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:** _____

Baptist Health
IMAGING CENTERS

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: _____

_____

Diagnosis Code/Reason for Scan: _____

ICD-10 Code/Symptoms: _____

_____

CPT Code: _____

DSN #: _____ **Score:** _____

Special Instructions: _____

Contrast Study? ☐ With ☐ Without ☐ With/Without

Contrast allergy? ☐ YES ☐ NO

Is patient diabetic? ☐ YES ☐ NO
If patient is known diabetic, creatinine / date:
_____

Please check if patient is claustrophobic. ☐

Please check if patient has a history of cancer. ☐
Type of CA:_____

Provider Name (typed/required)**:** _____ ☐ Call Report (Wet Reading) to referring
Provider Signature (required)**:** _____ physician cell phone # _____

Baptist Health
IMAGING CENTERS

☐ CD with patient