



University MR# _____

1 PATIENT INFORMATION

Name _____ DOB _____

Insurance _____

2 PROVIDER INFORMATION

Ordering Provider and NPI # _____

Phone _____ Fax _____ Pager _____

Address _____

Provider Signature _____ Date _____

3 RADIOLOGY REQUEST

Indication For Exam

Diagnostic (X-ray, Fluoro) _____

CT _____

MRI _____

PET CT _____

Ultrasound _____

Nuclear Medicine _____

Additional Information

Mammography _____

Interventional Radiology _____

Contrast? Yes No Radiologist to Determine
BUN/Creatinine are required within 30 days of a CT/MRI
using IV contrast for patients over the age of 60 or who
have a history of renal failure/insufficiency.

____ BUN ____ Creatinine

Pt to have labs drawn before study

Is patient pregnant? Yes No

4/06/09LR



A SIGNED ORDER MUST BE RECEIVED BY FAX BEFORE PATIENT IS SCHEDULED FOR IMAGING

Fluoroscopy and X-ray

Scheduling: 801-581-2306
Fax: 801-585-0520

Ultrasound

Scheduling: 801-581-2929
Fax: 801-587-9448

Breast Imaging

Scheduling: 801-581-5496
Fax: 801-585-2292

Interventional Radiology (oncology and vascular)

Scheduling: 801-581-2967
Fax: 801-581-2414

CT/MRI

Scheduling: 801-581-7840
Fax: 801-585-1955

Nuclear Medicine/PET CT

Scheduling: 801-581-2370
Fax: 801-585-2403

Neurointerventional Radiology

Scheduling: 801-581-8170
Fax: 801-585-0386