

CHART #: _____ **ORDER DATE:** ___/___/___ **EXAM DATE:** ___/___/___ **CHECK-IN TIME:** _____

Patient Name: _____ Referring Physician: _____

D.O.B. _____ Provider Signature: _____

Home Phone: _____ CC Doctor: _____

Ordering Department: _____

INSURANCE:

Medicare Premera GHNW
 Medicaid L&I Other: _____
 Referral/Auth Number: _____

STAT (Online) **Routine**
 STAT with phone call at _____
Clinical Diagnosis _____

MAMMOGRAPHY/DEXA

PREVIOUS MAMMOGRAM _____ **DATE** _____

SCREENING ASYMPTOMATIC PATIENTS DIAGNOSTIC R L BILATERAL
BREAST IMPLANTS YES NO SYMPTOMS: _____ **DEXA**

FLUOROSCOPY (PREPS ON BACK)

ESOPHAGRAM BE CYSTOGRAM DYE STUDY
 UGI EPIDURAL STEROID INJECTION URETHROGRAM **OTHER:** _____
 SMALL BOWEL INJECTION R L _____ VCUG

ULTRASOUND (PREPS ON BACK)

ABDOMEN MSK _____ OB < 14 WEEKS (TA and/or TV) 76801, 76817 TESTICULAR
 ABDOMEN LIMITED (RUQ/GALLBLADDER) WITH INJECTION OB COMPLETE (Placenta/Fluid/Anatomy/EFW) 76811, 76817 (DUPLEX IF INDICATED)
 ABD + LIVER DOPPLER KIDNEY/BLADDER (RENAL STUDY) OB FOLLOW UP (Re-evaluation, EFW) 76816 THYROID _____
 AORTA VENOUS LEG R L OB LIMITED (AFI, Heartbeat, Cervix) 76815 HERNIA/GROIN
 APPENDIX ONLY VENOUS ARM R L OB BIOPHYSICAL PROFILE 76819 SOFT TISSUE
 BREAST R L PELVIS COMP. (T.V. IF INDICATED) AFI ONLY LOCATION: _____
 WITH DUPLEX SPECTRAL FLOW

COMPUTED TOMOGRAPHY (PREPS ON BACK)

PERFORM EXAM WITHOUT IV CONTRAST

ROUTINE BRAIN CHEST/ABD/PELVIS PELVIS (CREST TO PERENIUM)
 FACIAL BONES ABDOMEN (DIAPHRAGM TO CREST) PELVIS FOR **APPENDIX**
 ORBITS ABDOMEN AND PELVIS COMPLETE SPINE
 SINUS ABD/PELVIS FOR RENAL STONES LEVEL: _____
 TEMPORAL BONES ABD/PELVIS FOR HERNIA SI INJECTION R L
 SOFT TISSUE NECK CT IVP EXTREMITY R L _____
 CHEST TRIPHASIC DEDICATED RENAL SCAN (Characterize mass/Pre-op) 3D RECONSTRUCTION
 CHEST FOR ILD MULTI-PHASIC LIVER SCAN **OTHER:** _____
 CHEST ANGIO FOR PE.

eGFR _____

DATE _____

MAGNETIC RESONANCE (MRI) (PREPS ON BACK)

GADOLINIUM ENHANCED

HEAD	<input type="checkbox"/> ABDOMEN	EXTREMITY	SPINE	BREAST
<input type="checkbox"/> BRAIN	<input type="checkbox"/> LIVER	<input type="checkbox"/> SHOULDER R L	<input type="checkbox"/> CERVICAL	<input type="checkbox"/> BREAST MRI W/CONTRAST
<input type="checkbox"/> PITUITARY	<input type="checkbox"/> KIDNEY	<input type="checkbox"/> ELBOW R L	<input type="checkbox"/> THORACIC	(FOR SCREENING/EXTENT OF DISEASE)
<input type="checkbox"/> IAC	<input type="checkbox"/> MRCP <input type="checkbox"/> 3D	<input type="checkbox"/> WRIST R L	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> BREAST MRI WITHOUT CONTRAST (FOR SILCONE BREAST IMPLANT INTEGRITY)
MR ANGIOGRAM	<input type="checkbox"/> ABDOMEN/PELVIS	<input type="checkbox"/> HAND R L		
<input type="checkbox"/> HEAD (INTRA CRANIAL)	<input type="checkbox"/> ENTEROGRAPHY	<input type="checkbox"/> SI JOINTS R L		
<input type="checkbox"/> CAROTID/NECK (EXTRA CRANIAL)	<input type="checkbox"/> PELVIS	<input type="checkbox"/> HIP R L		
<input type="checkbox"/> ARCH	<input type="checkbox"/> BONEY PELVIS	<input type="checkbox"/> KNEE R L		
<input type="checkbox"/> RENAL	<input type="checkbox"/> SOFT TISSUE	<input type="checkbox"/> ANKLE R L		
	<input type="checkbox"/> BONE MARROW SURVEY	<input type="checkbox"/> FOOT R L		
		<input type="checkbox"/> ARTHROGRAM: _____		

eGFR _____ DATE _____

OTHER: _____

To ensure correct and appropriate patient care and comply with federal rules and regulations a written referral from the treating physician is required. PLEASE SPECIFY ICD-9 CODE OR DIAGNOSIS (Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, possible or probable conditions cannot be coded.)

