

# EVERGREENHEALTH RADIA IMAGING CENTER

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

[www.radiax.com](http://www.radiax.com)  
 (See reverse side for address, map and directions)



Scheduling: 425.899.2831  
 Fax: 425.899.2828  
[www.evergreenhealth.com/imaging](http://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

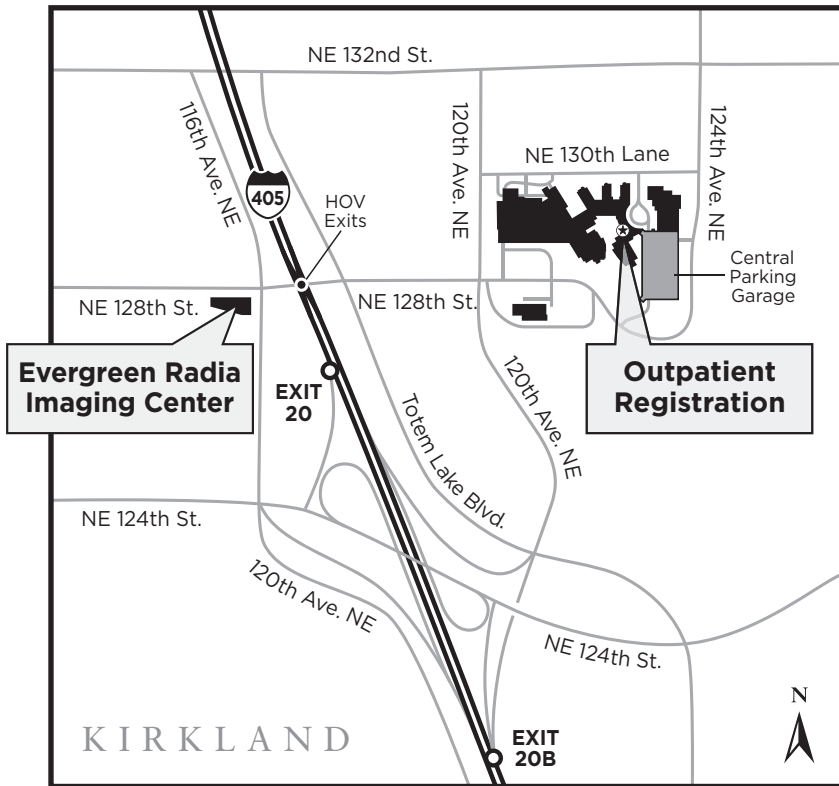
## REPORT/FILM/CD REQUEST

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



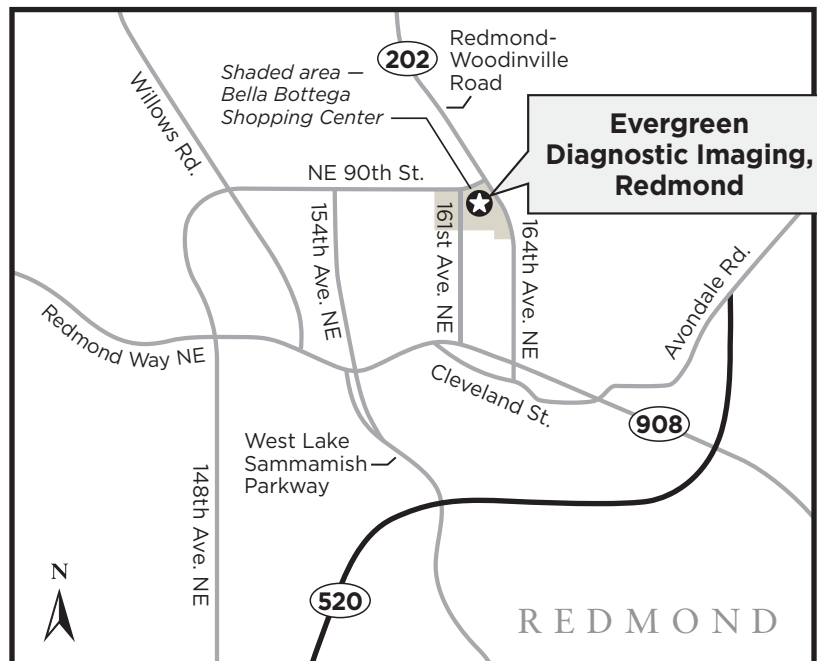
## KIRKLAND

### 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