



3822 Colby Avenue, Everett, WA 98201
Phone 425-297-6278, Toll Free 1-866-990-6200, Fax 425-297-6223
Scheduling Phone 425-787-5660, Scheduling Fax 425-787-5661

For expedited scheduling of your patients, please fax this request form prior to scheduling

Radiology Request Form

Appointment Information

Radia to call patient to schedule Patient will call to schedule

Appt Date: Arrival Time: Appt. Time:

Patient Information

Patient Name: Last First MI Age: Date of Birth:

Patient Phone: (Home) (Work/Cell)

Insurance Carrier: Policy/ID#:

Referring Provider

Report Requests

Routine Fax report Fax results ASAP today Call STAT report to provider while patient waits

Duplicate report to

Reason for Exam (*Required information)

*Signs & Symptoms Allergies:

*Clinical Question? Prior exams?

Patient Height Weight

Diagnosis/ICD-9 Patient Pregnant? Yes No

Answer questions in this box for CT and/or MRI with contrast.
IV Contrast? Previous contrast reaction?
A creatinine within 30 days is required if patient has...
Diabetes? Renal Disease? Age>70?
Creatinine: Date:

- CT
Head Sinus Cervical Spine Lumbar Spine Soft Tissue Neck Chest Other CT:
CT Abdomen/Pelvis CT ABD CT Abdomen/Pelvis (w/o contrast) Radiologic KUB CT Abdomen/Pelvis (w & w/o contrast) 3 View Radiologic Abdomen
CTA Neck (arch & carotid) CTA Chest (thoracic aorta) Abdomen/Pelvis CTA

- MRI
Brain Cervical Spine Thoracic Spine Lumbar Spine Other MRI
Brain MRA Carotid MRA Soft Tissue Neck Female Pelvis MRCP
Shoulder Wrist Hip/Pelvis Knee Foot Ankle
Arthrogram Arthrogram Arthrogram Arthrogram Arthrogram Arthrogram

X-RAY

- Chest KUB Extremity: Cervical Spine Skull Sinus Other X-Ray: Thoracic Spine Pelvis Hip Lumbar Spine Acute Abdominal Series

ULTRASOUND

- Pregnancy LMP: Biophysical Profile Pelvis Abdomen Gallbladder Other U/S: Aorta Kidney Inguinal Hernia Thyroid Scrotum

INJECTION PROCEDURES

- Hip Epidural Steroid Injection (ESI) Select Nerve Root Block Facet Injection Median Branch Block

Providers: For consultations please call radiologists directly at 425-787-5666

Patients: Important information is on the back of this form. Rev 11/08

Provider's Signature: