

21601 76th Ave West
Edmonds WA 98026

Phone: 425-640-4260
Fax: 425-640-4472

Please bring this referral form with you to your appointment
Patient Access/Registration is located on the east side of the
Swedish/Edmonds Hospital Building

PATIENT INFORMATION

Patient Name: _____ Age: _____ Date of Birth: _____
Last First MI

Patient Phone: (Home) _____ (Work/Cell) _____ Male Female

Today's Date: _____ Appt Date: _____

Insurance: _____

Referring physician: _____

Optional Requests:

(Note: Reports are automatically faxed or mailed to referring physician)

- Call report
- Call report while patient waits
- Send Exam with patient CD Film
- Send Exam directly to referring physician
- Copy additional reports to:
Dr. _____
Clinic: _____
Fax: _____

ICD9 Code: _____

Reason for Exam/Clinical History: _____

Exam priority: Routine STAT

Relevant previous imaging studies? Yes No

If yes: Location Pt will bring

Allergies: _____

Excessive pain? _____

Patient pregnant? Yes No

NUCLEAR MEDICINE

Exam: _____

PET/CT

For Pet/CT referral information please contact 425-640-4260

MRI EXAM REQUESTED		
<input type="checkbox"/> Brain <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> MRA of Brain Specify: _____ <input type="checkbox"/> C-Spine _____ <input type="checkbox"/> T-Spine _____ <input type="checkbox"/> L-Spine <input type="checkbox"/> Lower Extremity <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Chest Specify: _____ <input type="checkbox"/> Abdomen _____ <input type="checkbox"/> Pelvis _____ <input type="checkbox"/> Other MRI _____	Gadolinium? <input type="checkbox"/> PR <input type="checkbox"/> Yes <input type="checkbox"/> No A BUN and creatinine within one month is required if patient has: Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Renal disease <input type="checkbox"/> Yes <input type="checkbox"/> No Age > 60 <input type="checkbox"/> Yes <input type="checkbox"/> No BUN: _____ Creatinine: _____ Date: _____	Does patient have: Aneurysm Clip <input type="checkbox"/> Yes <input type="checkbox"/> No Metal in Eyes <input type="checkbox"/> Yes <input type="checkbox"/> No Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Other implanted electronic device <input type="checkbox"/> Yes <input type="checkbox"/> No Claustrophobia <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If claustrophobic, medication may be given. Patient must have a ride both to and from the appointment</i>

CT EXAM REQUESTED	X-RAY
<input type="checkbox"/> CTA _____ These exams include 3D reconstruction <input type="checkbox"/> Head <input type="checkbox"/> C-spine <input type="checkbox"/> Sinus <input type="checkbox"/> T-Spine <input type="checkbox"/> CT KUB <input type="checkbox"/> L-Spine <input type="checkbox"/> CT IVP <input type="checkbox"/> Maxillofacial <input type="checkbox"/> Thorax <input type="checkbox"/> Extremity <input type="checkbox"/> Abdomen <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Pelvis <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Abd/Pelvis Combo <input type="checkbox"/> Other CT: _____	IV contrast? <input type="checkbox"/> Yes <input type="checkbox"/> No A BUN and creatinine within one months is required if patient has: Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Renal disease <input type="checkbox"/> Yes <input type="checkbox"/> No Age >60 <input type="checkbox"/> Yes <input type="checkbox"/> No BUN: _____ Creatinine: _____ Date: _____
<input type="checkbox"/> Chest <input type="checkbox"/> Sinus <input type="checkbox"/> Skull <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> KUB <input type="checkbox"/> Extremity: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wt bearing <input type="checkbox"/> Other: _____	

ULTRASOUND EXAM REQUESTED		
Abdomen <input type="checkbox"/> Complete <input type="checkbox"/> Gallbladder <input type="checkbox"/> Renal <input type="checkbox"/> RUQ, i.e. Liver <input type="checkbox"/> Aorta <input type="checkbox"/> Pelvic non-OB	Obstetrics <input type="checkbox"/> <14 weeks <input type="checkbox"/> >14 weeks <input type="checkbox"/> FAS Fetal Anatomic Screening <input type="checkbox"/> General (EFW) <input type="checkbox"/> Limited follow-up <input type="checkbox"/> Other: _____	Miscellaneous <input type="checkbox"/> Hernia <input type="checkbox"/> Appendix <input type="checkbox"/> Thyroid <input type="checkbox"/> Scrotum

CT SCAN

ABDOMEN AND PELVIS SCAN

1. Patient must pick up oral contrast at the Radiology Front Desk (Swedish/Edmonds Hospital) a day before the scheduled examination, unless you have been given contrast by your private physician.
2. For Abdomen CT scan, drink the contrast 1 hour prior to scheduled scan.
For Pelvic CT scan, drink the contrast 2 hours prior to scheduled scan.
3. Patient must arrive 15 minutes prior to their scheduled appointment.
4. Nothing to eat 4 hours prior to study. Clear liquids up to 2 hours prior to exam.

