St Vincents / Optimal Imaging Radiology Downtime Requisition

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER

Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Accession:		Patient	Status:	Oı	itpatient	Inpatient	ER Patient
Ordering Clinician:							
Last Name: First Name: Middle Initial: Exam Ordered:					Date of	Birth:	
					MMI/MRN:		
				Room Number:			
				Order Date:			
Modality: CT	MR	US	XR	NN	и мо	G DX	IR
Order Priority:	STAT	AS	AP	Routine		Portable	
Transport:	nsport: Walk Wheelch		lchair	Stre	tcher/Bed	Isolation	Oxygen
Date/Time Performed:				Tech Initials:			
If ordered with IV Cont	rast:						
Cr/GFR:	IV Size:		Allerg	ies:			
Downtime Recovery:				Billing Checklist:			
Real Accession:					Driver's L	icense - Name, DO	B, Address
☐ Ordered in Cerner (correct date/time)					Insurance	Card - Insurance In	fo
☐ Completed in Cerner (correct date/time)					Hospital Location & Patient Status (see above)		
□ Correct MMI					Finalized Dictation		
☐ Correct Exam Description					Authoriza	tion (if outpatient)
☐ Images Moved							
☐ PACS - Edited, Work Listed, Exported							
☐ Documents Scanned							
☐ Dictation Migrat	ed						