

Baptist Health Imaging Services Scheduling - Western Region

BAPTIST HEALTH OUTPATIENT IMAGING CENTERS

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 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 HOSPITAL-BASED CENTERS

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-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 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 # _____