

DEPARTMENT OF RADIOLOGY REQUISITION FOR RADIOLOGIC CONSULTATION

REQUIRED INFORMATION

STAT or ORAL REPORT Phone Requesting Staff Physician Beeper or Phone # Referring M.D		CIRCLE PATIENT LOCATION:			
		Indicate Floor	Indicate Floor		
		EU			
					Patient's Name
723	Last	First	-	М	
	gic Studies under another name?	** · · · · · · · · · · · · · · · · · ·			

Outpatient - Address					
City, State,	Żip				
Home Phor	ne	_			
HEIGHT	_ (For bone age and glomeruler filtration	n rate studies)			
WEIGHT	_ (For ALL Nuclear medicine studies)				
ICD-9 CODE	<u>-</u>				
EXAM DESIRED		N FOR EXAMINATION REQU		-772	
	(Indicate Patient SYMPTO)	MS or SIGNS. Do not state for	follow-up.)		
		88			
	8				
	1				
5					
Radiologist Use:					