

Baptist Health Imaging Services Scheduling - All Locations

BAPTIST HEALTH OUTPATIENT IMAGING CENTERS

- Baptist Health Imaging Center-Kanis** A Department of BHMC-LR
(CT, Large Bore MRI-500lb weight limit, Ultrasound, X-ray) Phone: 501-202-4020 Fax: 501-850-0493
- Baptist Health Imaging Center-North Little Rock** A Department of BHMC-NLR
(CT, Large Bore MRI-500lb weight limit, Low Dose CT Lung Screening, Ultrasound) Phone: 501-202-6999 Fax: 501-850-0489
- Baptist Health Imaging Center-Saline County**
(CT, Large Bore MRI-550lb weight limit, Ultrasound, 3D Mammography, Bone Density, Calcium CT Scoring, Low Dose CT Lung Screening) Phone: 501-776-2006 Fax: 501-850-0486
- Baptist Health Imaging Center-Fort Smith**
(CT, Low Dose CT Lung Screening, Ultrasound, X-ray) Phone: 479-709-7404 Fax: 501-307-3069

BAPTIST HEALTH HOSPITAL-BASED CENTERS - METRO

- Baptist Health Medical Center-Little Rock**
(CT, Nuclear Medicine, PET/CT, Ultrasound, X-ray, DaTscan) Phone: 501-202-1900 Fax: 501-850-0488
- Baptist Health MRI-Little Rock**
(Large Bore MRI-500lb weight limit, 3T MRI, Breast MRI, Cardiac MRI) Phone: 501-202-1237 Fax: 501-850-0488
- Baptist Health PET/CT Imaging Center-Little Rock**
(PET/CT) Phone: 501-202-1900 Fax: 501-850-0488
- Baptist Health Breast Center-Little Rock**
(3D Mammography, ABUS, Bone Density, Breast Biopsies, Ultrasound) Phone: 501-202-1922 Fax: 501-274-5587
- Baptist Health Medical Center-North Little Rock**
(CT, Large Bore MRI-500lb weight limit, Nuclear Medicine, Ultrasound, X-ray, PET/CT, Cardiac CTA, Cardiac MRI, DaTscan) Phone: 501-202-3400 Fax: 501-850-0489
- Baptist Health Breast Center-North Little Rock**
(3D Mammography, ABUS, Bone Density, Breast Biopsies, Ultrasound) Phone: 501-202-1922 Fax: 501-274-5587
- Baptist Health Medical Center-Conway**
(CT, Large Bore MRI-500lb weight limit, Nuclear Medicine, PET/CT, Ultrasound, X-ray, 3D Mammography, Bone Density, DaTscan, Low Dose CT Lung Screening) Phone: 501-585-2200 Fax: 501-850-0485

BAPTIST HEALTH HOSPITAL-BASED CENTERS - REGIONALS

- Baptist Health Medical Center-Arkadelphia**
(Bone Density, CT, Large Bore MRI-500lb weight limit, Ultrasound, X-ray, 3D Mammography, ECHO) Phone: 870-245-1111 Fax: 501-850-0484
- Baptist Health Medical Center-Drew County**
(Bone Density, CT, Low Dose CT Lung Screening, MRI, Nuclear Medicine, Ultrasound, X-ray, 3D Mammography, ECHO) Phone: 870-460-4898 Fax: 870-345-2510
- Baptist Health Medical Center-Heber Springs**
(Bone Density, Calcium CT Scoring, CT, Large Bore MRI-550lb weight limit, Low Dose CT Screening, Ultrasound, X-ray, 3D Mammography, ECHO, PET/CT) Phone: 501-887-3272 Fax: 501-850-0487
- Baptist Health Medical Center-Hot Spring County**
(Bone Density, CT, Large Bore MRI-550lb weight limit, Ultrasound, X-ray, 3D Mammography, ECHO) Phone: 501-332-7050 Fax: 501-850-0492
- Baptist Health Medical Center-Stuttgart**
(Bone Density, CT, Calcium CT Scoring, MRI-350lb weight limit, Low Dose CT Lung Screening, Ultrasound, X-ray, 3D Mammography, ECHO) Phone: 870-674-6381 Fax: 501-850-0491

BAPTIST HEALTH HOSPITAL-BASED CENTERS - WESTERN REGION

- Baptist Health-Fort Smith**
(CT, Calcium CT Scoring, Cardiac CTA, DaTscan, MRI, Nuclear Medicine, PET/CT, Ultrasound, X-ray) Phone: 479-441-4181 Fax: 501-307-3069
- Baptist Health Breast Center-Fort Smith**
(Automated Breast Ultrasound (ABUS), Bone Density (DEXZ), Breast Biopsies, 3D Mammography, Ultrasound) Phone: 479-709-7404 Fax: 501-274-5587
- Baptist Health-Van Buren**
(CT, Ultrasound, X-ray) Phone: 479-471-4370 Fax: 501-307-3069

Form Completed By: _____

Number: _____

PHYSICIAN ORDERS

Appointment Date: _____

Appointment Time: _____

Pre-Certification #: _____ Last four of Patient Social Security #: _____

Patient Name: _____ DOB: _____

Test / Procedure: MRI CT CTA Bone Density ECHO PET/CT Breast Biopsy
 Ultrasound (with Doppler if indicated) X-ray Nuclear Medicine Mammogram

Test Description: _____

Contrast Study? With Without With/Without

Diagnosis Code/Reason for Scan: _____

Contrast allergy? YES NO

ICD-10 Code/Symptoms: _____

Is patient diabetic? YES NO

If patient is known diabetic, creatinine / date: _____

CPT Code: _____

Please check if patient is claustrophobic.

DSN #: _____ Score: _____

Please check if patient has a history of cancer.

Type of CA: _____

Special Instructions: _____

Provider Name (typed/required): _____

Call Report (Wet Reading) to referring

Provider Signature (required): _____

physician cell phone # _____



CD with patient