Department of Radiology
Dartmouth-Hitchcock
MEDICAL CENTER

IMAGING REQUEST

Please complete and fax to the appropriate scheduler (see **fax** information at **lower left**.)
For telephone assistance: **(603)-650-4488**

PATIENT INFORMATION

Patient Name:____________________________ DOB: ______/______/______

Special Considerations: MRN:______________________

☐ Blind ☐ O^2
☐ Deaf ☐ Pregnant
☐ Diabetic ☐ **Precautions**
☐ Disoriented ☐ Stretcher Needed
☐ IV ☐ Wheelchair Needed

Notes: ______________________________________
____
____
____

INDICATION / REQUEST DETAILS (*Required)

Body Part to be Examined*:______________________________

Laterality*: ______________________________

ICD 10 Code*: ____________ **Code Descrip.*:**______________

Diagnosis*: ______________________________
____

Reason for Exam*: ______________________________

Pre-Auth Number*: ______________________________

Other Pertinent Information: ______________________________

Special Medical Equipment Needed: ______________________________

Order for*:
☐ **STAT**
☐ Today
☐ Pre-Op:____________

Modality*:
☐ DX ☐ NUC MED
☐ CT ☐ Ultrasound
☐ MRI ☐ Other:
____

REFERRING PROVIDER

Ordering Facility Name: ______________________________

Ordering Facility Phone #: (______) - ______ - ________ Provider Pager: ____________

Ordering Provider Name (Print): ______________________________

Ordering Provider Signature*: ______________________________ Date: ____/____/______

☐ Staff Physician
☐ Resident/Other

FAX NUMBERS

CT*	(603)-640-1956
Diagnostic X-Ray	(603)-640-1967
Mammography / DXA*	(603)-640-1944
MRI*, Nuclear Medicine	(603)-640-1956
Ultrasound	(603)-640-1944
VIR (Angiography)	(603)-640-1966
Fluoro	(603)-640-1965

PHONE NUMBERS

CT	(603)-650-7452
Diagnostic X-Ray	(603)-650-4482
Mammography	(603)-650-8260
DXA	(603)-653-9388
MRI	(603)-650-8445
Nuclear Medicine	(603)-650-5560
Ultrasound	(603)-650-7451
VIR (Angiography)	(603)-650-7464