



OP2210

SAINT VINCENT HEALTH SYSTEM Outpatient Testing Request

Your Testing Information

Date: _____

Day: _____

Time: _____ Arrive at: _____

Location:

- Saint Vincent Health Center
- Saint Vincent Imaging Center-2501 W 12 St
- Saint Vincent Women's Center
- Saint Vincent Outpatient Center - Union City
- Hardner Building - 2315 Myrtle St
- Westfield Memorial Hospital

Please report to the **REGISTRATION DESK** at the main entrance at your listed arrival time.

THIS FORM should be faxed to the appropriate hospital or testing center for all pre-scheduled procedures. (Note - SVHC Women's Center, Endoscopy and Imaging Center should be faxed directly to those areas.) The patient should carry the form in for all non-scheduled procedures.
Patient Instructions:

Patient Name: _____

Patient Phone Number: _____

For Hospital Use Only

Medical Record #: _____

Patient Acct. #: _____

Social Security #: _____ DOB: _____

Referral or Auth: _____ Expires: _____

Primary Insurance: _____

Group #: _____ /Policy # _____

Medical Necessity – Always complete A. Complete B if relevant diagnosis is available, C is optional but will improve test interpretation.

A. Signs & Symptoms: _____

B. Diagnosis (if relevant): _____

C. Purpose of test: _____

Ordering Practitioner: _____

Signature: _____

Attending For Allied

Health Professional: _____

Copy Results to: _____

Address: _____

SVHC Scheduling: 814/866-4850 Fax: 451-8026
SV Imaging Center: 814/838-2085 Fax: 838-2086
SV Women's Center: 814/452-5228 Fax: 452-7049
SV Endoscopy Fax: 814/452-7838
SV Outpatient Center-Union City: 814/438-1000 Fax: 438-7958
Hardner Bldg: 814/452-5658
Westfield Memorial Hospital: 716/326-4921 Fax: 716/793-2312

TEST ORDERED:

Radiology

- CT _____
- MRI _____
- Sono _____
- Nuc Med _____
- Chest _____
- Spine _____
- Barium enema
 - With Air
 - Without Air
- UGI _____
- SBFT _____
- IVP _____
- Mammography
 - _____ Screen _____ Diagnostic
 - _____ Left _____ Right _____ Bilateral
- Bone Density

Cardiac Services

- Stress Test/Thallium _____
- Venous _____
- ECG _____
- Echo _____
- Carotid _____
- Arterial _____
- Holter Monitor Tilt Table

Labor & Delivery

- NST
- Bio-physical profile
- Amniocentesis

General Radiology

Pulmonary/Neurodiagnostics

- ABG/Oximetry RA O2 _____
- PFT – Spiro B&A LV CO DIF
- EEG (Routine) or type _____
- EMG / NCV _____
- Evoked Potentials
 - Visual Auditory Brainstem
 - Somatosensory
 - Upper Lower

Endoscopy

- GI Lab _____
- Flex Sig _____
- Flex Sig/Barium Enema _____
- Urology _____

Other Services