



QUEEN'S IMAGING

**CENTRAL
SCHEDULING**

Phone: (808) 691-7171
Fax: (808) 691-7007

**WEST OAHU
SCHEDULING**

Phone: (808) 691-3663
Fax: (808) 691-3678

Please call patient to schedule

- Queen's Medical Center Punchbowl
- Queen's Medical Center West Oahu

Appointment Scheduled:	
Date: _____	Time: _____ AM / PM
By: _____	Location: _____

OUTPATIENT TESTING ORDERS

For date of service effective 10/1/2015 ICD-10 codes will be required

PATIENT INFORMATION

Patient's Name (Last, First, Middle Initial):	Date of Birth:	Contact Phone:
Patient's Insurance(s):	Authorization #:	

PROCEDURE(S) REQUESTED – Please specify body part(s)

<input type="checkbox"/> CT _____	<input type="checkbox"/> X-Ray _____
<input type="checkbox"/> CTA _____	<input type="checkbox"/> Nuc Med _____
<input type="checkbox"/> MRI _____	<input type="checkbox"/> Ultrasound _____
<input type="checkbox"/> MRA _____	<input type="checkbox"/> Dexa _____
<input type="checkbox"/> Angio/IR _____	<input type="checkbox"/> Other _____

SPECIAL INSTRUCTIONS

(MANDATORY) DIAGNOSIS/SYMPTOMS/HISTORY – "Rule Out" or "Routine" not acceptable

For date of service effective 10/1/2015 ICD-10 codes will be required	Symptoms / History:									
<table border="1"> <thead> <tr> <th>ICD-10</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		ICD-10	DESCRIPTION	_____	_____	_____	_____	_____	_____	_____
ICD-10	DESCRIPTION									
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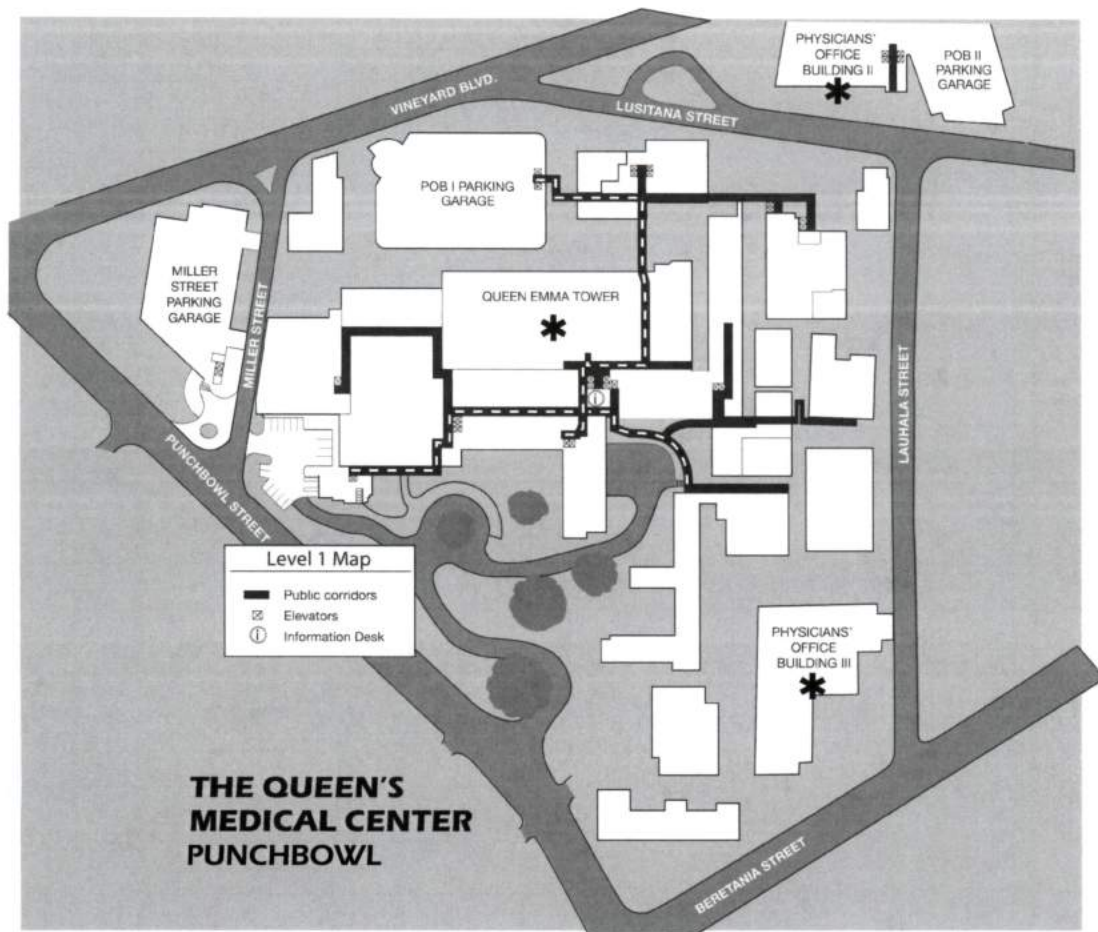
CC REPORT TO:

ORDERING PHYSICIAN CERTIFICATION

<input type="checkbox"/> Please Provide STAT/Wet Read <input type="checkbox"/> Patient to Return with CD <input type="checkbox"/> Patient to Return with Films	X _____ By signature above, I hereby certify that the procedure(s) requested is/are medically necessary.	
	Print Physician Name:	
	Phone:	Fax:
	Date:	Time: _____ AM / PM

CONFIDENTIALITY NOTICE:

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**The Queen's Medical Center - Punchbowl
Queen's Imaging - First Floor**

* Queen's Imaging Locations

**The Queen's Medical Center – West O'ahu
and
The Queen's Physicians Office Building – West O'ahu**
91-2139 Fort Weaver Road, Suite 108
Ewa Beach, HI 96706
Phone: 691-3663

