



UNIVERSITY RADIOLOGY INTERVENTIONAL & NEUROINTERVENTIONAL
RADIOLOGY CLINIC CONSULT REQUEST

Phone: (865) 558-0225
Fax: (865) 540-3857

Patient Name: _____ UT Cerner MRN: _____

DOB: _____ SSN: _____ Home/Cell Phone: _____

Consultation Request

Request Consultation for: _____

Ordering Physician: _____ Physician Signature: _____

Physician Phone: _____ Physician Fax: _____

Please include the Following Information as Part of Your Request

- Copy of Insurance Card
- Recent History and Physical
- Last two chart notes
- Current lab work
- Radiology Discs & Reports (Select only what you have)
 - CT SCAN Date of Most Recent: _____
 - MRI Date of Most Recent: _____
 - Ultrasound Date of Most Recent: _____
 - X-Ray Date of Most Recent: _____
 - Other Date of Most Recent: _____
- Only radiology reports have been sent. University Radiology will need to request images from the patient.
- Records are in Cerner/PowerChart (must have MRN)

****Please Fax Back Completed Form and Attachments to (865) 540-3857****

University Radiology Interventional Radiology Clinic will follow up directly with your patient to schedule the date and time of their consultation. If there is a conflict on the date requested, our office will schedule a new date and time according to your patient's availability and will inform your office of the change.

All relevant information regarding your patient's condition must be faxed within 72 hours of their consultation to ensure adequate time for review by the Interventional Radiologist. If the information has not been received in the requested time frame, we may have to re-schedule.

Some Interventional Radiology procedures will require imaging procedures performed within a certain period of time. There may be a need to request additional imaging depending on how recent your patient's last exam was performed.

For Office Use Only:

Appointment Date/Time: _____ Provider: _____

