6135 SW 17th St., Topeka, KS 66615
(785) 670-6760 | F: (785) 670-6757
www.TopekaHospital.com

TOPEKA ER & HOSPITAL

Request for Outpatient Imaging Services

Patient Information

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____/_____ /_____ Primary Phone Number (_____) _____ – _____

Insurance Provider _____ Policy # _____

Pre-certification: ☐Not Required ☐In Progress ☐Completed Pre-Cert/Authorization# _____

Reason for Test

REASON FOR THE TEST MUST BE GIVEN. (Please *DO NOT USE* "Rule Out" or "Possible/Probable?")
ICD codes *AND* diagnostic information must be provided for *EACH* test ordered.

_____

Outpatient Testing or Procedure Order

_____

Reason/Diagnosis

_____

ICD Code(s)

Order/Results (Orders are valid for 90 days.)

Requested Test Date ____ /____ / _____ ☐ROUTINE (at patient's convenience) ☐URGENT w/in 48 hours ☐STAT

Results ☐Fax (_____)_____– _____ ☐Call (_____)_____– _____

X-ray	☐ Other (specify)			
CT ☐ Oral Contrast ☐ W/ IV Contrast ☐ W/O Contrast ☐ W/ and W/O IV Contrast	☐ Head/Brain ☐ Sinus ☐ Neck (Soft tissues)	☐ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine	☐ Pelvis ☐ Chest ☐ Abdomen	
	Extremity (specify) _____ ☐ Left ☐ Right ☐ Bilateral ☐ Upper ☐ Lower			
	Other (specify) _____ Creatinine _____ GFR _____ Date _____			
MRI ☐ W/O Contrast ☐ W/ and W/O Contrast ☐ Claustrophobic	☐ Carotid MRA ☐ Brain MRA ☐ Brain MRI ☐ Orbits ☐ Neck (soft tissues) ☐ IACs	☐ Lumbar Spine ☐ Thoracic Spine ☐ Cervical Spine ☐ Pelvis ☐ Sacrum ☐ Coccyx	☐ Shoulder L | R ☐ Elbow L | R ☐ Hand L | R ☐ Wrist L | R ☐ Upper Arm Non-Joint L | R ☐ Lower Arm Non-Joint L | R	☐ Hip L | R ☐ Knee L | R ☐ Foot L | R ☐ Upper Leg Non-Joint L | R ☐ Lower Leg Non-Joint L | R ☐ Ankle L | R
	Other (specify) _____ Creatinine _____ GFR _____ Date _____			
	☐ Abdomen (specify) ☐ Liver ☐ Kidneys ☐ MRCP			
Ultrasound	☐ Other (specify)			

Physician Information

Last Name _____ First Name _____ NPI# _____

Phone (_____) _____ – _____ Fax (____) _____ – _____

Signature _____ Date _____ / _____/_____

Notice: Topeka ER & Hospital is unable to bill Medicare, Medicaid for services rendered.