



Scheduling Hotline 748-4081

Fax 748-4791

Please call patient to schedule

Appt Date _____

Time _____

Patient Information			
Name _____		Date of Birth _____	Primary Phone _____ Secondary Phone _____
Primary Insurance (Workers Comp/NF/TPL Insurance) _____		Secondary Insurance _____	
Claim number (Workers comp/No fault/TPL only) _____	Date of Injury _____	Adjuster Name _____	Adjuster Phone _____
Procedure(s) Requested (Please check procedure and indicate body part)			
<input type="checkbox"/> CT _____ <input type="checkbox"/> CTA _____ <input type="checkbox"/> MRI _____ <input type="checkbox"/> MRA _____		<input type="checkbox"/> DEXA _____ <input type="checkbox"/> U/S _____ <input type="checkbox"/> XRAY _____	
IV contrast requested for study?		Exam Protocol (To be entered by the attending radiologist)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Radiologist to determine Does the patient have a PACEMAKER? (MRI only) <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)			
CC Report To: _____			
Print Physician Name: _____		Physician's Office Phone _____	
Physician Signature: _____		Physician's Office Fax: _____	
<input type="checkbox"/> Transfer Images to QMC <input type="checkbox"/> Require Films <input type="checkbox"/> Require CD		Date: _____	

AccuImaging, LLC
 98-1005 Moanalua Rd
 Unit 817
 Aiea, HI 96701

Uptown – Inside the mall next to Borders
 Phone: (808) 748-4080

MRI
 M-F 8:00am – 8:00pm
 Saturday 8:00am – 4:00pm
CT, X-Ray, DEXA
 M-F 8:00am – 5:00pm
 Saturday 8:00am – 1:00pm
 (MRI, CT and Ultrasound by appointment only)