Primary Children's Medical Center
A Service Of Intermountain Health Care
100 North Medical Drive, SLC, UT 84113

Utah Department of Health – Treatment and Care Services Program/TB Control
X-Ray Request Form

Child's Name:_____DOB:_____Sex: M F

Public Health Nurse:_____County:_____

Phone Number:_____Fax Number:_____

Type of Test: 2-View Chest X-Ray *(Initial)* 1-View Chest X-ray *(Follow-up)* Other_____

Medical Sign, Symptoms and/or Diagnosis:_____

_____

Dear Parent/Legal Guardian:

In order to ensure the services you receive are billed and handled correctly, we have outlined a few instructions for you below:

1. Park in the South parking lot at Primary Children's Medical Center. The Outpatient Registration desk is on the first floor of the hospital, just inside the South entrance. The hours for Outpatient Registration are 7:00 AM – 5:30 PM, Monday through Friday.

2. Please present this form (which should have been completed by the Public Health Nurse) to the admitting staff at Primary Children's Medical Center.

3. The admitting staff at the Outpatient Registration desk will collect information from you.

4. You will also be asked to sign consent forms.

5. Once our staff has collected the registration information, this form will be returned to you. You will then take this form to the Medical Imaging/X-ray Department located on the first floor, down the hall from the Outpatient Registration area.

6. At the Medical Imaging/X-ray Department, hand this form to the staff. The appropriate chest x-ray will be given. You do not need to wait for the results of the test. Results will be given directly to the Public Health Nurse at the County Health Department.

BE SURE TO TAKE THIS FORM WITH YOU WHEN YOU REGISTER!

FOR <u>REGISTRATION</u> USE ONLY: When you receive this form, register the patient as usual. ***Use Carrier Code 6248 (Utah Dept of Health) as the Primary Payor of Account.***

Revised: Jan 2016