



RADIOLOGY IMAGING REQUEST FORM - UCHealth

1635 Aurora Ct, Aurora, Co 80045 | Ph: 720-848-1130 Fax: 720-848-1651 | Email: UCH-RadiologyAuthorizations@uchealth.org

IN ADDITION TO THIS FORM: MEDICAL NECESSITY DOCUMENTATION WILL BE REQUIRED, ESPECIALLY IF UCHEALTH WILL BE OBTAINING AUTHORIZATION. THIS MAY INCLUDE CURRENT PROGRESS NOTES, IMAGING REPORTS, OR OTHER RELEVANT DOCUMENTATION.

Send this information via your preferred method (above). Please call **720-848-1130** with any questions.

Please note: An incomplete form/missing information will result in the delay of patient treatment.

For radiology records requests please contact the file room at 720-848-1105 or fax request to 720-848-1102.

Patient Information: Completion of ALL fields is **REQUIRED**

Patient Name:	Date of Birth:	Gender:	
Address:	City, State:	Zip:	Phone Number:

Insurance Information: Completion of ALL fields **REQUIRED**

Insurance Provider:	Member ID:	Group Number:
STAT: Authorization MUST be obtained by your facility and faxed with referral	Urgent: Authorization MUST be obtained by your facility and faxed with referral	Routine: UCHealth to obtain authorization

Referring Provider Information: Completion of ALL fields **REQUIRED**

Provider Last Name:	First Name:	NPI:
Provider Signature:	Date:	
Clinic Name/Address:	Office Contact Phone Number:	
Provider Direct Cell/Pager Number:	Provider Fax Number:	

Imaging Request Form: Completion of ALL fields required. (Please check all that apply)

<input type="checkbox"/> CT	<input type="checkbox"/> MRI	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Diagnostic Imaging: (Ex: UGI,MBS,DEXA)
CPT Code:	Body Part (Include Laterality):	Diagnosis Codes (ICD 10):	

Signs, Symptoms and Clinical Suspicion:

Without Contrast	With Contrast	With and Without Contrast
Is this scan OK to be altered by our radiologist?	Yes or No	
Is patient claustrophobic? Oral Sedative (Please provide patient with sedative) or Anesthesia		

Information submitted will be transmitted securely to the appropriate UCHealth imaging facility: Select One Below

North Metro	Colorado Springs	Northern Colorado	Boulder Sports Med
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