

# Hospital Imaging Requisition Order

**DEACONESS HOSPITAL:** Scheduling: 509.473.7777 | Fax: 509.473.7511 | Radiologist Contact: 509.822.4400  
 **VALLEY HOSPITAL:** Scheduling: 509.473.5483 | Fax: 509.473.5490 | Radiologist Contact: 509.822.4400  
 **DEACONESS NORTH EMERGENCY CENTER:** Scheduling: 509.473.7777 | Fax: 509.473.7511 | Radiologist Contact: 509.822.4400

**Call patient to schedule**       **Patient will call**       **Confirm that order has been received**

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
Last First MI

Best Patient Phone: \_\_\_\_\_  Cell  Home  Work

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ GRP: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ GRP: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

**EXAM REQUESTED / REASON FOR EXAM / SYMPTOMS / SPECIFIC AREA OF INTEREST**

**CPT Code:** \_\_\_\_\_ **ICD-10 Code:** \_\_\_\_\_

Is authorization required?  Yes  No    If yes, auth #: \_\_\_\_\_    Date range: \_\_\_\_\_

**Diagnosis/reason for exam:** \_\_\_\_\_

---

X-Ray \_\_\_\_\_

General Ultrasound \_\_\_\_\_  Vascular Ultrasound \_\_\_\_\_

Screening Mammogram  Diagnostic Mammogram (*Deaconess only*)  Stereo biopsy/localization (*Deaconess only*) \_\_\_\_\_

CT \_\_\_\_\_

PET CT \_\_\_\_\_

MRI  DTI  Perfusion \_\_\_\_\_ *Deaconess only:*  1.5T  3T

ECHO (*available at both hospitals and ACI*) \_\_\_\_\_

Nuclear Medicine \_\_\_\_\_

EEG \_\_\_\_\_

Gamma Knife \_\_\_\_\_

Interventional Radiology \_\_\_\_\_

Barium Studies \_\_\_\_\_

Arthrogram \_\_\_\_\_  Myelogram  Cervical  Thoracic  Lumbar

**RECENT LAB WORK**

**Answer questions in this box for CT and/or MRI with contrast:**

IV Contrast  Yes  No  PRN

Previous Contrast Reaction?  Yes  No

A creatinine within 30 days is required if patient has:  
 Diabetes  Yes  No  
 Renal Disease  Yes  No  
 Age > 60  Yes  No

Creatinine: \_\_\_\_\_ Date: \_\_\_\_\_

BUN: \_\_\_\_\_ Date: \_\_\_\_\_

Does patient have: Aneurysm clip? Metal in eyes? Pacemaker?  
 Other implanted electronic devices?  Yes  No  
 Specify: \_\_\_\_\_

Is patient claustrophobic?  Yes  No

**REPORT**

**Routine**  Call Report # \_\_\_\_\_  Call Report/Patient Wait

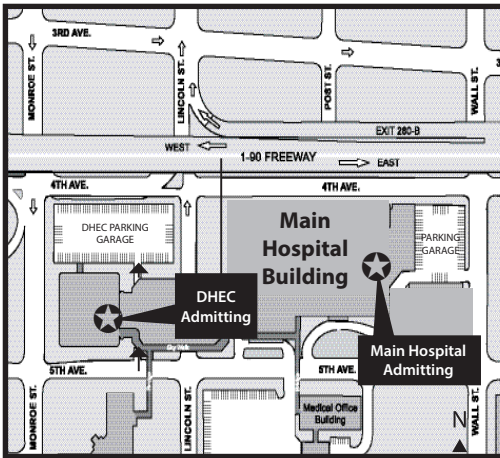
**STAT**  Fax Report # \_\_\_\_\_  Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of next appointment with referring doctor: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

# Diagnostic Imaging Locations



## Deaconess Hospital

800 W. Fifth Avenue  
Spokane, WA 99204

**Imaging:** 509.473.7777

### FOR MRI, ADVANCED CARDIAC IMAGING & GAMMA KNIFE:

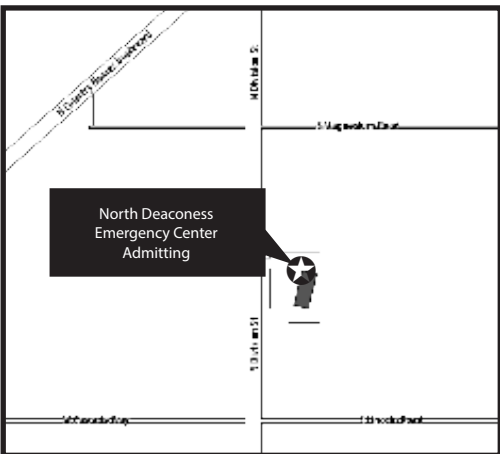
Please park in the DHEC garage and check-in with Admitting on the 2nd floor (main level) of DHEC at the end of the hall to the left.

### FOR CT, X-RAY, MAMMOGRAM, ULTRASOUND, INTERVENTIONAL RADIOLOGY, EEG & NUCLEAR MEDICINE :

Please park in the garage attached to the main hospital and check-in with Admitting on the 1st floor near the entrance from the garage.

You are also welcome to park at the meters along the street.

*Parking in either garage or Deaconess Circle Drive valet is \$3.*



## Deaconess North Emergency Center

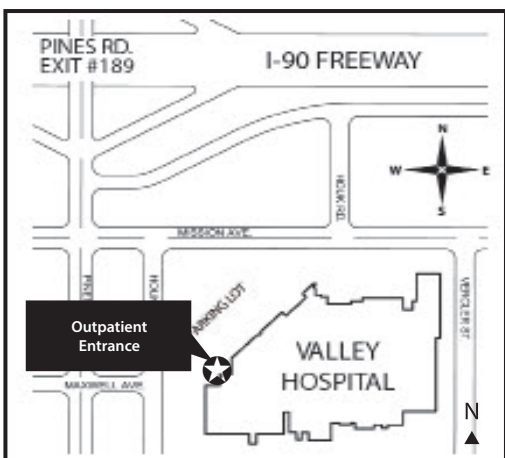
8202 N. Division St.  
Spokane, WA 99208

**Imaging:** 509.473.7777

### FOR ALL IMAGING PROCEDURES:

Please park in the lot in front of the hospital and use the Outpatient Services/Health entrance on the west side of the building.

*Parking is free in the Deaconess North Emergency Center lot.*



## Valley Hospital

12606 E. Mission Avenue  
Spokane Valley, WA 99216

**Imaging:** 509.473.5483

### FOR ALL IMAGING PROCEDURES:

Please park in the lot in front of the hospital and use the Outpatient Services/Health and Education Center entrance on the west side of the building.

*Parking is free in the Valley Hospital lot.*