

Last Name:		
First Name (Preferred Name):		
Encounter number:	NH Number:	Chart Created: Y/N
Date of Birth:	Gender:	Age: Encounter Type:
Responsibility for Payment:		PHN:
Primary Care Physician/Attending Physician:		

Echocardiogram Requisition

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PATIENT LABEL

FOR MEDICAL IMAGING USE ONLY:

MEDICAL IMAGING PRIORITIZATION AND COMMUNICATION

To be completed by Medical Imaging personnel:

Radiologist required
Notes for booking staff:

To be completed by booking personnel:

Attempts to book:

- 1.
- 2.
- 3.

Notes:

Appointment date: _____ Time: _____

*Place flashcard
label here*