SEATTLE RADIOLOGY

Scheduling: 206.292.7734
Fax: 206.292.6371 EHR: 206.292.7744 www.searad.com

SATURDAY APPOINTMENTS AVAILABLE

Date: _____

REFERRING PROVIDER INFORMATION:

Provider Name: _____

Provider Signature: _____

Office Contact Name: _____

Phone: _____

After Hours Phone: _____

☐ Routine Report: Faxed within 24 hours

☐ ASAP Report: Faxed within 2 hours

☐ STAT Report: Immediate Report Faxed for Critical Results

Fax number: _____

☐ Call Report: _____ phone number

PATIENT INFORMATION:

Patient Name: _____ DOB: ____ / ____ / ____

Phone: Cell/Other _____ Home _____

Insurance Company: _____

Insurance ID: _____

Auth #_____ Valid from:_____to: _____

HISTORY / SYMPTOMS / DIAGNOSIS (RULE-OUT TO INCLUDE HISTORY):

_____

_____

ICD-10 Code: _____

CT SCAN

Contrast options:
☐w/ ☐w/o ☐wwo ☐prn

- ☐ Head
- ☐ Temporal Bone
- ☐ Orbits
- ☐ Sinuses
- ☐ Neck Soft Tissue
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Enterography

Specify Level

- ☐ C-Spine: _____
- ☐ T-Spine: _____
- ☐ L-Spine: _____
- ☐ Extremity Upper _____ L / R
- ☐ Extremity Lower _____ L / R
- ☐ Wrist/Hand L / R
- ☐ Ankles/Foot L / R
- ☐ Cardiac/Calcium Score
- ☐ Other: _____

CT ANGIO

- ☐ Head
- ☐ Neck
- ☐ Bilat Ext Runoffs
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Coronary
- ☐ Renal

MRI SCAN

Contrast options:
☐w/ ☐w/o ☐wwo ☐prn

- ☐ Oral Sedation Needed?
- ☐ Brain
- ☐ Pituitary
- ☐ Orbits
- ☐ Neck Soft Tissu
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Chest
- ☐ Abdomen/Liver Studies
- ☐ SI Joints
- ☐ Pelvis
- ☐ Enterography
- ☐ Prostate
- ☐ Rectal
- ☐ Shoulder L / R
- ☐ Hip L / R
- ☐ Knee L / R
- ☐ Wrist L / R
- ☐ Ankles/Foot L / R
- ☐ Hand/Finger L / R
- ☐ Extremity Upper: _____ L / R
- ☐ Extremity Lower: _____ L / R

MRI ANGIO

Contrast options:
☐w/ ☐w/o ☐wwo ☐prn

- ☐ Brain
- ☐ Neck
- ☐ Aortic Arch/Thoracic
- ☐ Abdomen
- ☐ Bilat Ext Runoffs

BREAST IMAGING

- ☐ MRI Breast
- ☐ MRI Breast Biopsy L / R
- ☐ Abbreviated Breast MRI

ULTRASOUND

Doppler as clinically indicated, OR ☐ No Doppler

Transvaginal as clinically indicated, OR ☐ No Transvaginal

- ☐ Thyroid
- ☐ Fine Needle Aspiration Site: _____
- ☐ Carotid Duplex
- ☐ Aorta
- ☐ Soft Tissue Body Part: _____
- ☐ Low Ext Venous Duplex
- ☐ Lower Ext Arterial
- ☐ Duplex Abdomen Organ: _____
- ☐ Transplant: _____
- ☐ Renal
- ☐ Pelvic
- ☐ Pelvic w/ Transvaginal
- ☐ Scrotal
- ☐ Scrotal w/ Doppler
- ☐ Inguinal Hernia
- ☐ Ankle/Brachial Indices
- ☐ Obstetric EDC or LMP: _____ Week: _____
- ☐ Other: _____

BREAST IMAGING

- ☐ Ultrasound Breast L / R
- ☐ Ultrasound Breast Biopsy L / R

PET-CT

- ☐ F18 NaF Oncologic Bone Scan
- ☐ FDG Brain
- ☐ FDG Whole body
- ☐ Skull Base to Mid-Thigh
  - ☐ FDG
  - ☐ Axumin
  - ☐ Netspot
- ☐ Additional contrast enhanced CT _____
  - ☐ Neck
  - ☐ Chest
  - ☐ Abdomen
  - ☐ Pelvis

ARTHROGRAM

- ☐ Arthrogram/CT
- ☐ Arthrogram/MRI
  - ☐ Shoulder L / R
  - ☐ Elbow L / R
  - ☐ Wrist L / R
  - ☐ Hip L / R
  - ☐ Knee L / R
  - ☐ Ankle L / R
  - ☐ Other: _____ L / R

ASPIRATIONS

- ☐ Shoulder L / R
- ☐ Hip L / R
- ☐ Knee L / R

PUNCTURES

- ☐ Lumbar Puncture
  Opening Pressure:
  ☐ Yes ☐ No

ICD-10 Code: _____

Labs: Please fax.

