



**Scheduling Hotline 748-4081**

**Fax 748-4791**

Please Call Patient to schedule  
 Appt Date \_\_\_\_\_  
 Time \_\_\_\_\_

Patient's Name		Date of Birth	Contact Phone	Cell Phone
Patient Insurance (Primary/Workers Comp/No Fault)		Patient Insurance (Secondary)		
Workers Comp Claim Number	Date of Injury	Adjuster Name + Phone #		
Modality	Procedures / Views Requested	MRI/CT		
<input type="checkbox"/> CT <input type="checkbox"/> CTA <input type="checkbox"/> MR <input type="checkbox"/> MRA	<input type="checkbox"/> XRAY <input type="checkbox"/> DEXA <input type="checkbox"/> U/S	Contrast requested for study? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Radiologist to determine Does the patient have a PACEMAKER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis / Symptoms / History / Risk				
ICD9 Codes		Previous studies for comparison, when / where taken? Please fax report with order.		
<b>CT Preps</b> ➤ Please check in 15 minutes prior to your appointment ➤ If "Contrast requested for study" on this form is checked YES, please avoid food and drink for 4 hours prior to your scheduled exam time. ➤ CT Abdomen or Pelvis: • You may continue taking your medications unless instructed otherwise		<b>MRI Preps</b> ➤ Please check in 30 minutes prior to your appointment ➤ A high powered magnet will be used to perform your exam. To avoid injury to you and/or damage to the scanner, please remove all metal objects prior to entering the MRI exam room ➤ Please notify our staff if you have a Cardiac Pacemaker or Brain Aneurysm Clip ➤ MRI Abdomen or Pelvis: • No food or drink 4 hours prior to exam • You may continue taking your medications unless instructed otherwise		<b>Pearlridge Shopping Center</b>  Pearlridge 98-1005 Moanalua Rd Unit 817 Aiea, HI 96701 Uptown – inside the mall next to Borders Open M-F 7:00am - 8:00pm CT 8:00am - 5:00pm MRI 8:00am - 7:15pm Saturday 8:00am - 1:00pm
<b>U/S Abdomen Prep</b> No food or drink past midnight prior to exam		<b>U/S Pelvic Prep</b> Drink 4-8oz glasses of water 1 hour prior to exam		<b>U/S Renal Prep</b> Drink 2-8oz glasses of water 1 hour prior to exam

Ordering Physician Signature: \_\_\_\_\_  
 CC Report To: \_\_\_\_\_

Physician's Office Phone:	Physician's Office Fax:
_____	_____

Transfer images to the Queen's Medical Center     Require Films     Require CD