



FLUOROSCOPY IMAGING

750 Syringa, Ste. 105
Post Falls, ID 83854

Appt Date _____

Time _____



Scheduling / Order

Phone (208) 262-2333

Fax (208) 262-2380

Name: _____ **SS #** _____
Last _____, **First** _____ **MI** _____ **D.O.B.** ____/____/____ **Ph#** _____

Primary Insurance: _____ (Policy) _____

Secondary Insurance: _____ (Policy) _____

Authorization # _____

***Chart Notes Required for Northwest Imaging Center to Obtain Prior Authorizations.**

Referring Physician(s): _____ **CC Physician(s):** _____ **Fax:** _____

M.D. Signature: _____

Report: STAT

Dr. Phone Call: _____

PATIENT INSTRUCTIONS
1. Please follow preparation on reverse side.
2. Please arrive 15 minutes prior to exam time unless indicated on reverse side.

Exam Requested

FLUOROSCOPY

Barium Enema

Upper GI

w/ Air

w/ Air

Barium Swallow / Esophagram

w/ Small Bowel

Other _____

Small Bowel Series

Please Specify ICD-10 or Narrative Diagnosis:

Do not use Rule Out, Possible, Suspected, or Routine - these are not diagnoses.

Note: To ensure correct and appropriate care and comply with federal rules and regulations, NWSH's policy is to require a written referral from the treating physician. The referral (order) must include both a diagnosis (narrative or ICD-10 code), signs or symptoms pertinent to the exam, and the type of exam requested.

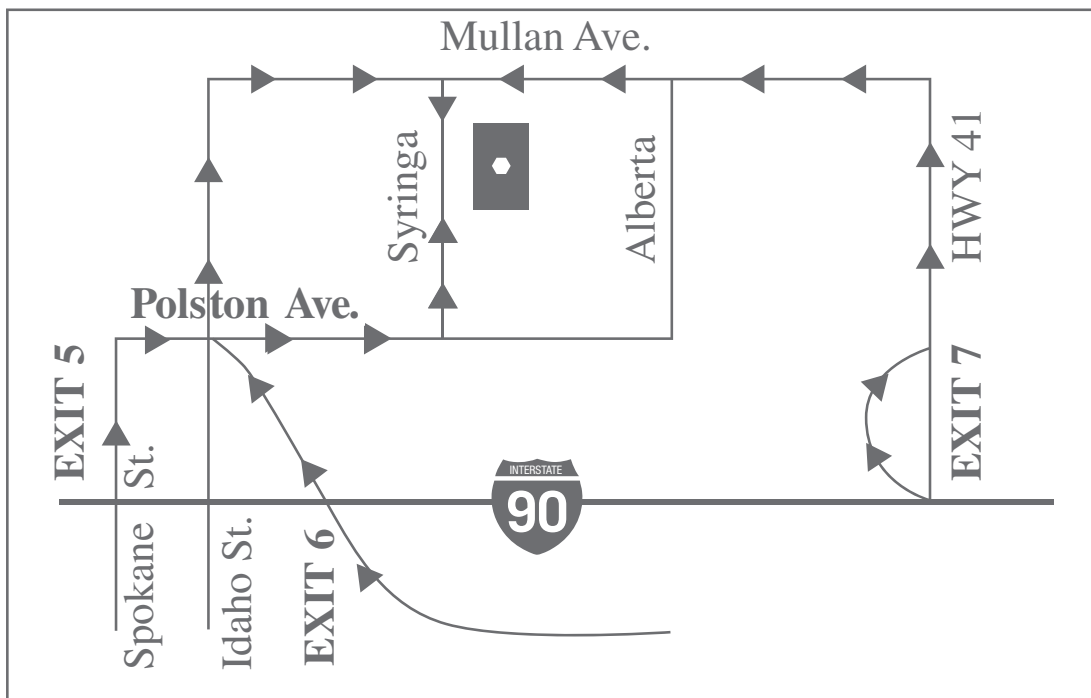
PREPARATION INSTRUCTIONS

Pre-Exam Preparation

- Barium Enema:** Go to the pharmacy or drug store and buy:
 - (2) 10oz. bottles of Magnesium Citrate
 - Dulcolax Laxative Tablets

★ **Follow Magnesium Citrate prep planner**

- Upper GI: *DO NOT*** eat or drink anything (not even water) after midnight prior to examination.
You may take all prescription medications with small sips of water.



Appointment Information

Appointment or Exam Preparation Questions?
Call: (208) 262-2333