

# DIAGNOSTIC IMAGING Exam Order Form

(See reverse side for addresses and maps.)

### PATIENT INFORMATION

Patient Name \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
 DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Diagnosis & Symptoms - *Required* \_\_\_\_\_

Call Patient to Schedule  Patient will Call  Confirm order has been received by:  Fax  Phone

ICD-10 # - *Required* \_\_\_\_\_

Insurance \_\_\_\_\_

ID/Claim # \_\_\_\_\_

Authorization # \_\_\_\_\_

Is exam due to an injury?  Yes  No

Date of Injury \_\_\_\_\_

### REQUIRED FOR ALL CT & MRI EXAMS WITH CONTRAST *Except For Arthrograms*

- Patients with the following indications require Creatinine lab prior to contrast exams.  NONE APPLY.
  - Age >60  Multiple Myeloma  Hypertension Needing Medication
  - CHF  Chemotherapy  Prior Contrast within 72 Hours
  - Diabetes  Currently on IV Antibiotics  Renal Disease - *incl. Transplant, Cancer, Resection*
- Patients meeting above criteria having contrast exams require Creatinine Lab within past 30 days. CHECK ONE:*
  - Date of Recent Creatinine Test \_\_\_\_\_ BUN \_\_\_\_\_ CREATININE \_\_\_\_\_
  - Site to Perform Creatinine Test via ISTAT as Needed. *Not Available at Redmond Location.*
- IV Contrast: Please circle below with exam. Previous Contrast Reaction  Yes  No

### NUCLEAR MEDICINE

- Bone Scan - Whole Body
- Bone Scan - 3 Phase
- HIDA
- Gastric Emptying
- Thyroid Uptake Scan
- SPECT CT
- Body Part \_\_\_\_\_
- \_\_\_\_\_

### MRI SCAN *Circle Desired Contrast*

- Brain **WO** **W/WO** PRN
- Abdomen **WO** **W/WO** PRN
- Cervical Spine **WO** **W/WO** PRN
- Thoracic Spine **WO** **W/WO** PRN
- Lumbar Spine **WO** **W/WO** PRN
- Pelvis **WO** **W/WO** PRN
- Breast **WO** **W/WO** PRN
- Breast Silicone Implant Eval. - *WO/Contrast*
- Extremity **WO** **W/WO** PRN

Indicate Body Part \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ BIL

Arthrogram to Include Contrast Injection

Indicate Joint \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ BIL

\_\_\_\_\_ **WO** **W/WO** PRN

### CT SCAN *Circle Desired Contrast*

- Abdomen **WO** **W/WO** PRN
- Chest **WO** **W** PRN
- Pelvis **WO** **W** PRN
- Chest/Abdomen/Pelvis **WO** **W** PRN
- Chest/Abdomen **WO** **W** PRN
- Abdomen/Pelvis **WO** **W/WO** PRN
- Head **WO** **W/WO** PRN
- Soft Tissue Neck **WO** **W** PRN

- Chest Angio PE - *IV Contrast Mandatory*
- Chest Angio Aorta - *IV Contrast Mandatory*
- Abdomen/Pelvis Angio - *IV Contrast Mandatory*
- Myelogram to Include Injection
  - Cervical  Thoracic  Lumbar
- Extremity **WO** **W** PRN

Indicate Body Part \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ BIL

Circle if: **MAKO** or **CONFORMIS**

\_\_\_\_\_ **WO** **W/WO** PRN

### BONE DENSITOMETRY/DXA

- Z13.820 - *Screening for Osteoporosis*
- M85.9 - *Disorder of bone density and structure, unspecified*
- M85.10 - *Age-related osteoporosis without current pathological fracture*
- \_\_\_\_\_

### ULTRASOUND

- Abdomen Complete
- Abdomen- RUQ only
- Pelvis - *Transvaginal & Transabdominal*  w/Doppler
- Pelvis - *Transvaginal Only*  w/Doppler
- Pelvis - *Transabdominal Only*  w/Doppler
- Renal
- Thyroid
- LOWER Venous Doppler **R** **L** **BIL**
- UPPER Venous Doppler **R** **L** **BIL**
- Carotid Doppler
- OB - *First Trimester, Up to 11 Weeks: Transvaginal & Transabdominal*
- Scrotum  w/Doppler
- \_\_\_\_\_

### XRAY

- Chest - *PA and LAT*
- Abdomen  1 View  2 View
- Spine
  - Cervical  Thoracic  Lumbar
- Pelvis
- Metastatic Bone Survey
- Hip **R** **L** **BIL**
- Extremity \_\_\_\_\_ **R** **L** **BIL**
- Fluoro/Injection \_\_\_\_\_
- \_\_\_\_\_

### REPORT/FILM/CD REQUEST

- ROUTINE  Call Report # \_\_\_\_\_
- STAT  Fax Report # \_\_\_\_\_
- Call Report/Patient Waiting
- Patient to Return with CD
- CC Report to Another Doctor: \_\_\_\_\_

