SWEDISH RADIA IMAGING CENTER AT EDMONDS

Request for Imaging

Providers please fax this referral form before scheduling appointment
X-rays: 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

Date of Order: _____ Appointment Date: _____ Appointment Time: _____

Patient Last Name: _____ First Name: _____ ☐ Male ☐ Female

Date of Birth: _____ Age: _____ Patient Phone(s): _____

Insurance Name: _____

Insurance ID: _____ Authorization #: _____

Referring Provider Name: (Print) _____ Signature: _____

Reason for Exam Required (Signs & Symptoms) _____

Clinical Questions _____ **Diagnosis/ICD-10** _____

Optional Requests: (Note: Reports are automatically faxed to referring physician/provider)

☐ **STAT** ☐ Call report while patient waits ☐ Send CD exam with patient ☐ Send CD directly to referring physician

☐ Fax additional reports to: Clinic: _____ Provider: _____

REQUIRED FOR ALL MRI & CT EXAMS - PATIENT SAFETY/EXAM STATUS

1) MRI and/or CT exam with IV CONTRAST: ☐ Per Radiologist Preference ☐ Without ☐ With Contrast ☐ Without & With Contrast

Previous Contrast Reaction: ☐ Yes ☐ No

2) Patients with the following indications require Creatinine lab prior to contrast exams: ***Check all that apply***

☐ Age>60 ☐ Multiple Myeloma ☐ Hypertension needing medication ☐ CHF ☐ Prior Contrast within 72 hours

☐ Diabetes ☐ Chemotherapy ☐ Renal Disease (Including transplant, cancer, resection) ☐ Currently on IV Antibiotics

3) Patients meeting above criteria having contrast exams require Creatinine Lab within past 30 days. CHECK ONE:

a) ☐ **Date of recent Creatinine Test:** _____ **BUN:** _____ **CREATININE:** _____

or **b)** ☐ **Radia to draw Creatinine Test via ISTAT as needed**

☐ MRI (Answer IV contrast questions above)

☐ Orbit x-ray to check for metal in eyes (where clinically indicated)
☐ Brain
☐ MRA of Brain
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Arthrogram Joint: _____
☐ MRCP
☐ 3D Reconstruction needed
☐ Other MRI: _____

☐ Upper Extremity ☐ Right ☐ Left
☐ Lower Extremity ☐ Right ☐ Left
Specify: _____

☐ CT (Answer IV contrast questions above)

☐ CTA _____
☐ Brain
☐ CT KUB
☐ CT IVP
☐ Limited Sinus
☐ Sinus Multiplanar
☐ Chest
☐ Abdomen
☐ Pelvis
☐ CT Colonography

☐ Oncology Case ☐ Yes ☐ No
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Maxillofacial
☐ Mandible ☐ Maxilla
☐ Extremity
☐ Upper ☐ Lower
☐ Right ☐ Left
Specify:
☐ 3D Reconstruction Needed

☐ Other CT: _____

☐ Breast MRI

☐ MRI Breast without and with contrast
☐ MRI Guided Breast Biopsy ☐ Right ☐ Left

☐ Therapeutic Joint Injection

☐ Shoulder ☐ Right ☐ Left
☐ Hip ☐ Right ☐ Left
☐ Knee ☐ Right ☐ Left
☐ Other: _____ ☐ Right ☐ Left

Injection Material:
☐ Steroid
☐ Anesthetic

☐ ULTRASOUND

☐ Carotid Doppler
☐ Venous Doppler (DVT)
Extremity ☐ Right ☐ Left ☐ Upper ☐ Lower
☐ Pelvic (choose one below) ☐ Add Doppler
☐ Transabdominal/Transvaginal
☐ Transabdominal Only
☐ Transvaginal Only
☐ Scrotum ☐ Scrotum with Doppler
☐ Thyroid
☐ Other: _____

Abdomen
☐ Complete
☐ Renal/Bladder
☐ Renal/Bladder with Doppler
☐ RUQ, Gallbladder, Liver, Kidney
☐ Aorta
☐ Hernia
☐ Appendix
☐ Bladder Only

Obstetrics
☐ First Trimester (11-14 weeks)
☐ Complete (Routine US 18-24 weeks)
_____
☐ Follow-up (re-evaluation of fetal size, organ systems, or previous abnormality seen on other scan)
_____
☐ Limited (Quick look - evaluates fetal heartbeat, placental location, fetal position and/or quantitative amniotic fluid volume) _____
☐ High Risk (State risk factor) _____

☐ DEXA

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

☐ X-RAY

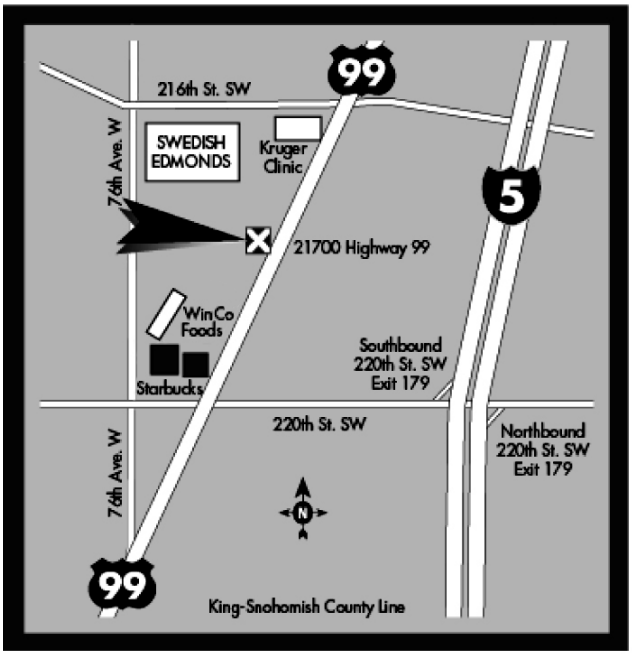
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Chest
☐ KUB
☐ Other: _____
☐ Extremity: _____
☐ R ☐ L ☐ Wt bearing

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

Rev 8-17

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 100 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.



For current hours, please go to our website: www.radiax.com

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.

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.

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

Patients having an Abdominal or Pelvic CT: No solid food or drink 4 hours prior to your scheduled appointment time. You may take your daily medications with a sip of water.