MEDICAL IMAGING REQUISTION

9801 Frontier Avenue SE
Snoqualmie, WA 98065

HOSPITAL	425-831-2300
IMAGING DEPT.	425-831-2370
SCHEDULING FAX	425-888-1924

TODAY'S DATE ______________________

PATIENT INFORMATION		
LAST	FIRST	M.I.
☐ MALE ☐ FEMALE	Date of Birth	
PROVIDER SIGNATURE (REQUIRED)		
CLINIC / FACILITY: [redacted]		
PHONE [redacted] FAX [redacted]		
REASON FOR EXAM		

Reports will be faxed to the provider. In addition, please:
- ☐ Call report STAT (while patient waits)
- ☐ Call report STAT (send patient home)
- ☐ Fax stat preliminary report
- ☐ Give CD to patient

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X-RAY

CHEST
- ☐ 1 View
- ☐ 2 View
- ☐ Ribs (Rt. / Lt.) + 1 view Chest

ABDOMEN / PELVIS
- ☐ Acute Abd Series
- ☐ Abd 1 view (KUB)
- ☐ Abd 2 views upright / supine
- ☐ Pelvis
- ☐ Hip incl. pelvis Rt./Lt

OTHER
- ☐ DEXA (bone density)

EXTREMITY
- ☐ Hand Rt./Lt
- ☐ Fingers Rt./Lt
- ☐ Wrist Rt./Lt
- ☐ Forearm Rt./Lt
- ☐ Elbow Rt./Lt
- ☐ Humerus Rt./Lt
- ☐ Shoulder Rt./Lt
- ☐ Clavicle Rt./Lt
- ☐ Femur Rt./Lt
- ☐ Knee Rt./Lt
- ☐ Tibia/Fibula Rt./Lt
- ☐ Ankle Rt./Lt
- ☐ Foot Rt./Lt
- ☐ Toes Rt./Lt

SPINE
- ☐ Cervical
- ☐ Soft Tissue Neck
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum/ Coccyx

☐ Other X-ray

C.T.

Yes	No	
☐	☐	Diabetes
☐	☐	Hx of Renal Disease
☐	☐	Allergy to IV Contrast

CONTRAST

☐	☐	Oral Contrast
☐	☐	IV Contrast
☐	☐	Radiologist to determine

CREATININE
Within past 30 days/ if over 35 yrs.
Creatinine: ___________ Date:_________

HEAD/FACE/NECK
- ☐ Head
- ☐ Facial Bones
- ☐ Sinus
- ☐ Soft Tissue Neck

SPINE
- ☐ Cervical
- ☐ Lumbar Level ___________
- ☐ Thoracic Level ___________

CHEST/ ABDOMEN/ PELVIS
- ☐ Chest
- ☐ Chest Pulmonary Emboli
- ☐ Abdominal & Pelvis
- ☐ Abdomen Only
- ☐ Pelvis Only
- ☐ IVP
- ☐ KUB (Renal Stone)

☐ Other C.T.

M.R.I.

HEAD
- ☐ Brain
- ☐ IAC
- ☐ Orbits
- ☐ Brain MRA
- ☐ Brain MRI

NECK
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

ABDOMEN
- ☐ Enterography
- ☐ Liver
- ☐ Pancreas
- ☐ MRCP
- ☐ Adrenal
- ☐ Renal
- ☐ Abdominal MRA

PELVIS
- ☐ Hip Rt./Lt
- ☐ Female Pelvis

UPPER EXTREMITY
- ☐ Shoulder Rt./Lt
- ☐ Humerus Rt./Lt
- ☐ Elbow Rt./Lt
- ☐ Forearm Rt./Lt
- ☐ Wrist Rt./Lt
- ☐ Hand Rt./Lt
- ☐ Thumb Rt./Lt

LOWER EXTREMITY
- ☐ Thigh Rt./Lt
- ☐ Knee Rt./Lt
- ☐ Lower Leg Rt./Lt
- ☐ Ankle Rt./Lt
- ☐ Heel (Hindfoot) Rt./Lt
- ☐ Mid-Foot Rt./Lt
- ☐ Fore-Foot (Toes) Rt./Lt

☐ Other M.R.I. or M.R.A.