PREPS

FLUOROSCOPY

Esophagram, UGI and Small Bowel: Nothing by mouth after midnight on the night prior to your exam.

Barium Enema: Patient to pick up prep prior to exam. If we are ruling out Hirschsprung's—no prep.

Epidural Steroid, Lumbar Punctures, Injections and Arthrograms: Clear liquids for 2 hours prior to exam. Patient must have a driver. **IF PATIENT IS ON COUMADIN—NOTIFY RADIOLOGY.**

ULTRASOUND PREPS

Abdomen: Nothing by mouth for 6 hours prior to your exam.

Pelvis, Bladder and OB: Drink two 10 oz glasses of water 1½ hours before scan and one 10 oz glass of water 1 hour before scan. **DO NOT VOID BEFORE SCAN!**

For children under 12, drink one 10oz glass of water 1 hour before scan. **DO NOT VOID BEFORE SCAN!**

CT PREPS

Patients who are scheduled for CT exams that require IV contrast may need to have a **Creatinine/eGFR blood test drawn within 30 days prior to the exam.** You will need to have this done if any of the following pertain to you:

- » Age 60 and above
- » if you take diabetic medication
- » if you have one kidney, have had kidney surgery, or have renal disease
- » if you are on chemotherapy

Your provider should have the order for this test in the Rockwood computer system for you and it can be drawn at any Rockwood lab prior to your appointment.

For exams with IV contrast (i.e., Chest, Abdomen, Pelvis, Angio, CT IVP, and Soft Tissue Neck): No solid food for 4 hours prior, but please hydrate well with liquids such as water, juice, coffee (cream and sugar okay), and tea. No diuretics (water pills) on the day of your exam and the day after. No NSAID's on the day prior to and the day of your CT scan.

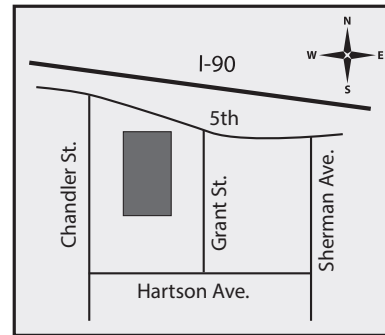
MRI PREPS

All Abdomen, Pelvic, Renal MRA and MRCP: Nothing by mouth for 6 hours before exam. Patients scheduled for MRI exams that require IV contrast (Gadolinium) and are diabetic, over the age of 60 or have a history of renal disease or renal surgery are **REQUIRED TO HAVE AN eGFR WITHIN THE LAST 6 WEEKS.** All Rx patches must be removed prior to MRI exam.

MAPS

Rockwood Main Clinic

400 E. Fifth Avenue, Spokane, WA 99202 | 509.342.3555

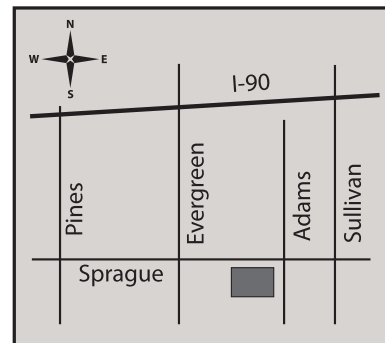


Eastbound I-90: Take Division Street exit. Keep right to traffic light. Proceed east on 4th Avenue, as it turns into 5th. Rockwood is on right side.

Westbound I-90: Take 2nd Avenue exit and proceed west to Sherman Avenue. Turn left and cross over freeway to 5th Avenue. Turn right, one block for patient parking.

Rockwood Valley Clinic

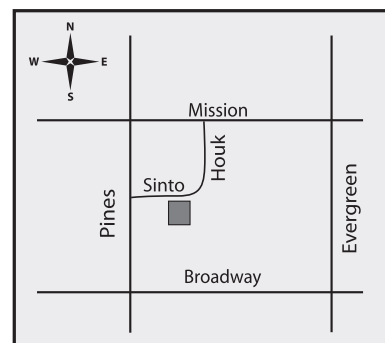
14408 E. Sprague, Spokane Valley, WA 99216 | 509.755.5775



From I-90 East or West: Take Evergreen Road exit south and turn left on Sprague. Proceed east one long block to Rockwood Clinic on the south side of the street. Enter through Urgent Care and proceed to the lower level.

Rockwood Breast Health Center

12410 E. Sinto, Suite 105, Spokane Valley, WA 99216 | 509.755.5801



Eastbound I-90: Take Pines Road exit and take a right on Pines. Turn left on Mission Avenue and then take a right on Houk Road. Take a right on Sinto Avenue and then turn left into the parking lot.

Westbound I-90: Take Pines Road exit and take a left on Pines. Turn left on Mission Avenue and then take a right on Houk Road. Take a right on Sinto Avenue and then turn left into the parking lot.