NORTHWEST IMAGING CENTER
Northwest Specialty Hospital
Proudly Owned and Operated by Physicians

OUTPATIENT IMAGING
750 Syringa, Ste. 105
Post Falls, ID 83854
Ph: (208) 262-2333
Fax: (208) 262-2380

PODIATRY IMAGING STUDY ORDER FORM

Appt Date: ____/____/____
Time: _____

Last Name: _____ First _____ MI ____DOB: ____/____/____
Phone: _____/H _____/C Previous Studies? ❑ No ❑ Yes Facility: _____
Insurance: _____ Auth Initiated? ❑ No ❑ Yes ***NWSH Obtain Auth** ❑ Yes
Insurance ID: _____
*Chart Notes REQUIRED for Northwest Imaging Center to obtain prior authorizations.

PLEASE PRINT

Referring Physician(s): _____ CC Physician(s): _____ Fax: _____
M.D. Signature: _____ Phone: _____
Report: ❑ Stat
Dr. Phone Call: _____
_____
_____

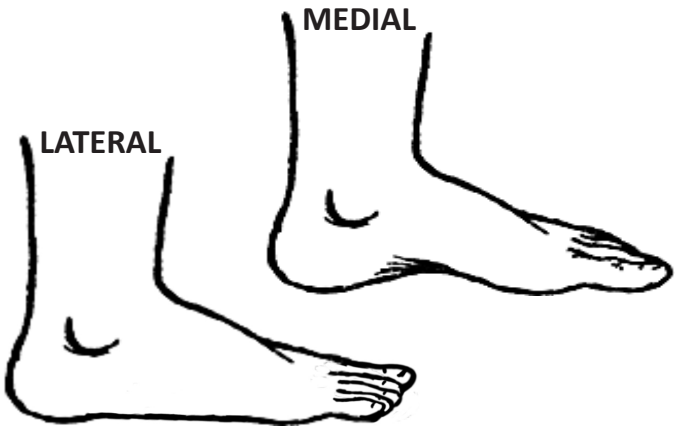
PATIENT INSTRUCTIONS
1. Please follow preparation on reverse side.
2. Please arrive 15 minutes prior to exam unless indicated on reverse.

EXAM REQUESTED

1. CHOOSE EXAM TYPE

CT:	❑ With Contrast ❑ W/O Contrast ❑ Contrast at Radiologist Discretion ❑ 3D Reformats
MRI:	❑ With Contrast ❑ W/O Contrast ❑ Contrast at Radiologist Discretion
X-Ray:	❑ Toes ❑ Foot ❑ Ankle ❑ Calcaneus ❑ Tibia/Fibula ❑ Other (Mark Below)

2. DRAW/SELECT AREAS OF INTEREST



Area of Interest:

All Exams: ❑ Right ❑ Left ❑ Bilateral
MRI/CT: ❑ Forefoot/Toes ❑ Midfoot ❑ Ankle/Hindfoot
❑ Calf ❑ Other: _____

Clinical Diagnosis & Symptoms:
_____
_____
_____

Patient Screening Questions and Information

Does patient have any metal and/or implants in the body/head? (i.e. pacemaker, stents, clips, wires, IUD, replacements, etc.) ❑ Yes ❑ No
If yes, specify: _____

Is the patient pregnant? ❑ Yes ❑ No

Is the patient claustrophobic? ❑ Yes ❑ No
If yes:
❑ Oral (Provider gives oral Rx to pt.)

Creatinine Requirements (MRI Contrast Only)
For patients requiring contrast and having any of the health concerns listed below, creatinine must be drawn within 6 weeks of the MRI exam.

❑ 60+ Years Old ❑ Hypertension
❑ Diabetes ❑ History of Renal Disease
❑ Liver Disease ❑ Current Chemo Patient
❑ Creatinine _____ ❑ Please Draw Creatinine

Appointment Information

Appointment or Exam Preparation Questions?
Call: (208) 262-2333

Pre-Exam Preparations

❑ CT - Computed Tomography

For most CT exams you are not to eat anything for four hours prior to the exam. You are encouraged to sip clear fluids up to one hour prior to exam time. For abdomen and pelvis studies, you will be asked to drink a special liquid 30-60 minutes prior to the exam. For some CT procedures an I.V. contrast is necessary. If you are older than 60 years old, or diabetic, or have a known renal disease, your creatinine level must be documented within the last 30 days for all I.V. contrast procedures.

Appointment Time: _____ Check in at: _____

OUTPATIENT DIAGNOSTIC IMAGING PROCEDURE

Please use the Urgent Care entrance located at
750 Syringa Avenue. The Imaging Center is located in Suite 105.