



OUTPATIENT IMAGING

750 Syringa, Ste. 105
Post Falls, ID 83854

Appt Date _____

Time _____



Scheduling / Order

Phone (208) 262-2333

Fax (208) 262-2380

Name: Last, First, MI, D.O.B., Ph#

SS # _____

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

- Contrast: W/O Contrast, WWO Contrast, W/ Contrast, Radiologist Decides, Arthrogram

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

X-Ray (Non-Scheduled Studies)

- Abdomen, KUB, Flat and Upright, Acute Abd. Series, Ankle, Chest, Elbow, Femur, Foot, Forearm, Hand, Hip, Knee, Pelvis, Ribs, Shoulder, Spine, Tibia & Fibula, Wrist, Other

CT - Computed Tomography

CREATININE: REQUIRED >60 YEARS OLD, RENAL DISEASE, DIABETIC FOR ALL CONTRAST STUDIES AND MUST BE WITHIN 30 DAYS OF TEST.

Creatinine draw needed: Yes No

CT - Chest/ABD/Pelvis

- Abdomen (Diaphragm to Crest), Abdomen / Pelvis, Pelvis (Crest to Perineum), Pelvis Unenhanced (Bony Pelvis), IVP, KUB / Stone Study, Cardiac Calcium Scoring, Chest, Chest Low Dose Lung Cancer Screening, Chest High Resolution, CT Liver Triple Phase

CT - Head / Neck

- Facial Bones / Mandible, Head, Orbital, Sinus, Soft Tissue Neck, Temporal / Mastoid / Ear

CT - Extremities

- Upper, Lower

CT - Angio

- Coronary Artery Angiogram, Calcium Scoring, Angio Carotid, Angio Head, Angio Aorta with Bilat Run-Off, Angio Aortic Graft Protocol, Angio Abd., Angio Chest, 3D Reconstruction

CT - Spine

- C-Spine, T-Spine, L-Spine

OTHER

MRI-Magnetic Resonance Imaging

CREATININE: REQUIRED >60 YEARS OLD, RENAL DISEASE, DIABETIC FOR ALL CONTRAST STUDIES AND MUST BE WITHIN 30 DAYS OF TEST.

Creatinine draw needed: Yes No

- Head, Routine, Cranial Nerve, Orbits, IAC, Sella/Pituitary, Spine, Cervical, Thoracic, Lumbar, Knee R/L, Shoulder R/L, Ankle R/L, Foot R/L, Elbow R/L, Hand R/L, Wrist R/L, Hip R/L, Bony Pelvis, Bone Marrow Survey, Soft Tissue Neck, Chest Soft Tissue, Abdomen, Liver, Renal, Pancreas, MRCP, Pelvis Soft Tissue, Uterus, Prostate, Other

MR Angiography

- Y/N, Angio Head, Angio Carotid, Other

Ultrasound

- Abdomen (Complete), Abdomen Ltd. (RUQ) / (LUQ), Kidney / Bladder, Aorta (AAA Screening), Duplex Scans, OB (LMP), Arterial Lower Extremity (Doppler), Abdominal Doppler / Renal Doppler, Carotid & Vertebrales, Venous Lower Extremity (Doppler), Venous Upper Extremity (Doppler), Pelvic (with Transvaginal if Indicated), Pelvic (Transabdominal Only), Pelvic Ltd. (Bladder Only), Testicular, Hernia, Thyroid, Soft Tissue, Other

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, NSW'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.

Appointment Information

Appointment or Exam Preparation Questions?

Call: (208) 262-2333

Pre-Exam Preparations

CT - Computed Tomography

For most CT exams, you are not to eat anything for four hours prior to the exam. You are encouraged to sip clear fluids up to 1 hour prior to exam time. For abdomen and pelvis studies, you will be asked to drink a special liquid 30-60 minutes prior to exam. For some CT procedures, I.V. contrast is necessary. If you are over 60 years old, or diabetic, or have known renal disease, creatinine level must be documented within the last 30 days, for all I.V. contrast procedures.

Appt. time: _____

Check in at: _____

Ultrasound: Abdomen

Do not eat or drink anything 8 hours prior to exam.

Appt. time: _____

Check in at: _____

Ultrasound: Pelvis, Renal, OB/GYN

Complete drinking 32 oz. (4 8oz. glasses) of water 1 hour prior to procedure appointment time. Bladder must be full for exam, do not empty bladder.

Appt. time: _____

**OUPATIENT DIAGNOSTIC IMAGING PROCEDURE:
Use 750 Syringa Avenue, Suite 5 Entrance**

**ALL PREOP AND SURGERY PATIENTS:
Use Main Hospital Entrance - 1593 E. Polston Avenue**

