



Advanced Imaging Centers Patient Transfer Information

Patient transfer checklist

To be completed by referring facility prior to patient transfer

- Photo ID
- Signed script or physician orders
- Medical insurance information (photocopy of card or ID numbers)
- Insurance authorization information
- BUN/Creatinine (drawn in the past six weeks)
- Patient ambulatory: yes | no
- Patient assistant needs: walker/wheelchair
- Demographics
- History
- Patient height: _____ ft., _____ in.
- Patient weight: _____ lbs.
- Medication list (including date/time and last dose given)
- Iodine allergies: yes | no If yes, describe reaction.

- Diabetes: yes | no
- Renal failure: yes | no
- Dialysis: yes | no

Patient post-exam information

To be completed by Advanced Imaging Centers and returned with patient

Exam type: _____

Date/time: _____

IV contrast: _____ Dose: _____

IV site: _____ Manual injection/pressure injection

Technologist: _____

Post-exam instruction/additional comments:
