EvergreenHealth

EvergreenHealth Scheduling: 425.899.2831
EvergreenHealth Fax: 425.899.2828
www.evergreenhealth.com/imaging

DIAGNOSTIC IMAGING

Exam Order Form

(See reverse side for addresses and maps.)

EVERGREEN RADIA IMAGING CENTER

Scheduling: 425.899.2831
EvergreenHealth Radia Fax: 425.952.6150
EvergreenHealth Radia Phone: 425.952.6100
www.radiax.com

PATIENT INFORMATION

Patient Name ______ LAST ______ FIRST ______ MI

Primary Phone ______ DOB ______ Height ______ Weight ______

Diagnosis & Symptoms-*Required* ______

☐ Call Patient to Schedule ☐ Patient will Call ☐ Confirm order has been received by: ☐ Fax ☐ Phone

ICD-10 #-Required ______

Insurance ______

ID/Claim # ______

Authorization # ______

Is exam due to an injury? ☐ Yes ☐ No

Date of Injury ______

REQUIRED FOR ALL CT & MRI EXAMS WITH CONTRAST *Except For Arthrograms*

1) Patients with the following indications require Creatinine lab prior to contrast exams. ☐ **NONE APPLY.**
   - ☐ Age >60 ☐ Multiple Myeloma ☐ Hypertension Needing Medication
   - ☐ CHF ☐ Chemotherapy ☐ Prior Contrast within 72 Hours
   - ☐ Diabetes ☐ Currently on IV Antibiotics ☐ Renal Disease - *incl. Transplant, Cancer, Resection*
2) *Patients meeting above criteria having contrast exams require Creatinine Lab within past 30 days. CHECK ONE:*
   - a) ☐ Date of Recent Creatinine Test ______ BUN ______ CREATININE ______
   - b) ☐ Site to Perform Creatinine Test via ISTAT as Needed. *Not Available at Redmond Location.*
3) IV Contrast: Please circle below with exam. Previous Contrast Reaction ☐ Yes ☐ No

MRI SCAN *Circle Desired Contrast*

Exam			
☐ Brain	WO	W/WO	PRN
☐ Abdomen	WO	W/WO	PRN
☐ Cervical Spine	WO	W/WO	PRN
☐ Thoracic Spine	WO	W/WO	PRN
☐ Lumbar Spine	WO	W/WO	PRN
☐ Pelvis	WO	W/WO	PRN
☐ Breast	WO	W/WO	PRN
☐ Breast Silicone Implant Eval. - *WO/Contrast*			
☐ Extremity	WO	W/WO	PRN

Indicate Body Part ______ R L BIL

☐ Arthrogram to Include Contrast Injection

Indicate Joint ______ R L BIL

☐ ______ WO W/WO PRN

CT SCAN *Circle Desired Contrast*

Exam			
☐ Abdomen	WO	W/WO	PRN
NOTE: CT Abdomen Only Covers to Iliac Crest			
☐ Chest	WO	W	PRN
☐ Pelvis	WO	W	PRN
☐ Chest/Abdomen/Pelvis	WO	W	PRN
☐ Chest/Abdomen	WO	W	PRN
☐ Abdomen/Pelvis	WO	W/WO	PRN
☐ Head	WO	W/WO	PRN
☐ Soft Tissue Neck	WO	W	PRN
☐ Chest Angio PE - *IV Contrast Mandatory*			
☐ Chest Angio Aorta - *IV Contrast Mandatory*			
☐ Abdomen/Pelvis Angio - *IV Contrast Mandatory*			
☐ Myelogram to Include Injection			
☐ Cervical ☐ Thoracic ☐ Lumbar			
☐ Extremity	WO	W	PRN

Indicate Body Part ______ R L BIL

Circle if: MAKO or CONFORMIS

☐ ______ WO W/WO PRN

NUCLEAR MEDICINE

- ☐ Bone Scan - Whole Body
- ☐ Bone Scan - 3 Phase
- ☐ HIDA
- ☐ Gastric Emptying
- ☐ Thyroid Uptake Scan
- ☐ SPECT CT

Body Part ______

☐ ______

ULTRASOUND

- ☐ Abdomen Complete
- ☐ Abdomen- RUQ only
- ☐ Pelvis - *Transvaginal & Transabdominal* ☐ *w/Doppler*
- ☐ Pelvis - *Transvaginal Only* ☐ *w/Doppler*
- ☐ Pelvis - *Transabdominal Only* ☐ *w/Doppler*
- ☐ Renal
- ☐ Thyroid
- ☐ LOWER Venous Doppler R L BIL
- ☐ UPPER Venous Doppler R L BIL
- ☐ Carotid Doppler
- ☐ OB - *First Trimester, Up to 11 Weeks: Transvaginal & Transabdominal*
- ☐ Scrotum ☐ *w/Doppler*
- ☐ ______

REPORT/FILM/CD REQUEST

☐ **ROUTINE** ☐ Call Report # ______

☐ **STAT** ☐ Fax Report # ______

☐ Call Report/Patient Waiting

☐ Patient to Return with CD

☐ CC Report to Another Doctor:

______

______

______

BONE DENSITOMETRY/DXA

- ☐ Z13.820 - *Screening for Osteoporosis*
- ☐ M85.9 - *Disorder of bone density and structure, unspecified*
- ☐ M85.10 - *Age-related osteoporosis without current pathological fracture*
- ☐ ______

XRAY

- ☐ Chest - *PA and LAT*
- ☐ Abdomen ☐ 1 View ☐ 2 View
- ☐ Spine
  - ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Pelvis
- ☐ Metastatic Bone Survey
- ☐ Hip R L BIL
- ☐ Extremity ______ R L BIL
- ☐ Fluoro/Injection ______
- ☐ ______

REFERRING DOCTOR

Name ______ Phone ______ Fax ______

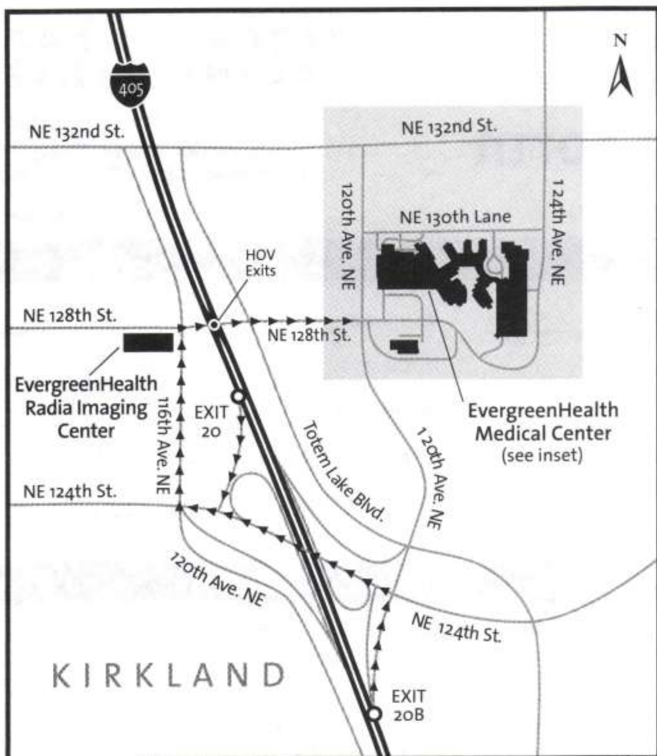
Signature-*Required* ______ Date-*Required* ______

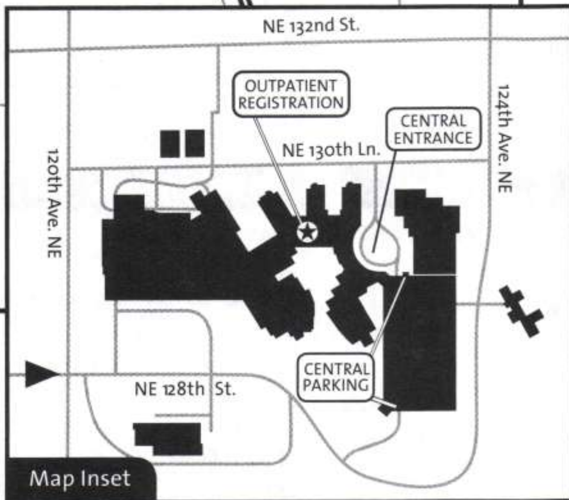
NOTES

______

______

JUNE-18

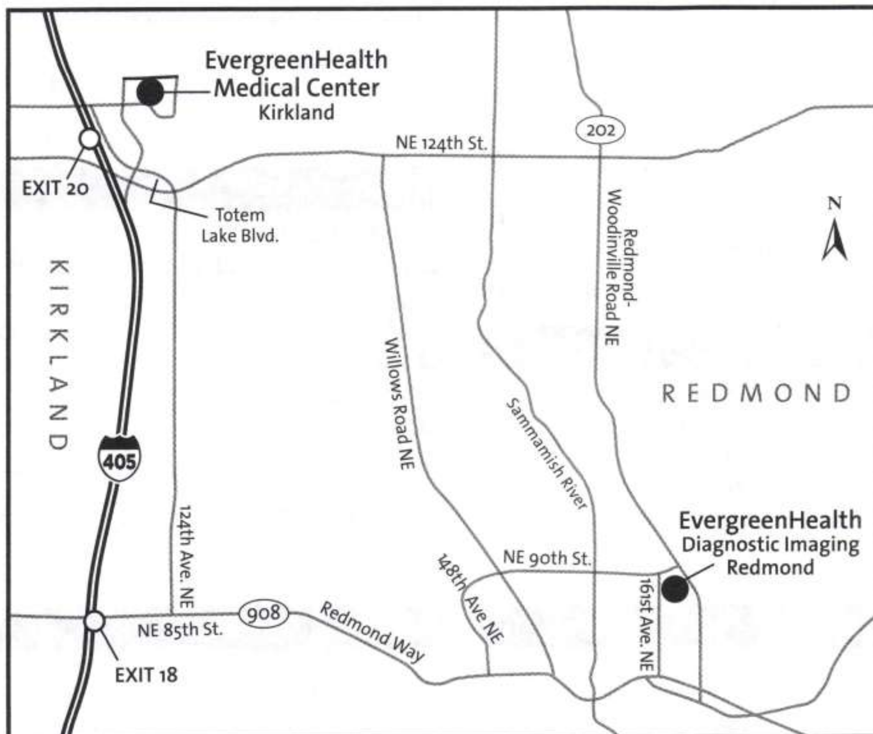




KIRKLAND

EvergreenHealth Medical Center
Diagnostic Imaging - Kirkland
425.899.2831
12040 NE 128th St.
Kirkland, WA 98034

Evergreen Radia
Imaging Center
425.952.6100
866.748.7226 (toll-free)
11521 NE 128th St., Suite 200
Kirkland, WA 98034



REDMOND

EvergreenHealth
Diagnostic Imaging - Redmond
425.895.4810
8980 161st Ave. NE, Suite 340
Redmond, WA 98052