PROVIDENCE
Regional Medical Center
Everett

For expedited scheduling of your patients, please fax this request prior to calling Centralized Scheduling.

RADIOLOGY PHYSICIAN ORDER

Reset Form | Print Form

1700 13th Street, Everett, WA 98201
Scheduling Phone (425) 258-7000, Option 3
Scheduling Fax (425) 297-5950

☐ Centralized Scheduling to call patient
☐ Patient will call to schedule

PATIENT INFORMATION

Appt. Date:_____ Appt. Time: _____

Patient Name:_____ Age: _____ Date of Birth:_____
Last First Middle Initial

REFERRING PHYSICIAN

Name:_____ Phone: _____

Clinic: _____ Fax:_____

Physician Signature:

Diagnosis Code (Required information):
ICD 10

_____

_____

Clinical History / Signs and Symptom:

_____

_____

Relevant previous imaging studies? ☐ Yes ☐ No

1. Procedure Code _____
2. Procedure Description _____
3. Insurance Name _____
4. Subscriber Name_____
5. Subscriber ID Number _____
6. Authorization Number or please indicate if Authorization is pending or not required _____

CT

Does the patient have an implanted cardiac pacemaker? ☐ Yes ☐ No

_____

☐ Head
☐ Cervical Spine
☐ Soft Tissue Neck
☐ Abdomen/Pelvis
☐ CT KUB
☐ Aortic CTA
☐ Leg Length
☐ Sinus
☐ Lumbar Spine
☐ Chest
☐ CT ABD
☐ CT IVP
☐ Pulmonary CTA
☐ Other CT: _____

X-RAY

☐ Chest
☐ KUB
☐ Acute Abdominal Series
☐ Sinus
☐ Extremity: _____
☐ Right ☐ Left ☐ Wt. Bearing
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Skull
☐ Other X-Ray: _____

OPTIONAL REQUESTS

☐ Call Report - Hold patient in dept.
☐ Call Report – Patient can go home.
☐ Send 1 Copy of Image CD with Patient
☐ AD (active duty) please send 2 Copies of Image CDs with patient
☐ Copy additional reports to:

Dr. _____

Clinic: _____

Fax: _____

Patient Pregnant? ☐ Yes ☐ No

Allergies:_____

_____

BUN/ CREATININE PROTOCOL

Cell disease/multiple myeloma/60+years • BUN/creatinine lab values should be done preferably within 14 days but NO LONGER THAN 30 days out. That means any labs that are older than 30 days will have to be redrawn and have the results available before the test can be completed.

☐ Draw BUN/ CREATININE

MRI

Does the patient have an implanted cardiac pacemaker? ☐ Yes ☐ No
If yes, please give the name and model of the pacemaker (if known):

_____

Perform Exam with 3 T Unit _____
Perform Exam with 1.5 T Unit_____

☐ Brain			☐ Cervical Spine	
☐ Thoracic Spine			☐ Lumbar Spine	
☐ Liver			☐ MRCP	
☐ Kidney			☐ Female Pelvis	
☐ Brain MRA			☐ Carotid MRA	
☐ Hip	☐ Right		☐ Left	☐ Arthrogram
☐ Pelvis	☐ Right		☐ Left	☐ Arthrogram
☐ Shoulder	☐ Right		☐ Left	☐ Arthrogram
☐ Knee	☐ Right		☐ Left	☐ Arthrogram
☐ Foot	☐ Right		☐ Left	☐ Arthrogram
☐ Ankle	☐ Right		☐ Left	☐ Arthrogram

☐ Other MRI: _____

ULTRASOUND

☐ Abdomen
☐ Pelvis
☐ Kidney
☐ Aorta
☐ Thyroid
☐ Scrotum
☐ Gallbladder
☐ Inguinal Hernia
☐ Other U/S: _____

Patient Instructions (if you have any questions, please call us directly at 425-404-5200)

MRI: Due to a strong magnetic field, please wear comfortable clothing without metal (zippers, snaps, buttons) if possible. Please remove any metal jewelry before arrival. Please let us know if you have an aneurysm clip or any implantable electronic device in your body such as a cardiac pacemaker, neurostimulator, or inner ear implant. Allow up to 60 minutes for your examination. For **MRI Pancreas** and **MRCP** exams the patient should have noting to eat or drink 6 hours prior to their exam time. Regular medications can be taken with small amounts of water.

CT: Please do not eat any solid foods within 4 hours of your examination unless your doctor has told you IV contrast will definitely not be given. If receiving oral contrast for an abdominal/pelvic exam, please arrive 1 hour prior to the exam time to start drinking the contrast.

