

SWEDISH MEDICAL IMAGING

**SWEDISH REDMOND IMAGING REQUISITION FORM**

Phone: 425-498-2031 • Fax: 425-498-2032 • 18100 NE Union Hill Road, Redmond, WA 98052 **Today's date:** \_\_\_\_\_

**Patient information: (All fields are required)**

Patient legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Patient phone number: \_\_\_\_\_  Male  Female  Other: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Call patient to schedule  Need interpreter (language): \_\_\_\_\_ Need assistive:  Hearing  Visual device  
**Pregnant?**  Yes  No **Diabetic?**  Yes  No  
**Allergies?**  Contrast/Gadolinium  Iodine  Latex  Other: \_\_\_\_\_  
 Insurance/Plan: \_\_\_\_\_ Member #/ID: \_\_\_\_\_  Uninsured  Self-pay  
 Authorization #: \_\_\_\_\_ Valid date(s): \_\_\_\_\_  L & I, Claim #: \_\_\_\_\_

**Ordering provider: (All fields are required)**

Physician printed name: \_\_\_\_\_ NPI: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: (required) \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Clinic contact: \_\_\_\_\_ Clinic fax: \_\_\_\_\_  
 In event of critical finding, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for exam: (All fields are required)**

ASAP  Routine Symptoms/Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 ICD-10: \_\_\_\_\_ CPT code(s): \_\_\_\_\_

**Reports are always faxed.**  Fax **additional** report to: Dr. \_\_\_\_\_ Fax: \_\_\_\_\_

Prior films?  No  Yes, where? \_\_\_\_\_ If injured, date of injury: \_\_\_\_\_

Swedish Image Transfer Request Form: <https://www.swedish.org/services/medical-imaging/image-transfer-request>

Comments/Instructions: \_\_\_\_\_

**Exam ordered: (Patient preps and directions on back)**

Does patient have any implants?  No  Yes, what and where \_\_\_\_\_

If ordering MR or CT: **IV contrast?**  With  Without  Without and with **creatinine:** \_\_\_\_\_ Date: \_\_\_\_\_

- MRI**
- Brain
  - Soft tissue neck
  - Spine  C  T  L
  - Abdomen  Pelvis
  - Shoulder  Hip
  - Knee  Ankle  Foot
  - Liver  Pancreas
  - MRCP (biliary)  Adrenal
  - Renal
  - Enterography
  - Brain MRA
  - Neck MRA (carotids)
  - MRA  Abdomen  Pelvis
  - Extremity / Other MRI: \_\_\_\_\_
- Right  Left  Arthrogram

- CT**
- Head  Sinus
  - Soft tissue neck
  - Chest
  - Spine  C  T  L
  - Abdomen  Pelvis
  - Liver  Pancreas
  - Adrenal
  - Enterography
  - CT IVP (renal mass)
  - CT KUB (renal stone)
  - Head  Neck CTA
  - Pulmonary CTA (PE)
  - CT Aortogram \_\_\_\_\_
  - Extremity / Other CT: \_\_\_\_\_
- Right  Left  Arthrogram

- Ultrasound**
- Abdomen  Complete  Ltd
  - Pelvis  With  Without TV
  - Gallbladder
  - Appendix
  - Kidney/Bladder
  - Scrotum
  - Aorta
  - Thyroid
  - Soft tissue mass \_\_\_\_\_
  - Hernia \_\_\_\_\_
  - OB first trimester  W
  - WO TV
  - LMP \_\_\_\_\_  EDC \_\_\_\_\_
  - Other ultrasound: \_\_\_\_\_

- X-ray**
- Chest
  - Abdomen
  - Pelvis
  - Cervical spine
  - Thoracic spine
  - Lumbar spine
  - Scoliosis
  - Leg length
  - Extremity / Other X-ray: \_\_\_\_\_
- Right  Left  Wt-bearing
- Digital mammography**
- Screening

**Please fax order to: 425-498-2032. Thank you for choosing Swedish!**

# PATIENT INSTRUCTIONS

## MRI

Our short-length, wide bore MRI scanner is a very comfortable scanner. Moreover, it offers very high image quality. We also let you select your own music for your scan to increase your comfort level. MRI scanners do not use radiation.

Please arrive 20 minutes before your exam. Patients should wear metal-free clothing or a hospital gown. Please remove all jewelry, watches, piercings, etc. There may be eating or drinking restrictions.

If the patient is claustrophobic, medication may be taken (as prescribed by the ordering physician). You must have a ride to and from your appointment.

### Does patient have?

Pacemaker/Defibrillator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ferromagnetic prosthesis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ferromagnetic aneurysm clip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claustrophobia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other implanted device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Metal anywhere in body	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tattoo/Body piercing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ortho pins/screws/rods/joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## CT

Our CT scanner technology delivers up to 40% less radiation per dose than traditional CT scanners. We also use detailed protocols and other techniques to ensure your radiation dose is as small as possible.

Do not smoke, eat or drink for two hours prior to your exam. If you are receiving oral contrast, please arrive 90 minutes before your exam. If you are receiving IV contrast, please arrive 15 minutes prior to your exam.

## ULTRASOUND

Our state-of-the-art equipment produces very clear 3D digital images using sound waves (no radiation).

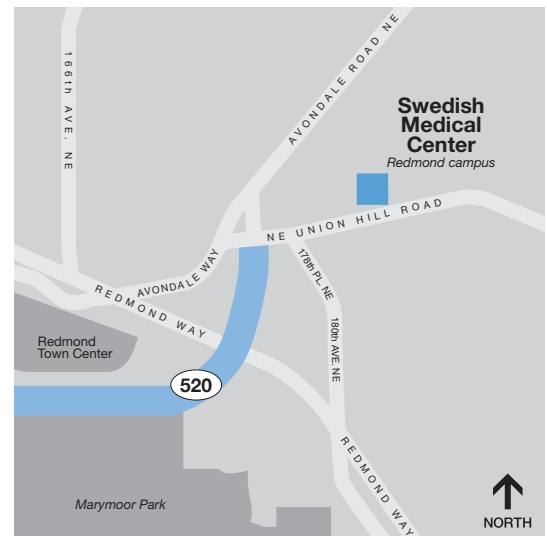
Please arrive 15 minutes before your exam.

- For **abdomen studies**, do not eat or drink for eight hours prior to your exam (except water and necessary medications).
- For **kidney studies**, drink three 8 ounce glasses of water one hour before your exam and keep your bladder full.
- For **pelvis studies**, drink four 8 ounce glasses of water one hour before your exam and keep your bladder full.
- For **pregnancies** in the first 14 weeks drink four 8 ounce glasses of water one hour before your exam and keep your bladder full. For pregnancies after the first 14 weeks it is not necessary to have a full bladder.

## Directions and map to Swedish Redmond campus

### Traveling from I-405:

- Merge onto 520 East.
- Continue to Avondale Road.
- Turn right at NE Union Hill Road.
- The Swedish Redmond campus will be on your left.



## SWEDISH MEDICAL IMAGING

### Redmond

18100 NE Union Hill Road  
Redmond, WA 98052

T 425-498-2031

**Emergency Dept.** (24 hours) 425-498-2020

**Labcorp Lab** 425-498-2122

[www.swedish.org/services/medical-imaging](http://www.swedish.org/services/medical-imaging)

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)

