

IMAGING REQUISITION FORM

Hours: 7:30am to 6:00pm

Bring This Form To Your Exam

Appointment Date _____ Check In Time _____ Referred by Dr. _____

Patient _____ Last _____ First _____ Initial _____ DOB _____

Reporting:

Patient to return to provider

Call Report, Phone # _____

Fax Report, Fax # _____

Patient Weight _____

Is there any possibility of pregnancy? Yes No

Preauthorization # _____ ICD-10 _____

Clinical History / Symptoms:

Physicians Signature _____

REQUIRED



Discount patient parking is available in the building garage.
The entrance is on Jefferson Street.

Diagnostic	Ultrasound	MRI	CT Scan
<input type="checkbox"/> Esophogram <input type="checkbox"/> Upper GI Series <input type="checkbox"/> Small Bowel Series <input type="checkbox"/> Arthrography _____ <input type="checkbox"/> Joint Injection _____ <input type="checkbox"/> Lumbar Puncture <input type="checkbox"/> Other _____ <p>Mammography</p> <input type="checkbox"/> Screening R / L Bil <input type="checkbox"/> Diagnostic R / L Bil <p>Cardiology</p> <input type="checkbox"/> Echo Rest <input type="checkbox"/> Echo Stress <input type="checkbox"/> Bubble Study <p>Bone Densitometry</p> <input type="checkbox"/> DXA	<input type="checkbox"/> Abdomen <input type="checkbox"/> Hernia <input type="checkbox"/> Renal <input type="checkbox"/> Pelvis <input type="checkbox"/> Obstetrics 1st Trimester <input type="checkbox"/> Hysterosonogram <input type="checkbox"/> Testicular <input type="checkbox"/> Bladder <input type="checkbox"/> Thyroid <input type="checkbox"/> BX <input type="checkbox"/> Breast R / L <input type="checkbox"/> BX <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Screening Aorta <input type="checkbox"/> Soft Tissue _____ <input type="checkbox"/> Other _____ <p>X-Ray</p> <input type="checkbox"/> Rt <input type="checkbox"/> Lt #Views _____ <input type="checkbox"/> Type _____	<input type="checkbox"/> Brain <input type="checkbox"/> MRA <input type="checkbox"/> Aorta/Chest <input type="checkbox"/> Circle of Willis/ Intracranial <input type="checkbox"/> Carotid/Vertebrals <input type="checkbox"/> Renals <input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> C-spine <input type="checkbox"/> T-spine <input type="checkbox"/> L-spine <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis/Hips <input type="checkbox"/> Extremity _____ <input type="checkbox"/> Knee R/L <input type="checkbox"/> Shoulder R/L <input type="checkbox"/> Other _____	<input type="checkbox"/> Head <input type="checkbox"/> Sinus (Complete) <input type="checkbox"/> Neck (soft tissue) <input type="checkbox"/> C-spine <input type="checkbox"/> T-spine <input type="checkbox"/> L-spine <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> CT KUB <input type="checkbox"/> Extremity _____ <input type="checkbox"/> Lung Screening <input type="checkbox"/> Cardiac Calcium Scoring <input type="checkbox"/> CT Angio _____ <input type="checkbox"/> Other _____

IMPORTANT Patient Instructions (See Reverse)

IMAGING EXAMINATION PREPARATIONS

Please call 206-386-9699 at least 24 hours before your exam time if you have any questions on the preparation instructions. Bring all completed forms, photo identification and your insurance card at time of check in. **Please check in 15 minutes prior to your appointment** time unless instructed otherwise below under CT. We require 24 hour notice if you need to cancel or reschedule your procedure.

