

PATIENT DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 PATIENT'S FULL LEGAL NAME (LAST, FIRST, MIDDLE): \_\_\_\_\_  
 ORDERING PHYSICIAN / PROVIDER (Please Print): \_\_\_\_\_  
**SIGNS AND SYMPTOMS (ICD DXcode):** \_\_\_\_\_



Exam(s) ordered or pick from lists below: \_\_\_\_\_

\* **L.I.P. Signature:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TIME:** \_\_\_\_\_

\* If Doctor requests DI to call and schedule the patient, the following information is required: Patient Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Authorization #: \_\_\_\_\_ **RESULTS ROUTING:**  Send CD  Patient to return with CD

Phone report #: \_\_\_\_\_ Fax report #: \_\_\_\_\_ Additional Reports To: \_\_\_\_\_

**ADDITIONAL INFORMATION FOR SCHEDULED STUDIES**

Relating Prior Exam?:  Yes  No - If Yes, where? \_\_\_\_\_

Recent Labs required for all contrast studies; i.e. CT's, MRI's, Angiograms, for patients 60 and over

- Creatinine (fax copy with order): \_\_\_\_\_ Date Drawn: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Does patient take Glucophage® or Metformin?  Yes  No
- Does patient have known IV contrast allergy?  Yes  No
- Patients weight: \_\_\_\_\_ (required for NM, CT's, MRI's and interventional studies)

<b>HEAD AND NECK</b>	<b>CPT</b>	<b>EXTREMITIES</b>	<b>CPT</b>	<b>CAT SCAN</b>	<b>CPT</b>	<b>ULTRASOUND</b>	<b>CPT</b>	<b>MRI / MRA</b>	<b>CPT</b>
<input type="checkbox"/> Facial 3v	70150	<input type="checkbox"/> AC Joints Bil.	73050	<input type="checkbox"/> Abd w/o	74150	<b>GENERAL</b>		<input type="checkbox"/> Abd w/o (MRCP)	74181
<input type="checkbox"/> Mandible 4v+	70110	<input type="checkbox"/> Clavicle	73000	<input type="checkbox"/> Abd w	74160	<input type="checkbox"/> Abdomen	76700	<input type="checkbox"/> Abdomen w / w/o	74183
<input type="checkbox"/> Nasal Bones 3v+	70160	<input type="checkbox"/> Shoulder 2v+	73030	<input type="checkbox"/> Abd w / w/o	74170	<input type="checkbox"/> Abd. Ltd.-RUQ/GB	76705	<input type="checkbox"/> Abd. <u>MRA</u> w / w/o	74185
<input type="checkbox"/> Orbits 4v+	70200	<input type="checkbox"/> Humerus 2v+	73060	<input type="checkbox"/> Abd / Pel. w/o	74176	<input type="checkbox"/> Appendix	76705	<input type="checkbox"/> Pelvis w/o	72195
<input type="checkbox"/> Sinus 3v+	70220	<input type="checkbox"/> Elbow 2v	73070	<input type="checkbox"/> Abd / Pel. w	74177	<input type="checkbox"/> Echocardiogram with		<input type="checkbox"/> Pelvis w / wo	72197
<input type="checkbox"/> Sinus 1-2v	70210	<input type="checkbox"/> Elbow 3v+	73080	<input type="checkbox"/> Abd / Pel. w / w/o	74178	Definity if indicated	93307	<input type="checkbox"/> Brain wo	70551
<input type="checkbox"/> Skull 4v+	70260	<input type="checkbox"/> Forearm 2v	73090	<input type="checkbox"/> Cervical w/o	72125	<input type="checkbox"/> Guidance	76942	<input type="checkbox"/> Brain w / w/o	70553
<input type="checkbox"/> SFT Neck	70360	<input type="checkbox"/> Wrist 3v+	73110	<input type="checkbox"/> Chest w/o	71250	<input type="checkbox"/> Renal	76770	<input type="checkbox"/> Brain <u>MRA</u> w/o	70544
		<input type="checkbox"/> Hand 3v+	73130	<input type="checkbox"/> Chest w	71260	<input type="checkbox"/> Testicular	76870	<input type="checkbox"/> Neck <u>MRA</u> w / w/o	70549
<b>CHEST / ABDOMEN</b>		<input type="checkbox"/> Fingers 2v+	73140	<input type="checkbox"/> Chest w / w/o	71270	<input type="checkbox"/> Thyroid / Neck	76536	<input type="checkbox"/> C-Spine w/o	72141
<input type="checkbox"/> Chest 1v	71010	<input type="checkbox"/> Hip 2v+	73510	<input type="checkbox"/> Head w/o	70450	<b>OB / GYN</b>		<input type="checkbox"/> C-Spine w / w/o	72156
<input type="checkbox"/> Chest 2v	71020	<input type="checkbox"/> Femur 2v	73550	<input type="checkbox"/> Head w / w/o	70470	<input type="checkbox"/> Biophysical Profile	76819	<input type="checkbox"/> T-Spine w/o	72146
<input type="checkbox"/> Ribs Unil 2v	71100	<input type="checkbox"/> Knee 1-2v	73560	<input type="checkbox"/> KUB (stones)	74150	<input type="checkbox"/> Obstetrical	76805	<input type="checkbox"/> T-Spine w / w/o	72157
<input type="checkbox"/> Ribs Bil 3v	71110	<input type="checkbox"/> Tibia Fibula 2v	73590	<input type="checkbox"/> Lumbar w/o	72131	<input type="checkbox"/> OB w/TVS	76805	<input type="checkbox"/> L-Spine wo	72148
<input type="checkbox"/> Abd. (KUB) 1v	74000	<input type="checkbox"/> Ankle 3v+	73610	<input type="checkbox"/> Maxillofacial w/o	70486		+ 76817	<input type="checkbox"/> L-Spine w / w/o	72158
<input type="checkbox"/> Abd. 2v	74020	<input type="checkbox"/> Foot 3v+	73630	<input type="checkbox"/> Orbits w/o	70480	<input type="checkbox"/> Pelvis w/TVS	76856	<b>Extremities w/ jnt w/o</b>	
<input type="checkbox"/> Acute Abd. 1v CXR	74022	<input type="checkbox"/> Toes 2v+	73660	<input type="checkbox"/> Pelvis w/o	72192		+ 76830	<input type="checkbox"/> Hip/knee/ankle	73721
		<input type="checkbox"/> Infant Lower Ext.	73592	<input type="checkbox"/> Pelvis w	72193	<b>Arterial Doppler:</b>		<input type="checkbox"/> Shoulder, wrist...	73221
				<input type="checkbox"/> Pelvis w / w/o	72194	<input type="checkbox"/> Carotid Duplex	93880	<b>Extremities w/jnt w/cont</b>	
<b>SPINE / PELVIS</b>		<b>UROLOGY</b>		<input type="checkbox"/> Sinuses	70486	<input type="checkbox"/> mesenteric Art.	93975	<input type="checkbox"/> Hip/knee/ankle	73722
<input type="checkbox"/> Cervical 2 or 3v	72040	<input type="checkbox"/> VCUG	74455	<input type="checkbox"/> Sinus Ltd.	70486-52	<input type="checkbox"/> Lower Ext. bil	93925	<input type="checkbox"/> Shoulder, wrist...	73222
<input type="checkbox"/> Lumbar 2 or 3v	72100	<b>GASTRO / FLUORO</b>		<input type="checkbox"/> ST Neck w/o	70490	<input type="checkbox"/> Lower Ext. uni	93926	<b>Extremities w/jnt w/wo</b>	
<input type="checkbox"/> Pelvis 1 or 2v	72170	<input type="checkbox"/> Be Enema	74270	<input type="checkbox"/> Temporal Bones	70480	<input type="checkbox"/> Upper Ext. bil	93930	<input type="checkbox"/> Shoulder, wrist...	73223
<input type="checkbox"/> Sacrum/Coccyx	72220	<input type="checkbox"/> Be w/air	74280	<input type="checkbox"/> Thoracic w/o	72128	<input type="checkbox"/> Upper Ext. uni	93931	<b>Extremities non jnt w/o</b>	
<input type="checkbox"/> SI Joints 2v	72200	<input type="checkbox"/> Dysphagia	74230	<b>CTA's</b>		<input type="checkbox"/> Renal Artery	93975	<input type="checkbox"/> Femur, tib/fib, foot	73718
<input type="checkbox"/> T-L Junction	72080	<input type="checkbox"/> Esoph	74220	<input type="checkbox"/> Abd.	74175	<b>Venous Doppler:</b>		<input type="checkbox"/> Upr/forearm, hand	73218
<input type="checkbox"/> Thoracic 2v	72070	<input type="checkbox"/> Small Bowel	74250	<input type="checkbox"/> Abd. w/ Ext. run	75635	<input type="checkbox"/> Lower Ext. bil	93970	<b>Extremities non jnt w/wo</b>	
<input type="checkbox"/> Epi Cerv / Thor	62310	<input type="checkbox"/> UGI	74240	<input type="checkbox"/> Chest	71275	<input type="checkbox"/> Lower Ext. uni	93971	<input type="checkbox"/> Femur, tib/fib, foot	73720
<input type="checkbox"/> Epi Lumb / Sac	62311	<input type="checkbox"/> UGI w/SB	74245	<input type="checkbox"/> Head	70496	<input type="checkbox"/> Upper Ext. bil	93970	<input type="checkbox"/> Upr/forearm, hand	73220
<input type="checkbox"/> Facet Cerv / Thor	64490			<input type="checkbox"/> Neck	70498	<input type="checkbox"/> Upper Ext. uni	93971		
<input type="checkbox"/> Facet Lumb / Sac	64493			<input type="checkbox"/> Pelvis	72191				
<input type="checkbox"/> Nerve Root C - T	64479								
<input type="checkbox"/> Nerve Root L - S	64483								



