

Vancouver Village Shopping Center
4816 A NE Thurston Way
Vancouver, WA 98662

Today's Date _____ Scheduling **360.254.4914** Fax **360.449.4987**

PATIENT INFORMATION

Patient Last Name _____ Patient First Name _____ DOB ____/____/____
 Phone _____ Address _____
 Insurance Name _____ Insurance ID _____ Authorization Number _____
 Medicare CDS Info CDSM/GCODE _____ Outcome/Modifier _____

HISTORY / RELEVANT CLINICAL

Diagnosis / ICD (REQUIRED) _____
 Related Prior Exams (Date and Location) _____
 Referring Provider Name _____ Referring Provider Signature _____
 Referring Provider Phone _____ Referring Provider Fax _____
 Optional Requests: STAT Call Report Call Report while patient waits Send CD w/patient Mail CD to Referring Provider

REQUIRED FOR ALL CT EXAMS WITH CONTRAST *except Arthrograms*

Patients with the following criteria require Creatinine Lab **within 30 days of contrast exam**
 None Apply Age >60 Hypertension Multiple Myeloma Diabetes
 Renal disease incl. transplant, cancer, resection Date of Recent Creatinine Test _____
 BUN _____ Creatinine _____

IV Contrast: Please Circle Below with Exam Previous Contrast Reaction? Yes No

XRAY - Walk-ins welcome

- Chest PA and LAT Ribs & PA Chest
- Abdomen KUB
- Acute Abdomen Series
- Spine Cervical Thoracic Lumbar Scoliosis
- Pelvis SI Joints Sacrum/Coccyx
- Hip R L Bil
- Upper Extremity _____ R L
- Lower Extremity _____ R L
- Fluoro**
- UGI Esophagram SBFT
- Arthrogram Other _____

DEXA

- Osteoporosis Screening
- Disorder of bone density & structure, unspecified
- Age-related osteo w/o current pathological fracture

CT SCAN

- Head WO W PRN
 - Sinus Screen Full Sinus
 - Orbits Facial Bones
 - IAC
- Angio Head WO W PRN
- Soft Tissue Neck WO W PRN
- Angio Neck WO W PRN
- Chest WO W PRN
- Lung CA Screening WO PRN
- Chest PE WO W PRN
- Chest Aorta WO W PRN
- CTA Abdomen WO W PRN
- CTA Abdomen/Pelvis WO W PRN
- CTA Lower Ext Runoff WO W PRN
- Chest/Abd/Pelvis WO W PRN
- Chest/Abd WO W PRN
- Abdomen Liver Pancreas WO W PRN
- Abdomen/Pelvis WO W PRN
- Pelvis WO W PRN
- Urogram/IVP W PRN
- Renal Colic/KUB WO PRN
- Spine C T L WO W PRN
- Myelogram C T L W PRN
- Extremity _____ R L WO W PRN
 - Upper Lower
 - Metal Implant? Y N
- Arthrogram _____ R L

BREAST IMAGING

- Screening mammogram (no symptoms), US as needed
- Complete 3D Diagnostic Workup, US and Biopsy as needed: Right Left Bilateral PRN
- Ultrasound Breast, Diagnostic Mammogram as needed: Right Left Bilateral PRN
- Breast Biopsy: Right Left Bilateral FNA Core Stereotactic

Have Priors Sent to Our Office

ULTRASOUND

- Thyroid Head Neck Soft Tissue
- Abdomen Complete RUQ LUQ Aorta
- Abdomen Doppler
- Appendix
- Renal Renal Artery
- Bladder pre/post void
- Pelvis-Transvaginal Pelvis-Transabdominal
- Hysterosonogram LMP _____
- OB Trimester: 1^s 2nd 3rd LMP _____
Transvaginal if indicated
- Hernia RT LT Bil Inguinal Umbilical
- Scrotum
- Carotid
- Venous Reflux R L Bil
- Lower Venous R L Bil
- Upper Venous R L Bil
- Lower Arterial Doppler R L Bil
- Upper Arterial Doppler R L Bil
- MSK _____ Soft Tissue _____
- Biopsy _____



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