

Patient Information

Date of Order: _____ Appointment Date: _____ Appointment Time: _____
 Patient Last Name: _____ First Name: _____ Male Female
 Date of Birth: _____ Patient Phone(s): _____
 Insurance Name: _____ Insurance ID: _____
 Authorization #: _____

Referring Provider Name: (Print) _____ **Signature:** _____

Reason for Exam Required (Signs & Symptoms) _____

Diagnosis/ICD-10 _____

Optional Requests: (Note: Reports are automatically faxed to referring physician/provider)

STAT Call Report Call report while patient waits Send CD exam with patient Send CD directly to referring physician
 Fax additional reports to: Clinic: _____ Provider: _____

■ MRI ■ Per Radiologist Preference ■ Without Contrast ■ With & Without Contrast ■ With contrast

Orbit x-ray to check for metal in eyes (where clinically indicated) Other MRI: _____
 Brain Chest Upper Extremity Right Left
 MRA of Brain Abdomen Specify: _____
 C-Spine Pelvis _____
 T-Spine Arthrogram Joint: _____
 L-Spine MRCP Lower Extremity Right Left
 Other MRI: _____ Specify: _____

■ CT ■ Per Radiologist Preference ■ Without Contrast ■ With & Without Contrast ■ With contrast

CTA _____ Chest Oncology Case Yes No
 Brain Abdomen C-Spine Upper Extremity Right Left
 CT KUB Pelvis T-Spine Specify: _____
 CT IVP CT Colonography L-Spine _____
 Limited Sinus Maxillofacial Lower Extremity Right Left
 Sinus Multiplanar Mandible Maxilla Specify: _____
 Other CT: _____

■ Breast MRI

MRI Breast without and with contrast
 MRI Guided Breast Biopsy Right Left

■ Therapeutic Joint Injection

Shoulder Right Left **Injection Material:**
 Hip Right Left Steroid
 Knee Right Left Anesthetic
 Other: _____ Right Left

■ ULTRASOUND

<p><input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Venous Doppler (DVT) Extremity <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Scrotum <input type="checkbox"/> Scrotum with Doppler <input type="checkbox"/> Thyroid <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pelvic (choose one below) <input type="checkbox"/> Add Doppler <input type="checkbox"/> Transabdominal/Transvaginal <input type="checkbox"/> Transabdominal Only <input type="checkbox"/> Transvaginal Only</p>	<p>Abdomen <input type="checkbox"/> Complete <input type="checkbox"/> Renal/Bladder <input type="checkbox"/> Renal/Bladder with Doppler <input type="checkbox"/> RUQ, Gallbladder, Liver, Kidney <input type="checkbox"/> Aorta <input type="checkbox"/> Hernia <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder Only</p>	<p>Obstetrics <input type="checkbox"/> First Trimester (11-14 weeks) <input type="checkbox"/> Complete (Routine US 18-24 weeks) <input type="checkbox"/> Follow-up (re-evaluation of fetal size, organ systems, or previous abnormality seen on other scan) <input type="checkbox"/> Limited (Quick look - evaluates fetal heartbeat, placental location, fetal position and/or quantitative amniotic fluid volume) _____ <input type="checkbox"/> High Risk (State risk factor) _____</p>
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■ DEXA

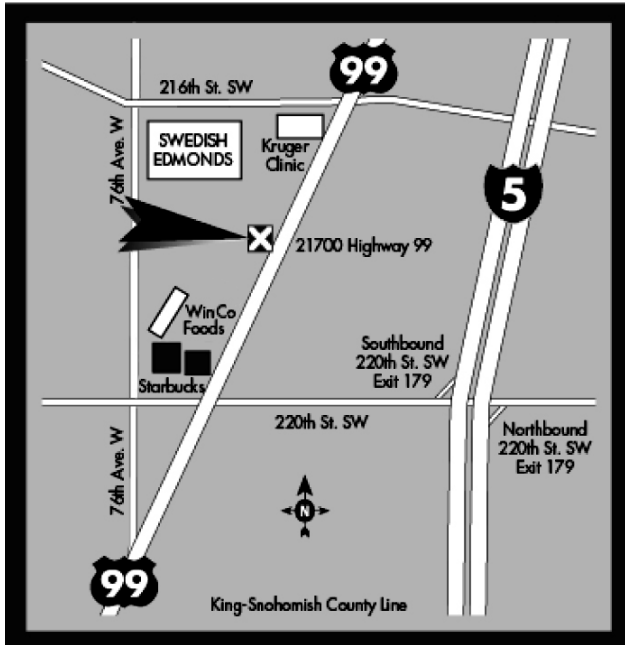
Bone Density Test
 Vertebral Fracture Assessment
 Appendicular (wrist)

■ X-RAY

Cervical Spine Chest Extremity: _____
 Thoracic Spine KUB R L Wt bearing
 Lumbar Spine Other: _____

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.



For current hours, please go to our website: www.radiax.com

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.

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*

You will 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

Patients having an Abdominal or Pelvic CT: No solid food or drink 4 hours prior to your scheduled appointment time. You may take your daily medications with a sip of water.