HEAD / NECK / CHEST WITH CONTRAST

1. Clear liquid diet for 2 hrs prior to the exam. Liquids include clear juices such as apple, cranberry and grape, clear soups (strained), jello, coffee or tea. No milk products or carbonated beverages.

SPINE / EXTREMITIES / SINUSES/ HEAD WO CONTRAST

No preparation needed.

IV CONTRAST

If age 60 or older, history of diabetes or history of kidney disease, BUN/Creatinine labs within 30 days are required.

RADIOLOGY / XRAY

UGI, ESOPHAGUS, SMALL BOWEL

1. Nothing to eat or drink 12 hours prior to your examination. This includes all food and liquids.
2. No smoking.

BARIUM ENEMA

1. Clear liquid diet for 2 days prior to the exam.
2. At 3 pm the day before your exam drink 10 oz magnesium citrate.
3. At 6 pm the day before exam take 4 Dulcolax tablets.
4. 2 hours before the exam use 1 Dulcolax suppository. Try to retain for 15 minutes.
5. Nothing but water after midnight until your exam is completed.

INTRAVENOUS PYELOGRAM (IVP)

1. Follow your Urologist's prep instructions.
2. Other patients must stay on clear liquids 1 day before the scheduled exam.
3. At 3 PM on the day before the exam, take 10 oz of Magnesium Citrate.
4. Stay on clear liquids until time of appointment

ULTRASOUND

ABDOMEN, GALLBLADDER, LIVER

1. For best results nothing to eat or drink 8 hours before exam

PELVIS, OB, KIDNEY

1. Drink 24 ounces of water 45 minutes prior to the examination.
2. Do not empty your bladder.

MAGNETIC RESONANCE IMAGING

For all types of abdominal MRI exams, nothing to eat for 4 hours prior to the examination. Clear liquids are OK.

Please alert the MRI technologists if you have any of the following:

Pacemaker	Tattooed Eyeliner
Aneurysm clips	Metal in Eyes
Head Surgery	Removable Dental Work
Heart Surgery	Other Metal in the Body
Ear Implants	Electronic Implants

DRIVING DIRECTIONS TO SWEDISH/EDMONDS CAMPUS

North on I-5

Heading northbound on I-5, take the 220th St. Exit (#179). Turn left at the light and follow to Hwy 99. Turn right and continue to 216th. Turn left and continue up the hill to the Swedish/Edmonds Campus

South on I-5

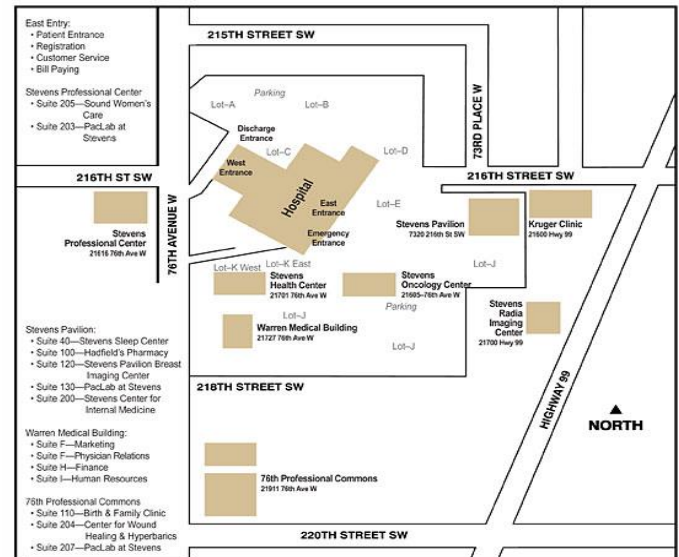
Heading southbound on I-5, take the 220th St. Exit (#179). Turn right and follow 220th to Hwy 99. Turn right and continue to 216th. Turn left and continue up the hill to the Swedish/Edmonds Campus.

North on Hwy 99

Heading northbound on Hwy 99, turn left on 216th and continue up the hill to the Swedish/Edmonds campus.

South on Hwy 99

Heading southbound on Hwy 99, turn right onto 216th and continue up the hill to the Swedish/Edmonds campus.



Designated Parking Areas

Patients Lots
A, B, E, K-East and K-West

Visitor Lots
A, B and D

Employee Lots
D and J

Main Hospital Handicapped Parking
By Lot E, On the East Side of the Building



Parking: The most convenient parking for radiology patients is located on the east side of the hospital building.

Patient Registration is located on the 1st floor just inside the double doors on the East side of the hospital.

Please have your patient bring any outside films and reports to Swedish/Edmonds Hospital Radiology Department. For more detailed prep instructions you may contact our scheduling department at 425-640-4260. Radiology Receptionist 425-640-4254.