

CT Scans Scheduling Questions/Requirements

UMMHC NPI# 1831151455

If patient is over 65, please include most recent lab information within 30 days. If patient is not over 65 but answers yes to having Diabetes, Hypertension and/or Renal Disease, please also include lab results. Please do not send the order over without recent labs as that will delay the process of being Protocolled by the Radiologist. If this is an urgent/STAT request, we need a direct phone number of the ordering doctor to notify them with the result. Phone # _____

BUN _____ CREAT _____ GFR _____ Date _____

Allergies to Iodine, Sulfa,
Prednisone, latex or Adhesive Tape **Yes** **No** *If yes, please specify allergy.

Diabetes **Yes** **No** *If yes, complete lab section above.

Hypertension **Yes** **No** *If yes, complete lab section above.

Renal Disease **Yes** **No** *If yes, complete lab section above.

Power Port **Yes** **No**
Is Patient coming from a facility **Yes** **No**
Is patient Patient over 65 **Yes** **No**
Interpreter Needed **Yes** **No** *If yes, Language: _____

Prior Auth _____ Eff Date: _____ Exp Date: _____

If no prior auth is needed list Name of person you spoke with _____

Phone Number Called: _____

Reference Number: _____

Type of CT scan being requested: _____

- with contrast
- without contrast
- with and without contrast
- need signs, symptoms and what the doctor is ruling out
- *Example: CT Lumbar Spine with contrast for back pain L4-L5 r/o spinal stenosis.*