### REFERRING DOCTOR

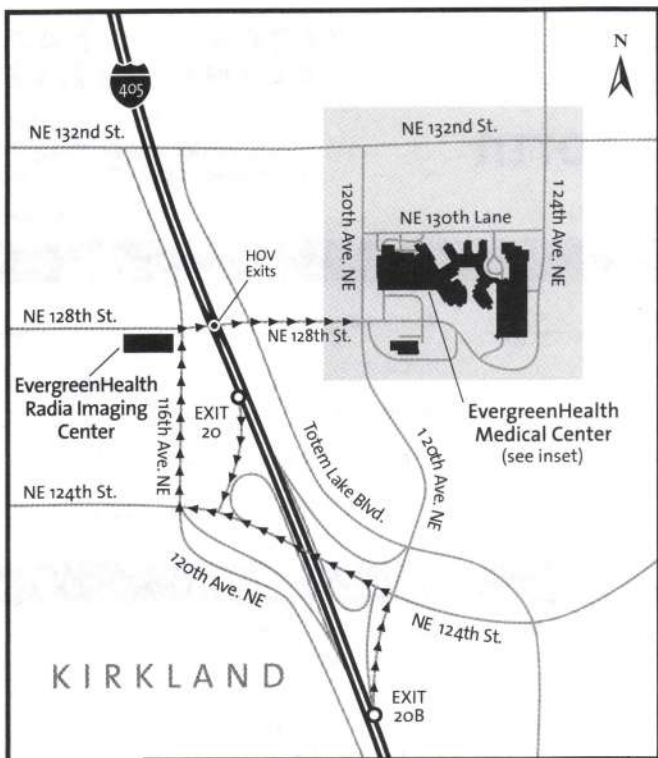
Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature - *Required* \_\_\_\_\_ Date - *Required* \_\_\_\_\_

### NOTES

\_\_\_\_\_

\_\_\_\_\_



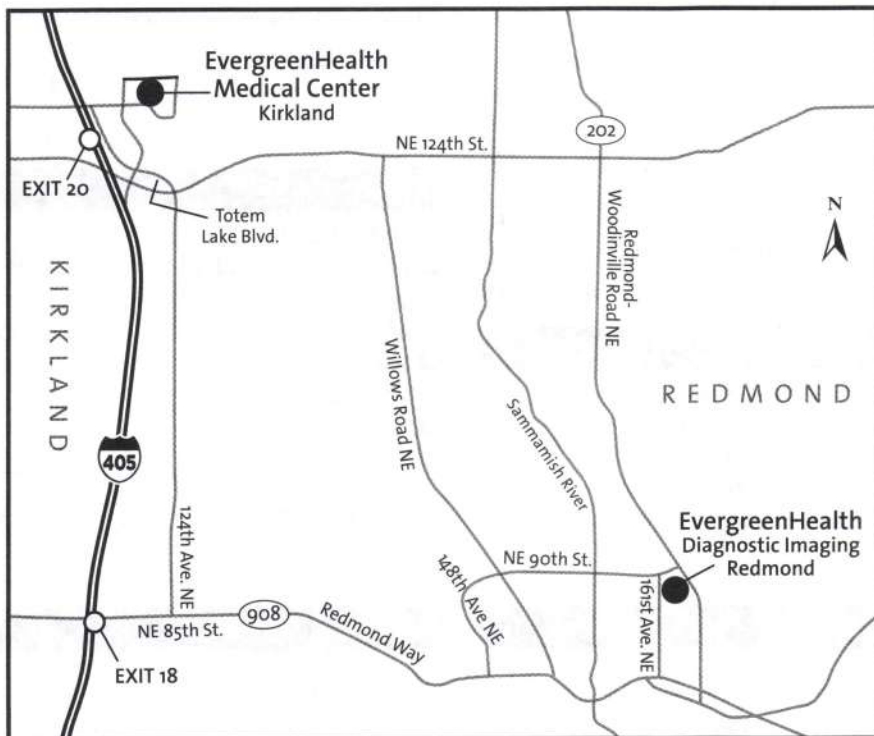
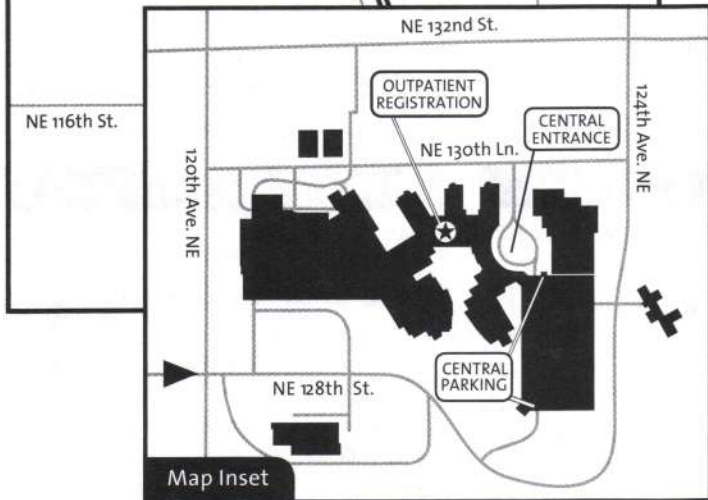
## KIRKLAND

### EvergreenHealth Medical Center Diagnostic Imaging - Kirkland

425.899.2831  
12040 NE 128th St.  
Kirkland, WA 98034

### Evergreen Radia Imaging Center

425.952.6100  
866.748.7226 (toll-free)  
11521 NE 128th St., Suite 200  
Kirkland, WA 98034



## REDMOND

### EvergreenHealth Diagnostic Imaging - Redmond

425.895.4810  
8980 161st Ave. NE, Suite 340  
Redmond, WA 98052