SWEDISH RADIA IMAGING CENTER AT EDMONDS

Request for Imaging

Please bring this referral form with you to your appointment

21700 Highway 99
Edmonds, WA 98026-8034

Scheduling Phone: (425) 640-4942
Scheduling Fax: (425) 670-8690

Phone: 425-640-4949
Fax: 425-640-4940

Patient Information

Patient Name: ______________________________ Age: ________ Date of Birth: ____________
Last First MI

Patient Phone: (*Home*)________________ (*Work/Cell*) ________________ ☐ Male ☐ Female

Today's Date: __________ Appt Date: ____________ Appt Time: __________ Arrival Time: __________

Insurance: ______________________________

Referring Provider
Name (Please print): ______________________

SIGNATURE:______________________

Date: ____________

Optional Requests:
(Note: Reports are automatically faxed to referring physician)
☐ Call report
☐ Call report while patient waits
☐ **STAT** **CC:** ______________

Reason for Exam/Clinical History:

Creatinine: (Age ≥ 60 or where clinically indicated) ________

Patient Pregnant? ☐ Yes ☐ No
Patient Ht: ________ Patient Wt: ________

☐ MRI Exam Requested ☐ with contrast ☐ without

☐ Brain
☐ MRA of Brain
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Arthrogram Joint: __________
☐ Other MRI:
☐ Creatinine Test (Age ≥ 60 or where clinically indicated)

☐ Upper Extremity ☐ Right ☐ Left
Specify: ________________

☐ Lower Extremity ☐ Right ☐ Left
Specify: ________________

☐ CT Exam Requested ☐ with contrast ☐ without

☐ CTA __________
☐ Brain
☐ CT KUB
☐ CT KUB w/ 1 view Abdomen X-ray
☐ CT IVP
☐ CT IVP w/post CT plain films
☐ Limited Sinus
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Other CT:
☐ Creatinine Test (Age ≥60 or where clinically indicated)

Exams in red include 3D reconstruction
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Maxillofacial
☐ Mandible ☐ Maxilla
☐ Extremity
☐ Upper ☐ Lower
☐ Right ☐ Left
Specify:
☐ CT Colonography

☐ Breast MRI Exam Requested

☐ MRI Breast w/contrast
☐ MRI Guided Breast Biopsy ☐ Right ☐ Left
☐ MRI Guided Wire Localization ☐ Right ☐ Left

☐ Creatinine Test (Age ≥ 60 or where clinically indicated)

☐ Therapeutic Joint Injection

☐ Shoulder ☐ Right ☐ Left
☐ Hip ☐ Right ☐ Left
☐ Knee ☐ Right ☐ Left
☐ Other ________ ☐ Right ☐ Left

Injection Material:
☐ Steroid
☐ Anesthetic
☐ Other (specify): ____________

☐ ULTRASOUND Exam Requested

☐ Carotid Doppler
☐ Thyroid
☐ Venous Doppler
Extremity ☐ Right ☐ Left
☐ Pelvic-Transabdominal/Transvaginal
☐ Pelvic-Transvaginal only
☐ Pelvic-Transabdominal only
☐ Scrotum
☐ Other:

Abdomen
☐ Complete
☐ Gallbladder
☐ Renal
☐ RUQ, i.e., attn: liver
☐ Aorta
☐ Hernia
☐ Appendix
☐ Bladder

Obstetrics
☐ Complete ______________
☐ Follow-up only ______________

☐ DEXA

☐ Bone Density Test
☐ Vertebral Fracture Assessment
☐ Appendicular (wrist)

☐ X-RAY

☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Extremity:__________
☐ R ☐ L ☐ Wt bearing

☐ Chest
☐ KUB
☐ Other:

Please see other side for patient preparation instructions and driving directions. 24-hour notice required for all cancellations.

Rev 9-13

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Rev 9-13

Radia Imaging Centers are comprehensive state-of-the-art diagnostic imaging centers; part of the largest private radiology practice in the Pacific Northwest. They are full-service, outpatient centers offering patients convenient scheduling, easy access, free parking and a comfortable environment, as well as the advanced technology required for accurate evaluations and diagnoses. Our dedicated, experienced staff treats every patient with respect and dignity. For physicians, we provide fast, efficient results reporting, electronic hospital interface for retrieving patient history and images, and access to more than 80 board-certified radiologists.

For your convenience, Radia Imaging Centers accept most insurance plans. If you are unsure about your coverage, please contact your benefit administrator. We offer convenient appointments, including same day scheduling for some exams.

From I-5 HEADING NORTH OR SOUTH: Take Exit #179 (220th St SW). Turn west onto 220th SW, proceeding west to Highway 99. Turn right onto Highway 99 (Aurora) and stay in the left lane. Swedish Radia at Edmonds will be on your immediate left just after Starbucks and Dick's Drive-in.

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WEEKDAY HOURS	
MRI Scans	**7:30 am - 8:00 pm**
CT Scans	**9:30 am - 6:00 pm**
Ultrasound	**7:00 am - 6:00 pm**
Dexa (bone density) Mon-Fri	**9:00 am - 4:00 pm**
Arthrogram	**9:00 am - 5:00 pm**
X-Rays (walk-in) Mon- Fri	**9:00 am - 5:00 pm**
Saturday Hours	**9:00 am - 5:00 pm**

Patient Information

For your MRI, CT or Ultrasound exam please arrive 15 minutes prior to your exam unless otherwise instructed. We require 24 hours notice for cancellations.

Patient Instructions

Patients with other special needs (diabetes, renal impairment, claustrophobia, inability to lie still, wheelchair bound, etc.) should call in advance of appointment.

MRI

Please notify the MRI facility for further instructions if:

You are pregnant, or could be pregnant
You have a pacemaker or heart valve
You have a history of metal in the eyes
You have an aneurysm clip in the brain
You have any tattoos; including permanent eyeliner

Please wear comfortable clothing. You may be asked to change into metal-free clothing.

Although you may be given an MRI contrast injection during the exam, there are no food restrictions prior to arrival.

Please check with your doctor for any medication directions.

CONTRAINDICATIONS include but are not limited to: The presence of cardiac pacemakers, ferromagnetic intracranial aneurysm clips, neurostimulators, cochlear implants, and certain other ferromagnetic foreign bodies in critical locations.

CT Scan

No solid foods or drink 3 hours prior to your scheduled exam time. You should take your daily medications with sips of water or juice.

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