

LAST		FIRST	
Cell/Home Phone	Work Phone	DOB	MRN#
Weight/Height	Allergies	Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO	

EXAM

DX Code:	Description
<input type="checkbox"/> MRI	
<input type="checkbox"/> CT	
<input type="checkbox"/> X-ray	
<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Nuc Med (non-cardiac)	
<input type="checkbox"/> Mammography	
<input type="checkbox"/> Fluoroscopy	
<input type="checkbox"/> Bone density	
<input type="checkbox"/> Other:	
	<input type="checkbox"/> Left <input type="checkbox"/> Right

CONTRAST

<input type="checkbox"/> With
<input type="checkbox"/> Without
<input type="checkbox"/> With and Without
<input type="checkbox"/> As indicated by radiologist

CONTRAST INFORMATION

If allergic to contrast or iodine, patient will need pre-exam / procedure prep.

Call 206.860.5496

Will need Creatinine (<30 days) IF:

<input type="checkbox"/> Diabetic
<input type="checkbox"/> Kidney disease
<input type="checkbox"/> >60 years old
<input type="checkbox"/> Chemotherapy in past 30 days
<input type="checkbox"/> Multiple myeloma or other hyperproteinemia
<input type="checkbox"/> Myocardial dysfunction w/renal hypo perfusion

Creatinine Level: _____

Date Drawn: _____

PRIOR / COMPARISON

<input type="checkbox"/>	Please list date and facility if there are any relevant prior imaging studies

INDICATION/CLINICAL DATA

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Authorization required prior to scheduling for all CT and MRI studies by Referring office: _____

Authorization number: _____

Authorization date: _____

REPORT/IMAGE REQUEST

<input type="checkbox"/>	Routine
<input type="checkbox"/>	Urgent (<2 hour report)
<input type="checkbox"/>	Stat (<30 minute report)
<input type="checkbox"/>	Stat Call report Phone: _____
<input type="checkbox"/>	Give patient CD
<input type="checkbox"/>	Patient to wait until report is called/patient back to office

REFERRING PROVIDER/NPI #

Name _____

Specialty _____

Phone _____

Physician signature _____

NPI# _____