MUNSON HEALTHCARE

Form #11651 (01/17)

11651

URGENT
ANESTHESIA ORDER for RADIOLOGY PROCEDURE

ATTN: DATE:

PLEASE COMPLETE THIS FORM

THIS FORM IS REQUIRED FOR ALL RADIOLOGY PROCEDURES WITH ANESTHESIA

FAX COMPLETED FORM **AND THE PATIENT'S H&P** TO: **231-935-3473**

PLEASE NOTE: *IF THE REQUESTED INFORMATION IS NOT RECEIVED 4 DAYS PRIOR TO THE SCHEDULED PROCEDURE DATE, THE PROCEDURE WILL BE CANCELLED.*

Call 231-935-7200 if you need additional information.

PATIENT INFORMATION

Patient Name: Date of Birth:

Planned Radiology Procedure:

Ordering Provider:

PHYSICIAN'S ORDER

☐ Procedure with anesthesia

Provider's Name (printed): Date: Time:

Provider's Signature:

FOR RADIOLOGY DEPARTMENT USE ONLY

OR Confirmation # Verified by: