

21700 Highway 99

Edmonds, WA 98026-8034

Request for Imaging

Providers please fax this referral form before scheduling appointment X-rays: Please bring this referral form with you to your appointment

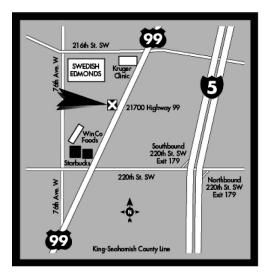
 Scheduling Phone:
 (425) 640-4942
 Phone:
 425-640-4949

 Scheduling Fax:
 (425) 670-8690
 Fax:
 425-640-4940

Patient Information				
Patient Name:		A	ge: Date of	Birth:
Last	First			
Patient Phone: (Home)				
Today's Date:			Appt Time:	
Insurance:				
	Insurance Auth			
Referring Provider Name (Please print):		(Note	al Requests: e: Reports are automatically to port	faxed to referring physician)
SIGNATURE:		Call r Call r	eport eport while patient waits	
	Date:	STA	Γ΄	
Reason for Exam (*Required info	rmation)		CD of exam directly to refe	erring nhysician
*Signs <u>&</u> Symptoms		Send CD of exam directly to referring physicianCopy additional Provider:		
*Clinical Question?		Allergies	?	
		<u> </u>	December 10 10 10 10 10 10 10 10 10 10 10 10 10	NIe
Diagnosis/ICD-10	_		Pregnant?	
	ut contrast without and with contra		with contrast without contrast	
☐ Creatinine Tes	t for contrast MRI and C	-,	60 or where clinically in	
MRA of Brain Specify: C-Spine	nity Right Left nity Right Left	Brain CT KUB CT IVP Limited Sinu Sinus Multip Chest Abdomen Pelvis CT Colonogr	C-Spine T-Spine L-Spine Maxillofa lanar Manc Extremit Uppe Right Specify: 3D Reco	lible
■ Breast MRI			ic Joint Injection	
 ☐ MRI Breast without and with cor ☐ MRI Guided Breast Biopsy ☐ Creatinine Test (Age >60 or with the core 	☐ Right ☐ Left	Shoulder Hip Knee Other:		ction Material: Steroid Anesthetic
■ ULTRASOUND				
Carotid Doppler Venous Doppler (DVT) Extremity ☐ Right ☐ Left ☐ Pelvic (choose one below) ☐ A ☐ Transabdominal/Transvagina ☐ Transabdominal Only ☐ Transvaginal Only ☐ Scrotum ☐ Scrotum with Dopple ☐ Thyroid ☐ Other:	Upper Lower Rei dd Doppler Rei Rei Ru Aoi er Api	mplete nal/Bladder nal/Bladder with Do Q, Gallbladder, Liver, I	gestation) gestation) Follow-up Only (re-esystems, or previous Limited (Quick look -	,
■ DEXA		X-RAY		
☐ Bone Density Test ☐ Vertebral Fracture Assessment ☐ Appendicular (wrist)		Cervical Spine Thoracic Spine	ne 🗌 KUB	xtremity:

Radia Imaging Centers are comprehensive state-of-the-art diagnostic imaging centers; part of the largest private radiology practice in the Pacific Northwest. They are full-service, outpatient centers offering patients convenient scheduling, easy access, free parking and a comfortable environment, as well as the advanced technology required for accurate evaluations and diagnoses. Our dedicated, experienced staff treats every patient with respect and dignity. For physicians, we provide fast, efficient results reporting, electronic hospital interface for retrieving patient history and images, and access to more than 100 board-certified radiologists.

For your convenience, Radia Imaging Centers accept most insurance plans. If you are unsure about your coverage, please contact your benefit administrator. We offer convenient appointments, including same day scheduling for some exams.



From I-5 HEADING NORTH OR SOUTH: Take Exit #179 (220th St SW). Turn west onto 220th SW, proceeding west to Highway 99. Turn right onto Highway 99 (Aurora) and stay in the left lane. Swedish Radia at Edmonds will be on your immediate left just after Starbucks and Dick's Drive-in.

Swedish Radia Imaging Center At Edmonds 21700 Highway 99 Edmonds, WA 98026

Scheduling Phone: (425) 640-4942 Scheduling Fax: (425) 670-8690

Phone: (425) 640-4949 Fax: (425) 640-4940

HOURS

MRI Scans	Mon-Thu	7:00am-10:30pm
	Friday	7:00am-9:30pm
	Saturday	8:30am-5:00pm
CT Scans	Monday Tue-Fri Saturday	9:00am-5:30pm 9:00am-8:00pm 8:30am-5:00pm
Ultrasound	Monday Tue-Fri Saturday	7:00am-7:00pm 7:00am-8:00pm 8:30am-5:00pm
X-Ray	Mon-Fri Saturday	9:00am-7:00pm 8:30am-5:00pm
Dexa Therapeutic Joint Injections	Mon-Sat Mon-Fri	8:30am-5:00pm 9:00am-5:30pm

Hours are subject to change.
For current hours, please go to our website: www.radiax.com

Patient Information

For your MRI, CT or Ultrasound exam please arrive 15 minutes prior to your exam unless otherwise instructed. We require 24 hours notice for cancellations.

Patient Instructions

Patients with other special needs (diabetes, renal impairment, claustrophobia, inability to lie still, wheelchair bound, etc.) should call in advance of appointment.

MRI

Please notify the MRI facility for further instructions if:

You are pregnant, or could be pregnant

You have a pacemaker or heart valve

You have a history of metal in the eyes

You have an aneurysm clip in the brain

You have any tattoos; including permanent eyeliner

Please wear comfortable clothing. You may be asked to change into metal-free clothing.

Please check with your doctor for any medication directions.

CONTRAINDICATIONS include but are not limited to: The presence of cardiac pacemakers, ferromagnetic intracranial aneurysm clips, neurostimulators, cochlear implants, and certain other ferromagnetic foreign bodies in critical locations.

CT Scan

No solid foods or drink 4 hours prior to your scheduled exam time. You should take your daily medications with sips of water or juice.