

**Fax This Form To: (937) 522-8000 Physician Line: (937) 384-3888** if Stat or with Questions Date Needed: \_\_\_\_\_

## ALL FIELDS REQUIRED

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Method of Contact: ☐ H: \_\_\_\_\_ ☐ W: \_\_\_\_\_ ☐ C: \_\_\_\_\_ ☐ E-mail: \_\_\_\_\_  
(check preferred)

ICD10 Codes & written diagnosis(es): \_\_\_\_\_ Sex: ☐ Male ☐ Female

Patient Insurance: \_\_\_\_\_ Precertification #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ /Location \_\_\_\_\_ If Not Required – Initials: \_\_\_\_\_

SPECIAL NOTES / ETC: \_\_\_\_\_ Today's Date: \_\_\_\_\_

LAB			BREAST	
<input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> BUN/Urea Nitrogen <input type="checkbox"/> CBC Complete Blood Count <input type="checkbox"/> w/ Diff <input type="checkbox"/> w/o Diff <input type="checkbox"/> Comprehensive Metabolic Panel <input type="checkbox"/> Creatinine Blood	<input type="checkbox"/> Electrolyte Panel <input type="checkbox"/> Glucose Random <input type="checkbox"/> Hemoglobin A1C <input type="checkbox"/> Hepatic Function Panel <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> urine <input type="checkbox"/> serum	<input type="checkbox"/> PT/prothrombin time/INR <input type="checkbox"/> PTT/Partial Thromboplast Time <input type="checkbox"/> Anti-Xa <input type="checkbox"/> Renal Panel <input type="checkbox"/> TSH (Thyroid Stim. Hormone) <input type="checkbox"/> Urinalysis Routine <input type="checkbox"/> w/Micro <input type="checkbox"/> w/o	<input type="checkbox"/> Culture, Source _____ <input type="checkbox"/> Other Lab: _____   	<input type="checkbox"/> Breast <input type="checkbox"/> Lt <input type="checkbox"/> Rt <input type="checkbox"/> Bilateral <input type="checkbox"/> Breast Specific Gamma Imaging (Soin Only) <input type="checkbox"/> DEXA Scan/Osteoporosis Scan <input type="checkbox"/> Vertebral Fracture Scan <input type="checkbox"/> Mammogram <input type="checkbox"/> Screen <input type="checkbox"/> Lt <input type="checkbox"/> Rt <input type="checkbox"/> Bilateral <input type="checkbox"/> 3D/Tomo <input type="checkbox"/> Diag <input type="checkbox"/> Lt <input type="checkbox"/> Rt <input type="checkbox"/> Bilateral <input type="checkbox"/> Other _____

RADIOLOGY			
<input type="checkbox"/> Angiogram (Call to schedule) <input type="checkbox"/> Arthrogram <input type="checkbox"/> Left <input type="checkbox"/> Right Body Part _____ <input type="checkbox"/> Barium Enema <input type="checkbox"/> w/air <input type="checkbox"/> Barium Swallow <input type="checkbox"/> Chest Xray <input type="checkbox"/> p/a lat <input type="checkbox"/> IVP <input type="checkbox"/> Cystogram <input type="checkbox"/> Voiding <input type="checkbox"/> DEXA Scan	<input type="checkbox"/> Fluoro/other _____ <input type="checkbox"/> Plain Films _____ Body Part _____ <input type="checkbox"/> Small Bowel Follow Through <input type="checkbox"/> Upper GI <input type="checkbox"/> w/air <input type="checkbox"/> Video Esophagram <input type="checkbox"/> w/ Speech Therapist	<input type="checkbox"/> CTA Scan of _____ <input type="checkbox"/> CT Scan of _____ <input type="checkbox"/> w/o IV Contrast <input type="checkbox"/> w/ IV Contrast <input type="checkbox"/> Also include Oral Contrast with above <input type="checkbox"/> Oral Contrast only <input type="checkbox"/> iLogic CT <input type="checkbox"/> Low Dose CT <input type="checkbox"/> 3D Reconstruction <input type="checkbox"/> MRI of _____ <input type="checkbox"/> w & w/o Contrast <input type="checkbox"/> w/o Contrast	<input type="checkbox"/> Perfusion w & w/o Contrast <input type="checkbox"/> MRA of _____ <input type="checkbox"/> w/ Contrast <input type="checkbox"/> w/o Contrast <input type="checkbox"/> Needle BX/Aspiration of _____ <input type="checkbox"/> CT Guided <input type="checkbox"/> Ultrasound Guided <input type="checkbox"/> Drainage of _____ <input type="checkbox"/> CT Guided <input type="checkbox"/> Ultrasound Guided <input type="checkbox"/> Mammogram <input type="checkbox"/> Screen <input type="checkbox"/> Lt <input type="checkbox"/> Rt <input type="checkbox"/> Bilateral <input type="checkbox"/> Other _____

