St Vincents / Optimal Downtime Imaging 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

Patient & Order Information (Completed by Ordering Provider) **Last Name:** First Name: MI: Date of Birth: **MMI/MRN:** Room: **Exam Ordered: Exam Modality:** XR CTUS **MRI** NM IR **MAMMO DEXA Exam Indication: Order Date: Ordering Provider: Order Priority: STAT ASAP** Routine **Portable Transport:** Walk Wheelchair Stretcher **Isolation** Oxygen **Exam Information** (Completed by Technologist) **Clinical History: Technologist: Date/Time:** If ordered with IV Contrast: IV Size/Location: Contrast Allergy: YES NO GFR: Exam Findings (Completed by Radiologist) no acute findings (only applies if circled) **Date/Time: Radiologist: Downtime Recovery** (Completed by Technologist) Accession: ☐ Correct MMI ☐ Documents Scanned ☐ Ordered Cerner (correct date/time) ☐ Correct Exam Description ☐ Dictation Migrated ☐ Completed Cerner (correct date/time) ☐ Images Moved ☐ PACS - Edited, Work Listed, Exported Form Revised/Reviewed 1/2025

Form No MI-0675

Tech Wrksht - "Downtime Imaging Requisition"