior Surgery _____

Brain w/ Contrast

- Pituitary
- Acoustic Neuroma
- Orbits
- Mets/SRS
- Gamma Knife Special
- Mass, Tumor
- MS
- Seizure

Brain w/o Contrast

- Trauma w/ DTI
- Dementia w/ MRS
- Dementia w/ MRS
Quantitative Volumetrics
- Functional
- Diffusion Tractography
- Spectroscopy
- Normal Pressure
Hydrocephalus w/DTI/MRS

Spines

- Cervical
- Thoracic
- Lumbar
- Dynawell Lumbar
- Total Spine
- Mets, cord compression

MISC

- Neck-Soft Tissue
- Brachial Plexus / Neurography

Extremity

- LEFT RIGHT
- Shoulder Wrist
- Knee Hand / Finger
- Ankle Elbow
- Foot Femur
- Tib / Fib Hip
- Other _____

CT / Contrast—Oral IV

- Temporal Bone / Mastoid
- Chest Abdomen Pelvis
- Head Orbits
- Soft Tissue Neck
- Renal Stones Without (KUB)
- CT IVP with/without contrast
- Extremity (Specify)
- Other (Specify)

ENT

- Sinuses w/o contrast / Stealth
- Nasopharynx & Neck w/ contrast

Optional MRA / Stroke Protocol

- Stroke Protocol (w/o Contrast) - MRI Brain w/o contrast, MRA Brain w/o contrast, MRA neck w/o contrast
- Stroke Protocol (Super Stroke) - MRI Brain w/ + w/o contrast, MRA Brain w/o contrast, MRA neck w/ contrast
- Aneurysm Protocol - MRI Brain w/o contrast, MRA Brain
- MRA Brain Carotid