EKG		NUCLEAR MEDICINE	
<input type="checkbox"/> 2D Echo Complete 2D, color-flow, Doppler <input type="checkbox"/> Stress Echo Treadmill <input type="checkbox"/> Stress Echo Dobutamine <input type="checkbox"/> EKG <input type="checkbox"/> Holter Monitor <input type="checkbox"/> 24 hrs <input type="checkbox"/> 48 hrs	<input type="checkbox"/> Exercise Nuclear Stress <input type="checkbox"/> Chemical Nuclear Stress <input type="checkbox"/> Lexiscan <input type="checkbox"/> Dobutamine <input type="checkbox"/> Treadmill Regular (Non-Imaging) <input type="checkbox"/> Tilt Table <input type="checkbox"/> Other _____	<input type="checkbox"/> Gallbladder <input type="checkbox"/> w/ CCK <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Bone Scan of <input type="checkbox"/> 3 Phase <input type="checkbox"/> Whole Body Body Part _____ <input type="checkbox"/> Liver/Spleen SPECT <input type="checkbox"/> Lung VQ Scan <input type="checkbox"/> w/ Quant. <input type="checkbox"/> Parathyroid Scan <input type="checkbox"/> w/ Spect 78072	<input type="checkbox"/> Indium WBC <input type="checkbox"/> w/ Bone Marrow <input type="checkbox"/> Liver Hemangioma <input type="checkbox"/> Renal Scan/Renogram <input type="checkbox"/> Captopril <input type="checkbox"/> Lasix <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Uptake Labs Required T3 - T4 - TSH <input type="checkbox"/> Wall Motion/Muga Scan <input type="checkbox"/> Other _____

VASCULAR	GENERAL	EEG	PULMONARY	PET SCANS
<input type="checkbox"/> Abd Aorta <input type="checkbox"/> SMA <input type="checkbox"/> Carotid <input type="checkbox"/> Renal Artery Peripheral exam of: <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Arterial Duplex <input type="checkbox"/> Graft/Stent <input type="checkbox"/> ABI <input type="checkbox"/> Arterial Physiologic (bilateral only) <input type="checkbox"/> Venous Duplex (DVT) <input type="checkbox"/> Venous Reflux Study <input type="checkbox"/> Other _____	<input type="checkbox"/> ABD <input type="checkbox"/> RUQ <input type="checkbox"/> Complete <input type="checkbox"/> Renal <input type="checkbox"/> Pelvis: <input type="checkbox"/> TV Only <input type="checkbox"/> TA Only <input type="checkbox"/> TA & TV <input type="checkbox"/> OB: <input type="checkbox"/> TV <input type="checkbox"/> Anatomy Scan <input type="checkbox"/> Limited Specify: _____ <input type="checkbox"/> Thyroid <input type="checkbox"/> Scrotal <input type="checkbox"/> Nonvasc Ext: <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R Specify: _____ <input type="checkbox"/> Other _____	Ambulatory EEG <input type="checkbox"/> 24-hr <input type="checkbox"/> 48-hr <input type="checkbox"/> 72-hr <input type="checkbox"/> Visual Evoked Response (VER) <input type="checkbox"/> Sleep Deprived EEG <input type="checkbox"/> w/NP leads <input type="checkbox"/> Standard EEG <input type="checkbox"/> Other _____	<input type="checkbox"/> ABG <input type="checkbox"/> Rest <input type="checkbox"/> Exercise <input type="checkbox"/> Room Air <input type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> Complete PFT <input type="checkbox"/> Spirometry <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Pulmonary Rehab <input type="checkbox"/> 6 min. walk <input type="checkbox"/> Other _____	<input type="checkbox"/> To schedule, contact department at <b>KMC (937) 395-8588</b> <b>FHH (513) 867-2382</b> <b>SOIN (937) 395-8588</b> <b>DIETARY</b> <input type="checkbox"/> Dietary/Nutrition Therapy Use Diet referral - from Central Scheduling