NOTE: You may receive a separate bill for professional fees (reading of exam) from Seattle Radiologists (Integra)
 NO PREP REQUIRED

FLUOROSCOPY:

- Esophogram/Upper GI** - Allow 30 minutes / Small Bowel Follow Thru Allow 1-4 hours; Absolutely nothing by mouth 8 hours before exam. This includes food, water, gum, cigarettes, mouth wash and mints. If it is imperative to take medications before your exam please do so with the smallest amount of water possible. Complete UGI Small Bowel Questionnaire
- Joint Injections:** Allow 60 minutes for exam. Discontinue all blood thinners – including Aspirin, NSAIDs (Ibuprofen, Aleve) & any prescription blood thinners 3 days prior to your appointment. Patients taking prescribed blood thinners will need to have lab work 1 hour prior to the exam to have their INR checked. INR levels must be below 1.5.
- Lumbar Puncture:** Allow 60 minutes for exam. Patient must have a driver. Discontinue all blood thinners – including Aspirin, NSAIDs (Ibuprofen, Aleve) & any prescription blood thinners 3 days prior to your appointment. Patients taking prescribed blood thinners will need to have lab work done 1 hour prior to the exam to have their INR checked. INR levels must be below 1.5. After the procedure you will need to lay flat for at least six hours and drink 8 oz of water each hour.

MAMMOGRAPHY: Allow 30-60 minutes for exam

- No deodorant, lotion, perfume, or powder on your chest or underarm area. Patient is advised to wear a two-piece outfit. Complete Mammography Worksheet.

BONE DENSITOMETRY (DXA): Allow 30 minutes for exam

- Do not take calcium tablets, multivitamins, Tums, or any other substances that contain supplemental calcium for 2 hours prior to your appointment. Please avoid wearing any metal snaps, buttons, hooks or zippers. Complete DXA Osteoporosis Questionnaire.

ULTRASOUND: Allow 1 hour for exam

- Abdominal or Aorta:** Nothing to eat or drink 8 hours before exam including water.
- Abdominal & Pelvis:** Nothing to eat 8 hrs before exam. Patient is to drink four 8 oz glasses (32 oz) of water 1 hour prior to scheduled exam time. Do not void. A full bladder is required. After pelvis ultrasound is completed, patient will be allowed to void.
- Renal (Kidney):** Nothing to eat 6-8 hours before scheduled exam time. Patient may take medications with water. Diabetic patients may eat if necessary. Patient will need to drink three 8 ounce glasses of water 1 hour prior to scheduled exam time. Do not void. A full bladder is required.
- Bladder/Pelvis/ Obstetrical:** Female pelvis exams need to be scheduled between 7 to 10 days after the first full day of menstrual cycle. Patient is to drink four 8 oz glasses (32 oz) of water 1 hour prior to scheduled exam time. Do not void. A full bladder is required. After pelvis ultrasound is completed, patient will be allowed to void.
- Biopsy - Thyroid/Breast:** Discontinue all blood thinners – including Aspirin, NSAIDs (Ibuprofen, Aleve) & any prescription blood thinners 3 days prior to your appointment. Patients taking prescribed blood thinners will need lab work done 1 hour prior to the biopsy to have their INR checked. INR levels must be below 1.5.
- Hysterosonogram:** Pre-menopausal women need to be scheduled between 7 to 10 days after the first full day of menstrual cycle. Peri or postmenopausal women can be scheduled anytime. No unprotected intercourse 5-10 hours prior to exam.

MRI: Allow 30-60 minutes for exams

- No metal, snaps, buttons, hooks or zippers. Patients will be asked to change into garments provided. Jewelry should be left at home. Body piercings should be cleared with the technologist. No dietary restrictions. Complete MRI Screening Form.
- Enterography** – Follow information above with exception of dietary restrictions of nothing to eat 4 hours prior to exam. Drink plenty of fluids the night before and prior to your exam to be well hydrated. Take your medication as usual.

CT: Allow 30-60 minutes for exams

- Nothing to eat 2 hours prior to scheduled exam time. Drink plenty of fluids the night before and prior to your exam to be well hydrated. Take your medication as usual. Complete CT Screening Form.
- Check in at:** _____ to drink an oral contrast beverage before your scan.
- Cardiac Calcium Scoring:** Allow 20 minutes for exam. Do not have any chocolate, caffeine, or sugar 4 hours prior to your appointment. Do not exercise 4 hours prior to your exam.

CARDIOLOGY: Allow 60 minutes

- Stress Echo:** Nothing by mouth including smoking 2 hours before scheduled exam time. Patient should consult physician prior to stopping any medications. Beta Blockers should be avoided 24 hours prior to scheduled exam time. Patient is not to use any lotion, or body oils around the chest area. Patient is advised to wear a two-piece outfit with comfortable pants and running/walking shoes. No sandals or heels.