ULTRASOUND

GENERAL
- ☐ Abdomen
  - ☐ Abdomen Complete
  - ☐ RUQ/ GB/ LIVER
  - ☐ LUQ
  - ☐ Kidneys/ Bladder
  - ☐ Aorta
  - ☐ Hernia
- ☐ Pelvic Transabdominal/ Transvaginal
- ☐ Pelvic Transabdominal Only
- ☐ Thyroid
- ☐ Scrotum/ Testicles
- ☐ Lump
- ☐ OB 1st Trimester
- ☐ OB 2nd/3rd Trimester Limited

VASCULAR
- ☐ Carotid Doppler
- ☐ Extremity Doppler
  - ☐ Arterial ☐ Venous
  - ☐ Upper ☐ Lower
  - ☐ Right ☐ Left ☐ Bilateral

THERAPEUTIC JOINT INJECTIONS
- ☐ Shoulder Rt./Lt
- ☐ Hip Rt./Lt
- ☐ Knee Rt./Lt

CARDIAC
- ☐ Echocardiogram
- ☐ Stress Echo

☐ Other

Snoqualmie Valley HOSPITAL
Dedicated to quality. Devoted to community.

Patient Instructions

Please check with your insurance carrier if you need a pre-approval before the exam date, especially for C.T., M.R.I. and Ultrasound. Bring this referral form, identification, insurance card and any needed medication. Please advise scheduling staff if you require special assistance or a translator. Let us know of a cancellation no later than 24 hours prior to your appointment by calling the Medical Imaging Department at **425-831-2370**.

X-RAY

Hours of Operation: 8:00 AM – 11:00 PM
Call Scheduling for an appointment: 425-831-2370
Check in 8:00 AM – 6:00 PM at **Main Entrance**
Check in 6:00 PM – 11:00 PM at **Emergency Entrance**

- No appointment necessary.

DEXA

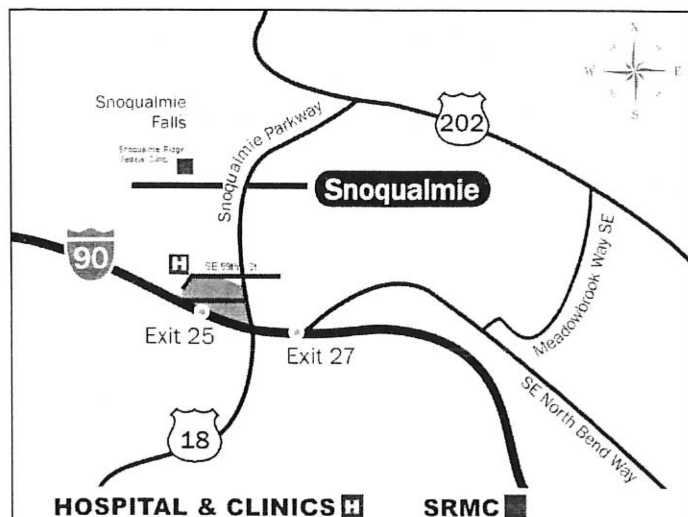
Call Scheduling for an appointment: 425-831-2370

- Wear comfortable clothes (preferably without adornments located in the area being imaged, such as zippers, buttons or snaps).
- If you take calcium medication, do not take it within 24 hours of your exam.

C.T.

Hours of Operation: 8:00 AM – Midnight
Call Scheduling for an appointment: 425-831-2370

- Many exams require Oral and IV contrast.
- Please get specific instructions at the time of scheduling by calling Medical Imaging Department.



Snoqualmie Valley Hospital
9801 Frontier Ave. S.E.
Snoqualmie, WA 98065

M.R.I.

Hours of Operation: 9:30 AM – 5:30 PM
Call Scheduling for an appointment: 425-831-2370

- Due to a strong magnetic field, please wear comfortable clothes (without adornments located in the area being imaged, such as zippers, buttons or snaps).
- Please remove any metal jewelry before arrival.
- Please notify our staff if you have an aneurysm clip or any implantable electronic devices in your body such as a cardiac pacemaker, neuro-stimulator or inner ear implant.
- Please inform MRI Technologist of any of the following; knee/hip replacement, piercings, metallic tattoos, wig or hair implants or any other implanted items (i.e. pins, rods, screws, nails, plates or wires)
- Allow up to **60 minutes** for your exam.

ULTRASOUND

Hours of Operation: 8:30 AM – 6:30 PM
Call Scheduling for an appointment: 425-831-2370

Abdomen

- Do not eat or drink anything after midnight.
- Take your medication as usual.
- If you are also having a Pelvic Ultrasound, please follow the directions below.

Pelvic/OB

- Drink 16-24 oz. of water, 40 minutes prior to your exam.
- Do not empty urinary bladder before your exam.

Kidneys / Bladder / Renal Artery

- Do not eat food for 6 hours prior to your exam.
- Drink 16-24oz. of water, 40 minutes before your exam.
- Do not empty urinary bladder before your exam.

No Specific Preparation For:

Thyroid Ultrasound
Carotid Ultrasound
Scrotal Ultrasound
Arterial Doppler Ultrasound

www.snoqualmiehospital.org