

EVERGREENHEALTH RADIA IMAGING CENTER

Scheduling: 425.899.2831
 EvergreenHealth Radia Fax: 425.952.6150
 EvergreenHealth Radia Phone: 425.952.6100

www.radiax.com
 (See reverse side for address, map and directions)



Scheduling: 425.899.2831
 Fax: 425.899.2828
www.evergreenhealth.com/imaging
 (See reverse side for address, map and directions)

Call patient to schedule Patient will call Confirm that order has been received by: Fax Phone

PATIENT INFORMATION

Patient Name _____ Date of Birth _____
Last First MI
 Patient Primary Phone _____ Secondary Phone _____
 Insurance _____ Auth/Claim # _____ Date of Injury _____

REQUIRED INFORMATION

Specific area of interest _____

 Reason for Exam / Signs & Symptoms _____

 Clinical question _____

 Diagnosis _____

EXAM REQUESTED

X-Ray _____
 Ultrasound _____ Doppler
 Complete pelvis (transabdominal & transvaginal scans)
 Transvaginal ultrasound Transabdominal Ultrasound
 CT _____
 MRI _____
Does patient have:
 Aneurysm clip? Yes No
 Metal in eyes? Yes No
 Pacemaker? Yes No
 Other implanted electronic devices? Yes No Specify _____
 Is patient claustrophobic? Yes No
 ECHO _____
 Bone Densitometry (DXA) _____
 Nuclear Medicine _____
 PET CT _____
 Barium Studies _____
 Arthrogram _____
 Myelogram with CT to follow Cervical Thoracic Lumbar
 Additional 3D Post Processing _____
 Type _____
 Other _____
 Please use Interventional Radiology Order Form for all IR Procedures

RECENT LAB WORK

Answer questions in this box for CT and/or MRI with contrast. i STAT Labs

IV Contrast? Yes No PRN Creatinine _____ Date _____

Previous Contrast Reaction? Yes No BUN _____ Date _____

A creatinine within 30 days is required if patient has...

Diabetes? Yes No
 Renal Disease? Yes No
 Age > 60? Yes No

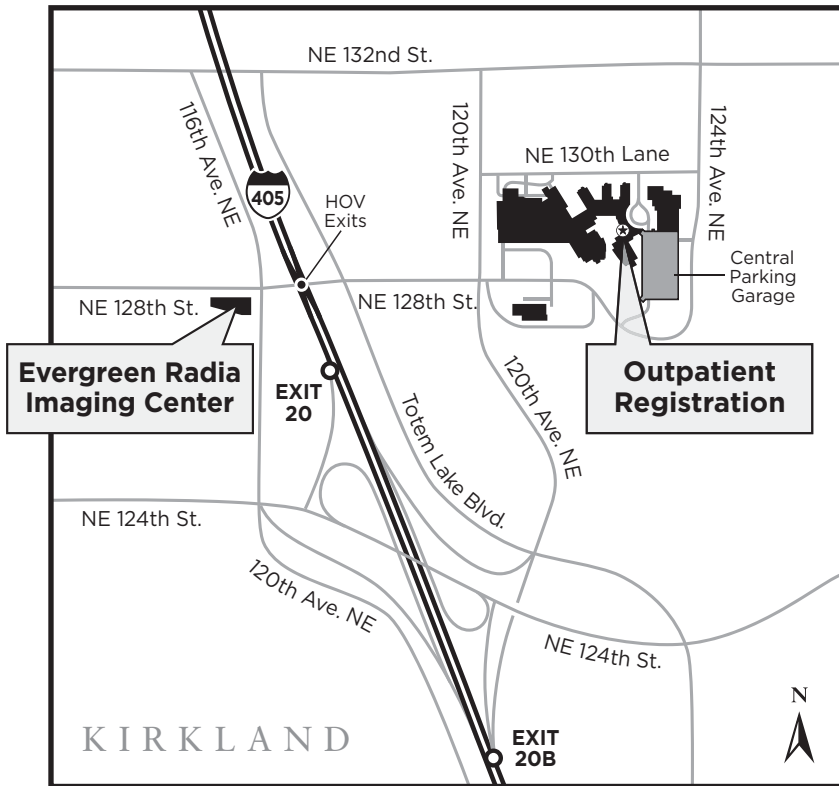
REPORT/FILM/CD REQUEST

Routine Call Report # _____ Call Report/Patient Wait Patient to return with CD
 STAT Fax Report # _____ Other _____

REFERRING DOCTOR

Name _____ Date _____
 Phone _____
 Fax _____
 Date of next appt with referring Dr. _____ Signature _____
 Referring Provider Line: 1.855.371.0425 (Signature and Date Required)

Diagnostic Imaging Locations



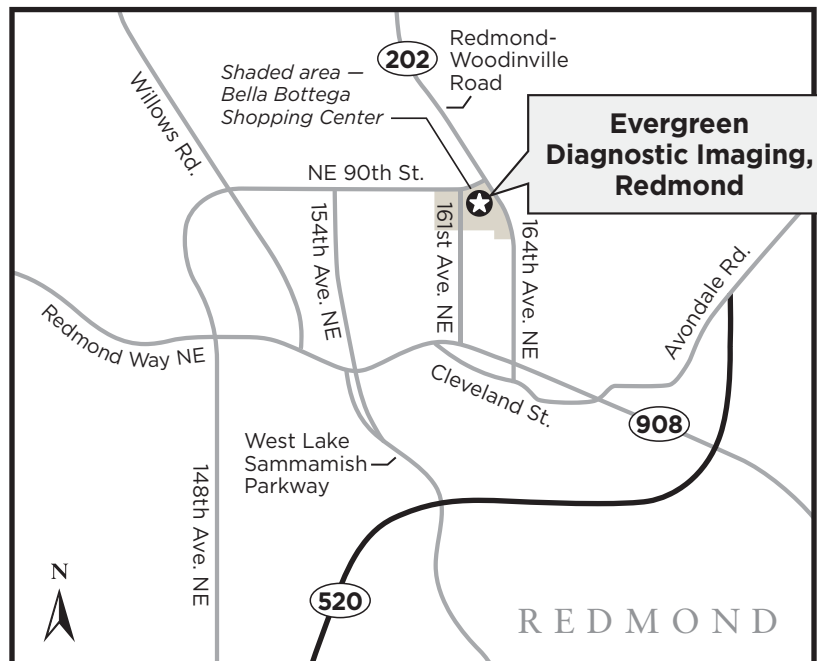
KIRKLAND

EvergreenHealth Medical Center Diagnostic Imaging

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

Evergreen Diagnostic Imaging, Redmond

425.895.4810
EvergreenHealth Medical Center - Redmond
8980 161st Ave. NE, Suite 340
Redmond, WA 98052