

All Sites and Facilities
X-Ray/Fluoroscopy Requisition

Last Name:			
First Name (Preferred Name):			
Encounter #:	NH #:	Chart Created: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOB:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			

PATIENT LABEL

FOR MEDICAL IMAGING USE ONLY:	
<p>MEDICAL IMAGING PRIORITIZATION AND COMMUNICATION</p> <p style="background-color: #cccccc; padding: 2px;">To be completed by Medical Imaging personnel:</p> <p><input type="checkbox"/> Radiologist required Notes for booking staff:</p> <p style="background-color: #cccccc; padding: 2px;">To be completed by booking personnel:</p> <p>Attempts to book:</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Notes:</p> <p>Appointment date: _____ Time: _____</p>	<p><i>Place flashcard label here</i></p>
	<p><i>Place flashcard label here</i></p>