

Swedish Issaquah Campus, 751 N.E. Blakely Drive, Issaquah, WA 98029
Phone (425) 313-5400 **Fax (425) 313-5401**

Patient Information

Appt. Date: _____ Appt. Time: _____ Arrival Time: _____

 Patient Name: _____ Age: _____ Date of Birth: _____
Last First Middle Initial

Patient Phone: (Home) _____ (Work/Cell) _____ Insurance _____

Referring Provider

Name: _____ Phone: _____

Clinic: _____ Fax: _____

Communication
Report will be faxed to the provider.

In addition, please indicate whether a:

- Call report/STAT
- Call report while patient waits
- Give CD to patient
- Fax *additional* reports to:

Dr./Clinic: _____

Fax: _____

Provider Signature and Date and Time (required):
Clinical History / Reason for Exam: (signs, symptoms, acuity, anatomic region of concern, and any relevant med/surg/trauma history required)

 STAT?

Radiologist's Protocol:
MRI Needs Contrast: Yes No

- | | |
|---|--|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Adrenal |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Brain MRA |
| <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Neck MRA (carotids) |
| <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Chest MRA |
| <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Abd/Pelvis MRA |
| <input type="checkbox"/> Abd/Pelvis (screening) | <input type="checkbox"/> Female Pelvis |
| <input type="checkbox"/> Liver | <input type="checkbox"/> MSK Pelvis |
| <input type="checkbox"/> MRCP (biliary) | <input type="checkbox"/> MR IVP (renal mass) |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> TMJ |
- Extremity/Other MRI:

 Right Left Arthrogram

ULTRASOUND

- | | |
|---|---|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Obstetric |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Biophysical Profile |
| <input type="checkbox"/> Gallbladder | <input type="checkbox"/> Nuchal Trans. with Bloodwork |
| <input type="checkbox"/> Appendix | <input type="checkbox"/> DVT (legs) |
| <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Carotid |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Neonatal Hips |
| <input type="checkbox"/> Scrotum | <input type="checkbox"/> Soft Tissue Mass |
| <input type="checkbox"/> Aorta | <input type="checkbox"/> Hernia |
- Other US: _____

FLUOROSCOPY

- | | |
|--|--|
| <input type="checkbox"/> Barium Swallow | <input type="checkbox"/> Enteroclysis |
| <input type="checkbox"/> Modified Barium Swallow | <input type="checkbox"/> Barium Enema |
| <input type="checkbox"/> Upper GI | <input type="checkbox"/> Hysterosalpingogram |
| <input type="checkbox"/> Small Bowel FT | <input type="checkbox"/> Cystogram (VCUG) |
- Other Fluoro: _____

CT Needs Contrast: Yes No

- | | |
|--|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> CT KUB (renal stone) |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Head/Neck CTA |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Pulm CTA (PE) |
| <input type="checkbox"/> Chest | <input type="checkbox"/> LE Venogram (DVT) |
| <input type="checkbox"/> Abdomen/Pelvis | <input type="checkbox"/> CT Aortogram |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> Adrenal | <input type="checkbox"/> Lumbar Spine |
| <input type="checkbox"/> CT IVP (renal mass) | <input type="checkbox"/> Coronary CTA |
| | <input type="checkbox"/> Cardiac Ca Scoring |
- Extremity/Other CT:

 Right Left Arthrogram

X-RAY

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Chest | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Leg Length |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Bone Age |
| <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Ribs |
| <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Sinus |
| <input type="checkbox"/> Lumbar Spine | |
- Extremity/Other X-Ray:

 Right Left Wt-Bearing

PT ID LABEL

Swedish Issaquah Imaging

Swedish Issaquah Imaging is the most advanced diagnostic imaging center on the eastside, servicing outpatients as well as hospital and emergency patients. Located in the Swedish Medical Center Issaquah Campus, we utilize the latest state-of-the-art technology to provide the most accurate diagnoses, the lowest radiation doses and enhanced patient comfort. This includes the first 3T wide bore MRI on the eastside which allows faster, higher resolution imaging in a less confining environment, as well as the most advanced 128-detector CT allowing extremely fast and significantly lower dose imaging compared to older and slower scanners found in other facilities. We also offer the latest technology in Ultrasound, Digital Radiography, Breast Imaging, PET-CT, Nuclear Medicine, Fluoroscopy, and Interventional Radiology.

Our experienced imaging team is dedicated to providing the highest quality imaging services, with emphasis on friendly personal service to our patients and referring providers. Imaging interpretations are provided by Radia, the largest radiology practice in the northwest, whose physicians are available for consultation 24/7/365 and provide subspecialty expertise and fast turnaround times on imaging reports.

For your convenience, Swedish Issaquah Imaging accepts most insurance plans. If you are unsure about your coverage, please contact your benefit administrator. We provide imaging services to the emergency department 24 hours a day, seven days a week. For outpatient services we offer convenient appointments, including same day scheduling for many exams.

Patient Instructions

Please call us at 425-313-5400 to schedule your imaging exam or for any questions. We accept walk-ins only for x-rays and certain non-contrast CT exams. You may also obtain more information on your study by visiting www.swedish.org/imaging.

MRI: Due to a strong magnetic field, please wear comfortable clothing without metal (zippers, snaps, buttons) if possible. Please remove any metal jewelry before arrival. Please let us know if you have an aneurysm clip or any implantable electronic device in your body such as a cardiac pacemaker, neurostimulator, or inner ear implant.

CT: Please do not eat any solid foods within 4 hours of your examination. If receiving oral contrast for an abdominal/pelvic exam, please arrive 2 hours prior to the exam time to start drinking the contrast, or you may pick up the contrast from us the day prior to your exam and begin drinking 2 hours prior to your arrival.

Ultrasound:

Abdomen: Please do not eat or drink anything 8 hours prior to your exam except for water and necessary medications. If you are also having a Pelvic Ultrasound, please follow those directions below as well.

Pelvis: Please drink four 8 oz. glasses of water 1 hour prior to your appointment and keep your bladder full for your exam (this helps the sonographer better visualize the pelvic organs).

Pregnancy: For pregnancies in the first 14 weeks, please drink four 8 oz. glasses of water 1 hour prior to your appointment and keep your bladder full for your exam. For pregnancies after the first 14 weeks, it is not necessary to have a full bladder for your exam.

Fluoroscopy: Please contact our department for patient instructions.

Directions to Swedish Issaquah Imaging

From I-90:

- Take the E. Sunset Way-Highlands Drive exit (No. 18).
- If traveling east, go left at the "Y" and continue onto Highlands Drive.
- If traveling west, turn right (north) onto Highlands Drive.
- Turn left (west) onto N.E. Discovery at the next light.
- Take first left onto 8th Ave.
- Go straight into the main Swedish parking lot or right into underground parking.

All patient parking is convenient and free.

Address: 751 N.E. Blakely Drive, Issaquah, WA 98029. Imaging located on 1st Floor Cascade (East) Wing.

Imaging Phone: 425-313-5400

Imaging Fax: 425-313-5401

Websites: www.swedish.org/imaging
www.radia.net

