

Vanderbilt Health
Department of Radiology &
Radiological Sciences
Diagnostic Imaging Order Form
Orders - Radiology



Patient Label or Patient Identifiers

All outpatients exam types except plain film x-rays must be scheduled in advance by calling:

- Vanderbilt University Medical Center (VUH): (615) 343-2617 and faxing order to (615) 322-0793
- Vanderbilt Wilson County Hospital (VWCH): (615) 449-8621 and faxing order to (615) 453-8234.
- Vanderbilt Tullahoma-Harton Hospital (VTHH): (931) 461-4800 and faxing order to (931) 461-4900.
- Vanderbilt Bedford Hospital (VBCH): (931) 685-8305 and faxing order to (931) 685-8306.

Please note, the Vanderbilt Department of Radiology does not perform imaging with conscious sedation or anesthesia referred by non-VUMC referring providers.

Appointments cannot be scheduled until an order is received.

Patient Name: _____ **Patient Date of Birth:** _____

Sex: Male Female

Type of Exam (Please include contrast specifications and area of concern): _____

Reason for Procedure: _____

Associated ICD 10 Diagnosis Code: _____ **Expected/Preferred Date of Exam:** _____

Priority: Routine STAT (honored for emergent diagnoses only)

Does the patient have a pacemaker or any implanted device? Yes No If yes, Make: _____ Model: _____

Please also fax documentation of make and model and instruct the patient to bring documentation on the day of service.

Please note, pacemaker and cardiologist information is required for scheduling.

Cardiologist name: _____ Phone: _____ Fax: _____

Is the patient pregnant? Yes No

Is the patient breastfeeding? Yes No

Is the patient allergic to iodinated contrast media?..... Yes No

If yes, is there a severe reaction?..... Yes No

If yes, please explain severe reaction: _____

Ordering: I have reviewed and confirmed this information with the Patient/Legal Representative.

Provider Print Name: _____ **Title:** _____

Provider Signature: _____ **Date:** _____ **Time:** _____

Pager or Cell Phone: _____ **Office Phone:** _____ **Office Fax:** _____

Pre-certification/Insurance Authorization (if required): _____