

LOMA LINDA UNIVERSITY

MEDICAL CENTER

RADIOLOGY REQUEST FORM Diagnostic

Patient's Name (Last, First)	Date of Birth			
Patient's Phone Number	Weight	Weight		
List Any Allergies	Diabetic	Yes	No	
Symptoms/Reason for Exam	ICD-10 Code(s)			

**PLEASE NOTE:** Procedures will NOT be performed without a complete and signed order.

HEAD AND NECK	CHEST, ABDOMEN AND PELVIS
	GI/GU
UPPER EXTREMITIES	
	LOWER EXTREMITIES
SPINE	
	SPECIAL/MISCELLANEOUS

Ordering Provider (Print Name and Title)	NPI#	
Signature (Required)	Phone	
Date	Fax	

Please FAX the completed form to 909-558-0141, then call to schedule appointment at 909-558-5533, option 3.

You can place orders and view results faster using llucarelink.org. Learn more at: http://lluhconnection.org/loma-linda-university-health-carelink.