Physician Name: \_\_\_\_\_ **Physician Signature:** (original only) \_\_\_\_\_

Physician Address: \_\_\_\_\_

Office Scheduler: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

OUTPATIENT FACILITIES	NETWORK HOSPITALS
<input type="checkbox"/> Beavercreek Health Center (BHC) <input type="checkbox"/> Beavercreek HealthPark (BHP) <input type="checkbox"/> Cassano Health Center <input type="checkbox"/> Cornerstone Medical Center (CMC) <input type="checkbox"/> Corwin Nixon Health Center - Lebanon <input type="checkbox"/> Dayton Medical Imaging - Vandalia <input type="checkbox"/> Englewood Health Center (EHC) <input type="checkbox"/> Greene Memorial Hospital - Fairborn <input type="checkbox"/> Huber Health Center (HHC) <input type="checkbox"/> KBEC - Lincoln Park <input type="checkbox"/> Kettering Health Network Middletown	<input type="checkbox"/> Kettering Imaging Center - Lincoln Park <input type="checkbox"/> Kettering Imaging Center - South <input type="checkbox"/> Kettering Cancer Center <input type="checkbox"/> Preble County Medical Center (PCMC) <input type="checkbox"/> Soin Family Practice Center <input type="checkbox"/> Springboro Health Center <input type="checkbox"/> Springfield Health Center <input type="checkbox"/> Sugarcreek Health Center (SHC) <input type="checkbox"/> Xenia Health Park <input type="checkbox"/> Yankee Medical Center (YMC)

☐ Fort Hamilton Hospital (FHH)  
☐ Grandview Medical Center (GVMC)  
☐ Greene Memorial Hospital (GMH)  
☐ Soin Medical Center (SOIN)  
☐ Kettering Medical Center (KMC)

☐ Southview Medical Center (SVMC)  
☐ Sycamore Medical Center (SMC)  
☐ Location Nearest to Patient's Home  

**(Not all procedures are available at all sites)**  
**ALL ADDRESSES SHOWN ON REVERSE SIDE**

Medical Imaging Facilities and Services	Lab	CT	MRI	Xray	PET	Ultra-sound	Dexa	Breast MRI	Mammo Digital	Nuclear Medicine	Echo Ultra-sound	Vascular Ultra-sound	Calcium Scoring	Facility Numbers
Beavercreek Health Center 2510 Commons Boulevard, Beavercreek	✓	✓	✓	✓		✓					✓	✓		P (937) 558-3001 F (937) 558-3008
Beavercreek Health Park 3371 Kemp Road, Beavercreek	✓			✓										P (937) 458-4400 F (937) 458-4419
Cornerstone Medical Imaging 7740 Washington Village Drive, Centerville						✓	✓		✓* 3D					P (937) 439-7420 F (937) 439-7449
Corwin M. Nixon Health Center 1470 N. Broadway, Lebanon	✓	✓		✓										P (513) 696-1200 F (513) 696-1211
Dayton Medical Imaging 113 W. National Road, Vandalia		✓	✓	✓		✓	✓		✓* 3D			✓		P (937) 898-9729 F (937) 898-5615
Englewood Health Center 1250 W. National Road, Clayton	✓	✓		✓		✓						✓		P (937) 832-3300 F (937) 836-7171
Fort Hamilton Hospital 630 Eaton Avenue, Hamilton	✓	✓	OPEN	✓	✓	✓	✓	✓	✓* 3D	✓	✓	✓	✓	P (513) 867-2496 F (513) 867-2836
Grandview Medical Center 405 W. Grand Avenue, Dayton	✓	✓	OPEN BORE	✓		✓			✓* 3D	✓	✓	✓	✓	P (937) 723-3270 F (937) 723-3273
Greene Memorial Hospital 1141 N. Monroe Drive, Xenia	✓	✓	✓	✓		✓	✓		✓* 3D	✓	✓	✓		P (937) 352-2050 F (937) 352-3050
Greene Memorial Hospital - Fairborn 1045 Channingway Drive, Fairborn	✓			✓										P (937) 458-4335 F (937) 458-4336
Huber Health Center 8701 Old Troy Pike, Huber Heights	✓	✓	✓	✓		✓	✓	✓	✓* 3D			✓	✓	P (937) 558-3320 F (937) 558-3322
Kettering Breast (KBEC) Lincoln Park 580 Lincoln Park Boulevard, Kettering									✓* Suite 200					P (937) 299-0099 F (937) 522-8750
Kettering Cancer Center 3700 Southern Boulevard, Kettering						✓			✓* 3D					P (937) 299-0099 F (937) 522-8750
Kettering Health Network Middletown 6147 State Route 122, Middletown		✓	✓	✓		✓		✓		✓	✓			P (513) 261-3420
Kettering Imaging Center - Lincoln Park 540 Lincoln Park Boulevard, Kettering		✓		✓		✓	✓					✓	✓	P (937) 299-0900 F (937) 297-6303
Kettering Imaging Center - South 5692 Far Hills Avenue, Kettering				✓										P (937) 643-9299 F (937) 643-9410
Kettering Medical Center 3535 Southern Boulevard, Kettering	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	P (937) 395-8627 F (937) 395-8343
Preble County Medical Center 450-B Washington-Jackson Road, Eaton	✓	✓	✓	✓		✓	✓		✓* 3D		✓	✓	✓	P (937) 456-8306 F (937) 456-8307
Soin Family Practice Center 2145 N. Fairfield Rd., Suite 110, Beavercreek	✓			✓										P (937) 558-3930 F (937) 558-3935
Soin Medical Center 3535 Pentagon Boulevard, Beavercreek	✓	✓	OPEN BORE	✓	✓	✓	✓*	✓	✓* 3D	✓	✓	✓	✓	P (937) 702-4200 F (937) 702-4209
Southview Medical Center 1997 Miamisburg-Centerville Road, Centerville	✓	✓	✓	✓		✓	✓	✓	✓* 3D	✓	✓	✓	✓	P (937) 401-6205 F (937) 401-6129
Springboro Health Center 825 N. Main Street, Springboro	✓			✓		✓						✓		P (937) 762-5015 F (937) 762-5019
Springfield Health Center 2100 Emmanuel Way, Springfield		✓	✓	✓		✓						✓		P (937) 504-0150 F (937) 504-0159
Sugarcreek Health Center 6438 Wilmington Pike, Centerville	✓	✓	✓	✓		✓	✓		✓* 3D			✓		P (937) 558-3802 F (937) 558-3808
Sycamore Medical Center 4000 Miamisburg-Centerville Road, Miamisburg	✓	✓	OPEN BORE	✓		✓	✓*	✓	✓* 3D	✓	✓	✓	✓	P (937) 384-8777 F (937) 384-8743
Victor J. Cassano Health Center 165 Edwin C. Moses Boulevard, Dayton	✓			✓										P (937) 558-0200 F (937) 558-0201
Xenia Health Park 50 N. Progress Drive, Xenia	✓			✓										P (937) 352-2070 F (937) 352-3070
Yankee Medical Center 7677 Yankee Street, Centerville			OPEN											P (937) 401-6503 F (937) 401-6524

**\*For KBEC locations & services, call (937) 299-0099. KBEC orders can be faxed to (937) 522-8750.**

- Direct on-site scheduling available at various locations
- Pre-authorization is required for certain exams
- Call locations for specific hours of operation.