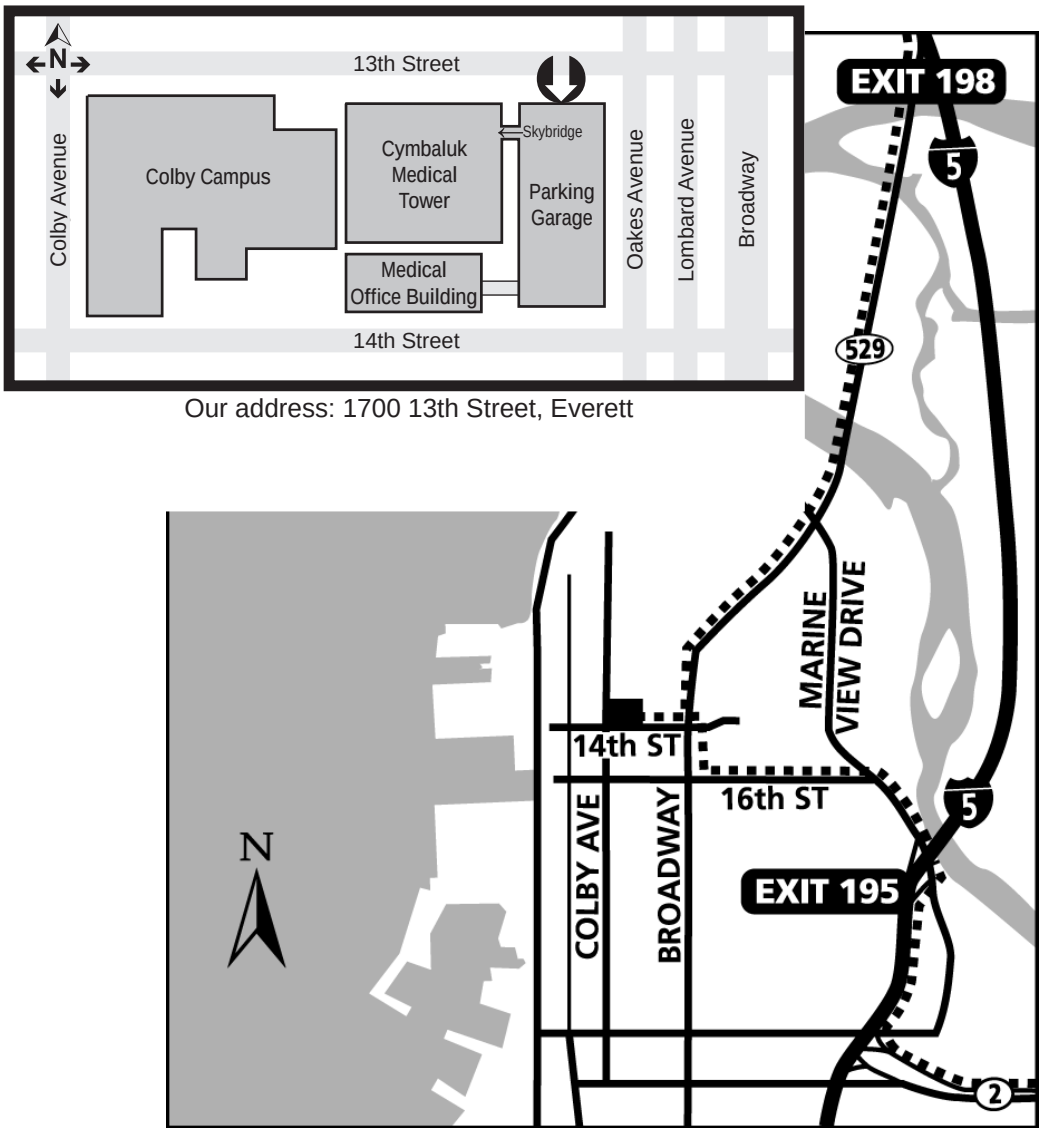
Directions to Providence Regional Medical Center Everett

Southbound I-5: take exit 198 from interstate 5. This road becomes Broadway. **Turn right on 13th** and proceed 2 blocks. Free parking is available in the parking garage entrance on your left.

Northbound I-5: take exit 195 from interstate 5. At the end of the exit ramp, follow the blue hospital signs. **Turn left on 13th** and proceed 2 blocks. Free parking is available in the parking garage entrance on your left.

Check in at the 1st floor Radiology in the Cymbaluk Tower.

NOTE: Pediatric sedations may have special requirements. Please ask our schedulers at (425) 258-7000.



Our address: 1700 13th Street, Everett