

SEATTLE RADIOLOGY

Scheduling: 206.292.7734

Fax: 206.292.6371 EHR: 206.292.7744 www.searad.com

SATURDAY APPOINTMENTS AVAILABLE

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:
 prn w/ w/o wwo
 Head
 Temporal Bone
 Orbits
 Sinuses
 Neck Soft Tissue
 Chest Low Dose Chest
 Abdomen
 KUB Low Dose KUB
 IVP
 Pelvis
 Enterography

Specify Level

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

CT ANGIO

- Head
 Neck
 Bilat Ext Runoffs
 Chest
 Abdomen
 Pelvis
 Coronary
 Renal

MRI SCAN

- Contrast options:
 prn w/ w/o wwo
 Brain
 Pituitary
 Orbits
 Neck Soft Tissue
 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
 Ankle/Foot _____ L / R
 Hand/Finger _____ L / R
 Extremity Upper: _____ L / R
 Extremity Lower: _____ L / R

MRI ANGIO

- Brain
 Neck
 Aortic Arch/Thoracic
 Abdomen
 Bilat Ext Runoffs

BREAST IMAGING

- MRI Breast
 MRI Breast Biopsy _____ L / R
 Implant Protocol

ULTRASOUND

- Transvaginal as clinically indicated, OR
 No Transvaginal
 Thyroid
 Fine Needle Aspiration Site: _____
 Carotid Duplex
 Aorta
 Soft Tissue
Body Part: _____
 Low Ext Venous Duplex
 Abdomen - complete
 Abdomen - limited organ: _____
 Abdomen with liver doppler
 Renal
 Pelvic
 Pelvic w/ Transvaginal
 Scrotal
 Scrotal w/ Doppler
 Inguinal Hernia
 Obstetric
EDC or LMP: _____
Week: _____
 Other: _____

BREAST IMAGING

- Ultrasound Breast _____ L / R
 Ultrasound Breast Biopsy _____ L / R

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

PET-CT

- 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 _____ L / R
 Knee _____ L / R
 Hand _____ L / R
 Wrist _____ L / R
 Ankle _____ L / R
 Foot _____ L / R
 Shoulder _____ 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.

Rectal: Fleet enema prep, nothing to eat or drink after midnight.

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. Please call 206.292.6233.

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. Please call 206.292.6233.

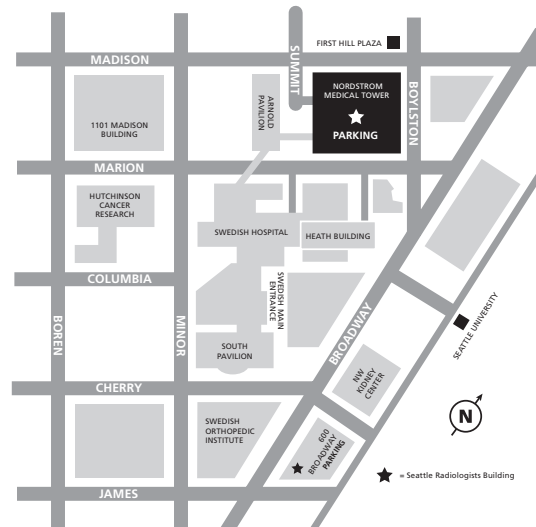
ULTRASOUND

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 diabetic please without insulin for 6 hours prior to your appointment and 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.