Patient Identification:

Align Patient ID Here

- |   |       |  |       |  |       |
|---|-------|--|-------|--|-------|
| <input type="checkbox"/> Bone SPECT         | 78320 | <input type="checkbox"/> Bone 3 Phase          | 78315 | <input type="checkbox"/> Lung VQ                   | 78598 |
| Specify Area: _____                         |       | <input type="checkbox"/> Bone 3 Phase w/ spect | 78320 | <input type="checkbox"/> Parathyroid               | 78070 |
| <input type="checkbox"/> Bone Scan One Area | 78300 | <input type="checkbox"/> Hepatobiliary HIDA    | 78226 | <input type="checkbox"/> Thyroid I-123 uptake/scan | 78014 |
| <input type="checkbox"/> Bone Complete Body | 78306 | <input type="checkbox"/> HIDA w / CCK          | 78227 | <input type="checkbox"/> Renal with Lasix          | 78709 |
|   |       | <input type="checkbox"/> Gastric Emptying      | 78264 | <input type="checkbox"/> Renal Differential        | 78707 |

**EXAM PREPARATIONS**

CALL THE DIAGNOSTIC IMAGING SCHEDULING OFFICE FOR APPOINTMENTS AT 360-493-7457x1

**Please Arrive at Admitting 20 Minutes Before Your Scheduled Appointment**

**Please bring list of medications for all exams**

**RADIOLOGY**

- Barium Enema:**
  - Prep ordered by MD
- IVP:**
  - See **required** creatinine indicators below
  - IV contrast **used**
  - Nothing to eat / drink **8 hours** prior to exam
- Myelogram:**
  - Nothing to eat **4 hours** prior to exam
  - Liquids up to **2 hours** before exam
- Small Bowel Series / Upper GI Series:**
  - Nothing to eat or **drink** 8 hours prior to exam

**ULTRASOUND**

- Abdomen / Aorta :**
    - Nothing to eat or drink 8 hours prior to the exam
  - Renal U/S** drink two 8 oz. glasses of water before exam and do not go to the bathroom
  - Renal Artery and Deep Abdomen (SMA):**
    - Nothing to eat or drink 8 hours prior to the exam
  - 1<sup>st</sup> Trimester OB / Pelvis:**
    - Empty bladder first, then drink four 8 oz. glasses of any liquid, 1 hour before exam
- DO NOT** go to the bathroom **BEFORE** the exam
- Vascular Studies:**
    - No prep. Physician to indicate RT or LT or bilateral & **arterial or venous study**

**NUCLEAR MEDICINE**

- Bone Scan:**
  - Drink four 8 ounce glasses of water day of the exam
  - Injection occurs at appointment time, patient returns for 2<sup>nd</sup> part of study in 3 – 6 hours
- Renal Scan:**
  - Drink four 8 ounce glasses of water on day of exam
- Gastric Emptying / HIDA Scan:**
  - Nothing to eat or drink 6 hours prior to exam
  - Take prescribed medications
  - Diabetic patients must bring glucose meter for Gastric Emptying study.

**CT SCAN**

- CT Head, CT Chest or CT Neck:**
  - IV contrast may be used
- CT Abdomen / CT Pelvis:**
  - IV contrast will be used unless clinically indicated
  - Nothing to eat 4 hours prior to exam
  - Water can be taken up to 2 hours prior to exam
  - **ARRIVE 1 HOUR PRIOR TO YOUR EXAM TO DRINK CONTRAST.**
- CT KUB:**
  - Nothing to eat or drink 2 hours prior to exam
  - No oral contrast is necessary
- CTA – Aorta / Carotid / Brain / Heart:**
  - No oral contrast, IV contrast will be used
- CT's Other Than Listed Above:**
  - No prep, unless directed by CT or Physician

**MRI and MRA**

**Patient must fill out screening form**

- ✓ No preparation needed, except for MRCP/Abdomen
- ✓ For abdomen – nothing to eat or drink 4 hours before exam

**\* Required Creatinine Indicators**

- ✓ Patient is 60 years or older
- ✓ Patient is diabetic
- ✓ Patients with history of renal insufficiency, or hypertension

THIS PAGE IS NOT A PERMANENT PART OF THE MEDICAL RECORD