GREEN BAY ER & HOSPITAL

REQUEST FOR OUTPATIENT IMAGING

2465 Monroe Road, Bellevue, WI 54115
Phone: 920-610-1990 • Fax: 920-610-1991

PATIENT INFORMATION

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: _____ **Primary Phone Number:** _____ **Patient Email:** _____

Name of Insurance Provider/ Group #/ ID #: _____

Pre-Certification: ☐ **Not Required** ☐ **In Progress** ☐ **Completed** **Pre-Cert/ Authorization #:** _____ **Cash Pay:** ☐

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

Requested Test Date:_____ ☐ **ROUTINE at patient's convenience** ☐ **URGENT w/in 48 hours** ☐ **STAT**

If Contrast Study: Creatinine: _____ **GFR:** _____ **Date:** _____

CT

☐ Oral Contrast
☐ W/ IV Contrast
☐ W/O IV Contrast
☐ W/ and W/O IV Contrast
☐ CTA

☐ Abdomen ☐ Aorta ☐ Cervical Spine ☐ Chest
☐ Head/Brain ☐ Lumbar Spine ☐ Maxillofacial ☐ Neck (Soft Tissues)
☐ Orbits ☐ Pelvis ☐ Sinus ☐ Thoracic Spine
☐ Extremity (specify): _____ ☐ L ☐ R ☐ Bilat.
☐ Other (specify): _____

MRI

☐ W/ Contrast
☐ W/O Contrast
☐ W/ and W/O IV Contrast
☐ MRA

☐ Abdomen (specify): ☐ Kidneys ☐ Liver ☐ MRCP
☐ Brain ☐ Carotid ☐ Cervical Spine ☐ Chest
☐ Coccyx ☐ IACs ☐ Lumbar Spine ☐ Neck (Soft Tissues)
☐ Orbits ☐ Pelvis ☐ Sacrum ☐ Thoracic Spine
☐ Extremity (specify): _____ ☐ L ☐ R ☐ Bilat.
☐ Other (specify): _____

ULTRASOUND

☐ Abdomen Complete ☐ Other (Specify): _____
☐ Abdomen Limited ☐ Gall Bladder ☐ Kidney ☐ Liver
☐ Pelvic Other (Specify): _____
☐ Venous Doppler ☐ Extremity: _____ ☐ L ☐ R
☐ Arterial Doppler ☐ Extremity: _____ ☐ L ☐ R

X-RAY

☐ Other (specify): _____

PHYSICIAN INFORMATION

Last Name: _____ **First Name:** _____ **NPI#:** _____

Practitioner's Email: _____

Practitioner's Phone Number: _____ **Practitioner's Fax Number:** _____

Practitioner's Signature: _____ **Date:** _____

Notice: Green Bay ER & Hospital is unable to bill Medicare, Medicaid, and Tricare for services rendered.