

Hospital Imaging Requisition Order



MULTICARE DEACONESS HOSPITAL: Scheduling: 509.473.7777 | Fax: 509.473.7511 | Radiologist: 509.822.4400
 MULTICARE VALLEY HOSPITAL: Scheduling: 509.473.5483 | Fax: 509.473.5490 | Radiologist: 509.822.4400
 MULTICARE DEACONESS NORTH EMERGENCY CENTER: Scheduling: 509.473.7777 | Fax: 509.473.7511 | Radiologist: 509.822.4400

Call patient to schedule
 Patient will call
 Confirm that order has been received

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Age: _____ Male Female
Last First MI

Best Patient Phone: _____ Cell Home Work

Primary Insurance: _____ ID#: _____ GRP: _____

Subscriber Name: _____

Secondary Insurance: _____ ID#: _____ GRP: _____

Primary Care Provider: _____ Referring Provider: _____

REPORT

Routine Call Report # _____ Call Report/Patient Wait
 STAT Fax Report # _____ Other _____
 Name: _____ Phone: _____ Fax: _____
 Date of next appointment with referring doctor: _____

EXAM REQUESTED / REASON FOR EXAM / SYMPTOMS / SPECIFIC AREA OF INTEREST

Diagnosis/reason for exam: _____

CPT Code: _____ **ICD-10 Code:** _____

Is authorization required? Yes No If yes, auth #: _____ Date range: _____

X-Ray _____

General Ultrasound _____ Vascular Ultrasound _____

US guided Biopsy _____

CT _____ Cardiac Imaging CCTA _____

64 Slice CT (*Deaconess Hospital & Valley Hospital*) _____

MRI DTI Perfusion _____ 1.5T 3T (*Deaconess only*)

ECHO (*available at both hospitals and ACI*) _____

Nuclear Medicine _____

Interventional Radiology _____

Barium Studies _____

Arthrogram _____ Myelogram Cervical Thoracic Lumbar

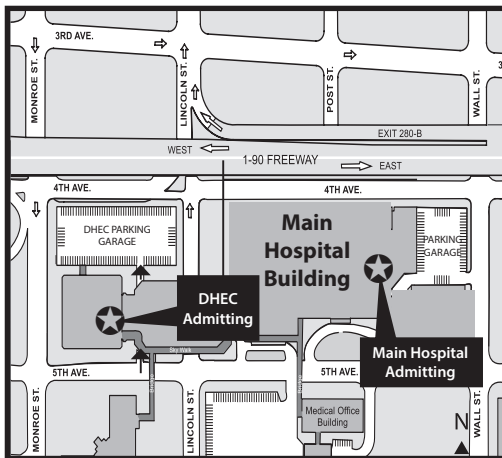
RECENT LAB WORK

Answer questions in this box for CT and/or MRI with contrast:

IV Contrast <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PRN	Creatinine: _____ Date: _____
Previous Contrast Reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	GFR: _____ Date: _____
A creatinine within 30 days is required if patient has:	Does patient have: Aneurysm clip? Metal in eyes? Pacemaker? Other implanted electronic devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient claustrophobic? <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	

Physician Signature: _____ **Date:** _____ **Time:** _____

Diagnostic Imaging Locations



MultiCare Deaconess Hospital

800 W. Fifth Avenue
Spokane, WA 99204

Imaging: 509.473.7777

FOR MRI, ADVANCED VASCULAR & CARDIAC IMAGING :

Please park in the DHEC garage and check-in with Admitting on the 2nd floor (main level) of DHEC at the end of the hall to the left.

FOR CT, X-RAY, ULTRASOUND, INTERVENTIONAL RADIOLOGY, NUCLEAR MEDICINE :

Please park in the garage attached to the main hospital and check-in with Admitting on the 1st floor near the entrance from the garage.

You are also welcome to park at the meters along the street.

Parking in either garage or MultiCare Deaconess Circle Drive valet is \$3.



MultiCare Deaconess North Emergency Center

8202 N. Division St.
Spokane, WA 99208

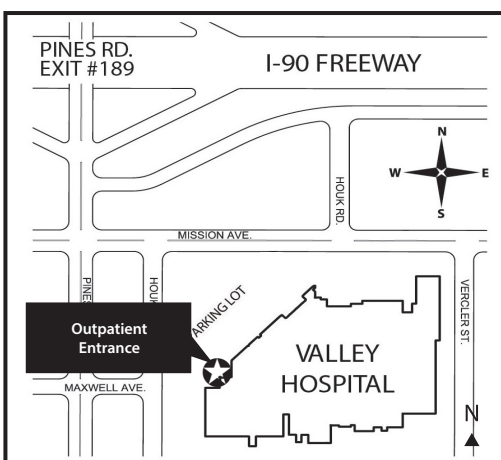
Imaging: 509.473.7777

ULTRASOUND AND CT

FOR ALL IMAGING PROCEDURES:

Park in the lots in front of the building and enter through the main Emergency Center entrance.

Parking is free in the MultiCare Deaconess North Emergency Center lot.



MultiCare Valley Hospital

12606 E. Mission Avenue
Spokane Valley, WA 99216

Imaging: 509.473.5483

FOR ALL IMAGING PROCEDURES:

Please park in the lot in front of the hospital and use the Outpatient Services/ Health and Education Center entrance on the west side of the building.

Parking is free in the MultiCare Valley Hospital lot.