



OhioHealth

Two Options to Schedule Imaging Procedures:

1. **Call** Central Scheduling at (614) 566.1111 or (877) 566.1112 and fax prescription to (614) 533.1111. **OR**
2. **Fax** this form to Central Scheduling at (614) 533.1111 and a scheduler will call the patient to schedule an appointment.

* = Required for legal script

For pre-certification assistance, call (614) 544.6113

Stat Read Please call patient and schedule. Patient not scheduled. Patient to walk-in.

* **Date:** _____ **Requested Facility** (see back): _____

Patient Information:

* **Name:** _____ **DOB:** _____ **Sex:** M F

Patient Address: _____ **SSN:** _____

City: _____ **State:** _____ **Zip:** _____

Best Phone to Reach You: _____ **Alternate Phone:** _____

Interpreter: Yes No **Preferred Language:** _____

Clinical Information:

Procedure Requested: MRI CT Nuclear Medicine Diagnostic Mammography

X-Ray CT Angio Ultrasound Screening Mammography

MRA Fluoroscopy Interventional Radiology Bone Density (Dexa Scan)

With Contrast **Without Contrast** **W/WO Contrast** **Per Radiologist Protocol**

* **Procedure:** _____ **CPT Code:** _____

Example: MRI Foot Left

* **Diagnosis/Symptoms:** _____ **ICD 10(s):** _____

Special Instructions (if applicable): _____

Ordering Physician Print Name: _____ * **Physician Signature:** _____

Physician Practice Tax ID #: _____

Office Contact Person: _____ **Telephone:** _____ **Fax:** _____

Note: Once the patient's procedure has been scheduled, the referring physician's office will be notified of the appointment time and location.

Appointment Date: _____ **Appointment Time:** _____ **Appointment Location:** _____

MRI, CT and Nuclear Medicine Stress Test Clinical Information for Pre-certification Assistance

To enable us to assist you in meeting necessary pre-certification requirements, please complete the following:

How did the symptoms start? _____ **When did they start?** _____ **How long?** _____

MVA: Yes No **Any surgeries related to condition:** Yes No **If Yes, Type:** _____

Other diagnostic test done: Yes No **If Yes, Type:** _____

Has the patient had any therapy? Yes No **Did it help?** Yes No **Type and Duration:** _____

Medications for this condition? Yes No **Did it help?** Yes No **Name and Duration:** _____

What is the primary question to be answered by doing this procedure? (rule out)

Other pertinent information that would support having a MRI, CT or NM Stress Test

Pre-certification/Authorization Number _____

Please attach a copy of the patient demographic information, insurance card (front and back), verification information, imaging results, office notes, C-9 approval (if applicable), and any other pertinent clinical information. To request additional imaging procedure forms, call (614) 544.4217.

OhioHealth Imaging Services and Locations

As of November 2017

We now have expanded hours at many of our locations. Call for details.

Location	Bone Density	CT Scan	Fluoroscopy	Interventional Radiology	Mammography – Digital	Breast Biopsy	MRI	Nuclear Medicine	SPECT/CT	PET/CT	Vascular Ultrasound	Ultrasound	X-ray
1 Bexley 2222 Welcome Place, Columbus, OH 43209 – (614) 338.8833													X
2 Bing Cancer Center 500 Thomas Lane, Columbus, OH 43214 – (614) 566.5077	X	X 16 slice	X		X 3D	X US-guided & Stereo bx				X		X	X
3 Delaware Health Center 801 OhioHealth Blvd., Delaware, OH 43015 – (740) 615.0650	X	X 16 slice			X 3D	X US-guided & Stereo bx						X	X
4 Doctors Hospital 5100 West Broad Street, Columbus, OH 43228 – (614) 544.1021	X	X 64 slice	X	X	X 3D	X US-guided & Stereo bx	X 1.5 T	X			X	X	X
5 Dublin Methodist Hospital 7500 Hospital Drive, Dublin, OH 43016 – (614) 544.8011	X VFA	X 128 slice	X	X	X 3D	X US-guided breast bx	X 1.5 T	X			X	X	X
6 Eastside Health Center 4882 East Main Street, Columbus, OH 43213 – (614) 566.0899	X VFA	X 16 slice			X 3D	X US-guided breast bx	X 1.5 T					X	X
7 Gahanna Health Center 765 Hamilton Road, Gahanna, OH 43230 – (614) 566.0501					X 3D		X 1.5 T					X	X
8 Grady Memorial Hospital 561 West Central Avenue, Delaware, OH 43015 – (740) 615.1082		X 16 slice	X	X			X 1.5 T	X			X	X	X
9 Grant Medical Center 111 South Grant Avenue, Columbus, OH 43215 – (614) 566.9350		X 16, 64 & 320 slice	X	X		X MRI-guided bx	X 1.5 T & 3 T	X	X	X	X	X	X
10 Grant Medical Center – William W. Wilkins Professional Building 285 East State Street, Suite 320, Columbus, OH 43215 – (614) 566.9030	X VFA				X 3D	X 3D or US-guided and Stereo					X	X	X
11 Grove City Health Center 2030 Stringtown Road, Grove City, OH 43123 – (614) 544.0020, opt. 1	X VFA	X 16 slice			X 3D		X Open 1.2 Telsa					X	X
12 Hilliard Health Center 4343 All Seasons Drive, Hilliard, OH 43026 – (614) 544.1142					X		X						X
13 Hobbs Radiation Oncology Center 5200 West Broad Street, Columbus, OH 43228 – (614) 544.4646, opt. 3										X			
14 Jasonway 810 Jasonway Avenue, Columbus, OH 43214 – (614) 788.5211		X 16 slice			X 3D								X
15 Lane Avenue 1315 Lane Avenue, Suite D, Columbus, OH 43221 – (614) 788.8222					X 3D								
16 Lewis Center 7651 Stagers Loop, Delaware, OH 43015 – (740) 615.3300											X		
17 Lewis Center Health Center 7853 Pacer Drive, Delaware, OH 43015 – (614) 788.9084		X					X 1.5 T						X
18 McConnell Spine, Sport and Joint Center 3773 Olentangy River Road, Columbus, OH 43214 – (614) 566.3810	X												
19 OhioHealth Bone and Joint Center at Grant 303-323 East Town Street, Columbus, Ohio 43215 – (614) 788.5011			X				X						X
20 Pickerington Medical Campus 1010 Refugee Road, Pickerington, OH 43147 – (614) 788.4150	X	X	X		X 3D	X US-guided breast biopsy	X 1.5 T	X			X	X	X
21 Riverside Methodist Hospital – Yellow Area, Women’s Center and Radiology Entrance 3535 Olentangy River Road, Columbus, OH 43214 – (614) 566.5253		X 64 & 320 slice	X	X		X MRI-guided bx	X 1.5 T & 3.0 T MRgFus				X	X	X
22 Riverside Methodist Hospital – Green Area 3535 Olentangy River Road, Columbus, OH 43214 – (614) 566.5253								X	X				
23 Sports Medicine Center – Dublin 6955 Hospital Drive, Dublin, OH 43016 – (614) 566.3673							X Open 1.2 Telsa						X
24 Westerville Medical Campus 260-300 Polaris Parkway, Westerville, OH 43082 – (614) 533.3100	X VFA	X 64 slice	X		X 3D	X US-guided & Stereo bx	X 1.5 T	X			X	X	X
25 Mobile Mammography – (614) 566.1111	X				X								

VFA = vertebral fracture analysis | 3D = 3Dsynthesis

