

URGENCY Routine Emergent Sedated MRI Member Number _____ Date: _____

 Suggested time frame: _____

 Do you need results read urgently? Patient to hand carry disk (CD)?

Patient Name _____ DOB ____/____/____

Phone Number _____ Can detailed message be left? Yes No

Patient Height _____ Patient Weight _____ LMP ____/____/____

Imaging Requested (please be specific):

1 st Imaging Request	Diagnosis code (ICD)	History/Symptoms
2 nd Imaging Request	Diagnosis code (ICD)	History/Symptoms
3 rd Imaging Request	Diagnosis code (ICD)	History/Symptoms
Additional Requests	Diagnosis code (ICD)	History/Symptoms

Ordering Provider (First/Last/Title) _____

Clinic Name _____ Specialty _____

Clinic Contact _____ Tax ID Number _____

In the event a radiologist needs to relay results urgently, please provide an emergency/after-hours contact number:

Emergency Number _____ Daytime Number _____ Fax Number _____

Do results need to go to someone other than the ordering provider? If so, please complete the following information:

Provider Name _____ Clinic/Specialty _____

Phone Number _____ Fax Number _____

Is the patient scheduled? If yes, please provide location and date: _____

Important: Incomplete or illegible forms will be returned, resulting in a delay of scheduling for patient.

Routine Exams: Routine exams are generally processed within 48 hours. Patients will be contacted to schedule after that time.

Urgent Exams: If imaging study is needed within three business days, fax the request form, notating "emergent." The order will be processed within 24 hours; the patient will be contacted to schedule the exam. **PROVIDERS:** If the patient has not been contacted within 24 hours after the fax has been sent, please contact the Radiology Appointing Center at 1-877-751-4284.

Biopsy and Interventional Radiology: Request form must be accompanied by medical records.

CT Scan: If request is for a CT scan with IV contrast and the patient is over 50 years of age, a creatinine test is required.

- If the patient has had a recent creatinine test (within 30-days), please send the results with this form.
- If the patient has not had a recent creatinine test, please fax an order with this form.
- If the exam is "Urgent" please order "Urgent" labs.

MRI: All MRI's, except for knees, must be reviewed by a Kaiser Permanente radiologist, which takes 24 to 48 hours.

- MRI's requiring contrast will require a creatinine test; please fax an order for a creatinine test with this form.

All MRI requests must be accompanied by a completed MRI Questionnaire that can be downloaded from kp.org/wa/provider.

For questions about this process or how to enter radiology referrals, visit kp.org/wa/provider or contact your Provider Services Consultant.

Provider signature: _____

Scheduling Instructions (Patient handout)

Your provider ordered a Radiology exam for you. When you make your appointment, a scheduler will give you instructions on how to prepare for this exam. If you have not heard from Kaiser Permanente Radiology after 24-48 hours or have any questions about your exam, please call 1-877-751-4284.

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