

Margaret R. Pardee Memorial Hospital
800 N. Justice Street
(Radiology Department)
Hendersonville, NC 28791
Phone: 696-1040



Outpatient Radiology Center
807 N. Justice Street
(Kayden Building)
Hendersonville, NC 28791
Phone: 696-1300

RADIOLOGY SERVICES
Scheduling Office: 698-7979 or 698-7978; Fax 696-1076

YOU MUST BRING THIS FORM WITH YOU FOR YOUR EXAM

Appointment Date: _____ Time: _____

If you are unable to keep your appointment, please call scheduling at 698-7979 or 698-7978 as soon as possible
If you are diabetic, please ask about special instructions

Patient Name: _____ Date of Birth: ____/____/____
Insurance Company: _____ Pre-Authorization/Carolina Access #: _____

RADIOLOGY PROCEDURE REQUESTED

MRI: _____ Use Radiologist Protocol if indicated
CT Scan: _____ Use Radiologist Protocol if indicated
Routine X-Ray: _____ Bone Densitometry: _____
Ultrasound: _____ Breast Ultrasound if indicated
Mammography-Screening or Diagnostic: _____
Nuclear Medicine: _____ X-Rays if indicated
Special Procedures (Arteriograms, Myelograms, Biopsies, Drainages, Aspirations): _____

REASON FOR EXAM

All Patients

Chief Complaint (Sign/Symptom): _____

Laterality & Location: _____

Acuity & Chronicity: _____

Context & Comorbidities: _____

Oncology Patients

Active Tx/Dx: _____ Current Symptoms: _____
Hx of/No Active Tx Prior Dx: _____ Prior Symptoms: _____

Pregnant Patients

Gestation in Weeks: _____ Gravida: _____ Known Fetal Abnormalities: _____
Gestational HTN? Yes No Gestational DM? Yes No Assisted Pregnancy? Yes No

REFERRING PHYSICIAN INFORMATION

Physician's Signature: _____ Date: _____
Physician's Printed Name: _____ Time: _____
Check here for STAT Call Report Call Report Number: _____

Radiology Services supervised, interpreted and billed independently by:

7210-11 (08/03/2020) Hendersonville Radiological Consultants, P.A., 807 N. Justice St., Hendersonville, NC 28791