



# SWEDISH

Medical Imaging/First Hill Campus

### Patient Information:

Order Date: \_\_\_\_\_  Male  
 Female  
Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Ordering Provider:

Printed Name: \_\_\_\_\_ Clinic Phone #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Clinic FAX: \_\_\_\_\_  
Clinic Location: \_\_\_\_\_

### Reason for Exam: (include pertinent History and Symptoms)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pregnant?:  Y  N

### Exam Ordered:

- General X-ray or Fluoroscopy (indicate type of procedure)  
\_\_\_\_\_
- CT (Note: If CT with contrast and Patient 55 or older, we need Creatinine level drawn within the last 90 days) (indicate type of procedure)  
\_\_\_\_\_
- MRI (indicate type of procedure)  
\_\_\_\_\_
- Ultrasound (**Note: If OB-US we need EDC or LMP**) (Same Day Appointments call (206) 386-3695) (For Paracentesis or Thoracentesis please indicate therapeutic or diagnostic. If diagnostic please list the specific test(s) needed)  
\_\_\_\_\_

Patient Preps:  
See on Back

### Additional Information:

Allergies: \_\_\_\_\_ Iodine, Contrast, or Latex?:  Y  N  
Is patient Diabetic?: Yes\* No \*If Yes, on Metformin or Glucophage?: \_\_\_\_\_  
Exam Priority:  ASAP  Routine  Call Report  FAX Report  Patient to return with films  
Preferred Date/Time: \_\_\_\_\_ Office Contact Name/Number: \_\_\_\_\_  
Prior Films?  YES  NO If YES where? \_\_\_\_\_ Primary Language?: \_\_\_\_\_

**Please complete above information. For exams to be done at the Hospital, please fax order to (206) 215-3035**

**CT SCAN** Phone: (206) 386-3990**MRI SCAN** Phone: (206) 386-3990

Arrive 15 minutes before exam for registration for procedures not requiring contrast unless otherwise instructed. Arrive one hour before exam for all procedures requiring contrast.

**Procedure**

- CT Head
- CT Spines/Extremities
- CT Thorax/Chest
- CT Abdomen/Pelvis
- CT Biopsy

**Patient Instructions**

NPO four hours before exam  
 No prep for these exams  
 NPO four hours before exam  
 NPO four hours before exam; arrive one hour prior to exam  
 Office to schedule and labs PT PTT CBC

**NPO: Nothing to eat or drink, no smoking or gum**

Arrive 15 minutes before exam for registration. Patients should leave all loose materials (keys, change, money clips, etc.) at home. If this is not possible, we have lockers to store these items. Preferably, the patient should wear a metal-free jogging suit or a hospital gown. There are no eating or drinking restrictions.

- Pacemaker?  Yes  No
- Ferromagnetic prosthesis/implant?  Yes  No
- Ferromagnetic aneurysm clip?  Yes  No
- Claustrophobia?  Yes  No
- Is patient able to lay still, without pain for at least 45 minutes?  Yes  No

**ULTRASOUND** Same Day Appointment Phone: (206) 386-3695

Arrive 30 minutes before the exam for registration. **(Note: All other prep information will be given during scheduling)**

**Procedure**

- Pelvic or Renal US
- OB (<12 weeks)
- Paracentesis/Thoracentesis

**Patient Instructions**

Full bladder  
 Full bladder  
 Need a PTT, PT, INR, and Platelets (drawn within the last 3 days)

**DIAGNOSTIC RADIOLOGY** 747 Broadway 4th Floor Phone: (206) 386-2241 Fax: (206) 215-3035

Arrive 15 minutes before the exam for registration. **Note: All exam preparation instructions will be given when the procedure is scheduled.**

**Procedure**

- **Barium Enema and IVP**
- **Upper GI and/or Small Bowel**
- **Esophagram**
- **Defecogram**
- **Cystogram**
- **Hysterosalpingogram (HSG)**

**Patient Instructions**

24-hour full bowel prep: If not available at the referring physician's office the patient can pick up the prep kit from the Medical Imaging Department on 4 East or we can mail it to the patient if the appointment is scheduled at least 1 week in advance.  
 Nothing to eat or drink after midnight the night before (NPO 8 hours prior). No gum chewing or smoking.  
 Nothing to eat or drink 4 hours prior to appointment (NPO 4 hours prior)  
 Fleets enema 2 hrs. prior. **Please arrive 1 hr. prior to exam for oral contrast.**  
 No Prep (Is the patient catheterized?)  
 No prep

**FIRST HILL CAMPUS MAP**

**Swedish Medical Imaging  
 First Hill Campus, 4 East**

Patients must register in Main Registration located in the Lobby of the Hospital for exams done **after 4pm**.

**Interventional Radiology** Call: (206) 386-3990 opt.4  
**Nuclear Medicine** Call: (206) 386-3990 opt.2  
 Additional information is needed for these exams.



**SWEDISH**  
 Medical Imaging/First Hill Campus  
 747 Broadway, 4 East  
 Seattle, WA 98122

www.swedish.org

