

Baptist Health Imaging Services Scheduling

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-500lb weight limit, Ultrasound, 3D Mammography, Bone Density, Low Dose CT Lung Screening)

Phone: 501-776-2006 Fax: 501-850-0486

BAPTIST HEALTH HOSPITAL-BASED CENTERS

Baptist Health Medical Center-Little Rock
(CT, Nuclear Medicine, 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

Form Completed By: _____ Number: _____

PHYSICIAN ORDERS

Appointment Date: _____ Appointment Time: _____

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

Patient Name: _____ DOB: _____

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

Test Description: _____ Contrast Study? With Without With/Without

Contrast allergy? YES NO

Diagnosis Code/Reason for Scan: _____

Is patient diabetic? YES NO

ICD-10 Code/Symptoms: _____

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.

Special Instructions: _____

Type of CA: _____

Provider Name (typed/required): _____

Call Report (Wet Reading) to referring

Provider Signature (required): _____

physician cell phone # _____