MYELOGRAM

- ☐ Myelogram w/CT
  - ☐ Cervical
  - ☐ Thoracic
  - ☐ Lumbar

SPINE INJECTIONS

Treatments: ☐ 1x ☐ Up to 3x

- ☐ Epidural C-Spine
- ☐ Epidural L-Spine
- ☐ Nerve Root Block/ Transforaminal Lumbar Side & Level: _____
- ☐ Facet Joint Injection Lumbar Side & Level: _____
- ☐ SI Joint

JOINT INJECTIONS

- ☐ Shoulder L / R
- ☐ Elbow L / R
- ☐ Wrist L / R
- ☐ Hip L / R
- ☐ Knee L / R
- ☐ Ankle L / R
- ☐ Foot L / R
- ☐ Other: _____ L / R
- ☐ Marcaine Only
- ☐ Steroid Only
- ☐ Marcaine & Steroid

X-RAY

(Walk-in or by appointment, 8:00am - 4:30pm, M-F)

- ☐ Chest
- ☐ Kub/Abdomen
- ☐ Hip
- ☐ Knee L / R
- ☐ Hand L / R
- ☐ Wrist L / R
- ☐ Other_____

_____

_____

_____

_____

_____

_____

_____

Patient Preparation

If you have any questions about patient preparation, please call us at 206.292.7734.

Contra indications include cardiac pacemakers, aneurysm clips, cochlear implants, pregnancy and/or metal in the eyes.

☐ MRI

Exams with oral sedation will require a driver to accompany patients.

Abdomen/Liver/MRCP: Nothing to eat or drink for at least 4 hours prior to your exam.

Enterography: Nothing to eat or drink for 4 hours prior to your exam. Arrive 1 hour prior to exam.

Prostate: Nothing to eat or drink after midnight. Arrive 1 hour prior to exam.

Rectal: Nothing to eat or drink after midnight. Arrive 1 hour prior to exam.

☐ CT

Abdomen and/or Pelvis: Nothing to eat for at least 2 hours prior to your exam. Drink plenty of **water**.

Head, Neck and Chest: Nothing to eat for at least 2 hours prior to your exam. Drink plenty of **water**.

Spine and extremities: No preparation necessary.

☐ EPIDURAL, NERVE ROOT BLOCK OR FACET JOINT INJECTION

Please contact our office if you are allergic to iodine (x-ray/ CT dye). Bring any pertinent x-rays or scans with you for comparison and to avoid x-rays being re-taken.

All prescribed medications (except for blood thinners) should be taken as usual. A nurse will be contacting you to discuss pre-procedure instructions and restrictions. You must have a driver with you as there is a chance that you could experience temporary numbness and/or weakness in one or both legs. **You must speak to our nurse before having the exam to review other contraindicated medications. If she/ he has not spoken to you, please take a moment to contact our nurse now by calling (206) 292-8525.**

☐ ARTHROGRAM

Please bring any pertinent x-rays or scans with you for comparison and to avoid x-rays being re-taken. Please contact our office if you are allergic to iodine (x-ray/ CT dye). It is not necessary to hold any medicine, including blood-thinners.

☐ MYELOGRAM/LUMBAR PUNCTURE

Please contact our office if you are allergic to iodine (x-ray/ CT dye).

Please bring any pertinent x-rays or scans with you for comparison and to avoid x-rays being re-taken.

Please be sure to have a driver with you.

After the procedure, please plan to remain in a flat or reclined position at home until the next morning.

No solid food after midnight the night before your exam. (For Myelograms - Do not consume anything containing caffeine 24 hours prior to the exam.) **You must speak to our nurse before having the exam to review other contraindicated medications. If she/he has not spoken to you, please take a moment to contact our nurse now by calling (206) 292-8525.**

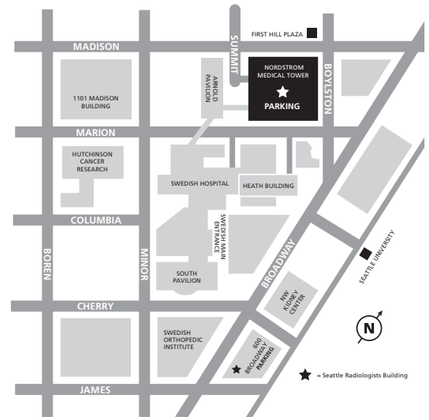
☐ ULTRASOUND

Pelvic or OB<14 weeks: drink 32 oz of water 1 hour before test.

Renal: Drink 32 oz of water 1 hour before test.

Abdomen, gallbladder, aorta and organs: Nothing to eat or drink for 8 hours before test.

Driving Directions



Nordstrom Medical Tower

1229 Madison, Suite 900 Seattle, WA 98104

FROM THE NORTH

- Travel on I-5 South
- Take exit 165A toward James Street
- Turn left onto Cherry Street
- Take the first left onto 7th Avenue
- Take the third right onto Madison Street
- Take a right onto Summit Street to enter parking garage

FROM THE SOUTH

- Travel on I-5 North
- Take exit 164A for Dearborn Street toward James Street / Madison Street
- Follow signs for I-5 N / Vancouver BC / Madison Street / Convention Center
- Keep right at the fork, follow signs for Madison Street
- Turn right onto Madison Street
- Take a right onto Summit Street to enter parking garage

PET-CT - Patient Instructions

PRE-APPOINTMENT INSTRUCTIONS

In order to help us make your appointment more comfortable, please read the following instructions carefully.
We ask that you dress warmly and try to avoid wearing anything with metal (including snaps, buttons and zippers).
Keep in mind your visit can take up to 2.5 hours.

Pre-scan Instructions

- Nothing but water 8 hours before your test.
- If you are a diabetic, please bring your insulin with you to your appointment.
- Avoid exercise 24 hours prior to exam including long walks and yoga.
- Please remember to drink plenty of water prior to your exam.
- Take medications.
- Please call for additional instructions if you are breast feeding or have infants and/or toddlers.

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