

Patient Information

Date of Order: _____ Appointment Date: _____ Appointment Time: _____
 Patient Last Name: _____ First Name: _____ Male Female
 Date of Birth: _____ Patient Phone(s): _____
 Insurance Name: _____ Insurance ID: _____
 Authorization #: _____

MEDICARE CDS INFO CDSM/GCODE code: _____ Outcome/Modifier: _____

Referring Provider Name: (Print) _____ Referring Provider Signature: _____

Referring Provider Phone: _____ Referring Provider Fax: _____

Reason for Exam (Signs & Symptoms)/ICD-10(Required) _____

Related Prior Exams (Date and Location) _____

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

STAT Call Report Call report while patient waits Send CD exam with patient Send CD directly to referring physician
 Fax additional reports to: Clinic: _____ Provider: _____

MRI SCAN <i>Circle Desired Contrast</i> <small>Circle PRN if you would like Radiologist to decide if contrast is needed</small>	CT SCAN <i>Circle Desired Contrast</i> <small>Circle PRN if you would like Radiologist to decide if contrast is needed</small>	ULTRASOUND
<input type="checkbox"/> Brain → WO W/WO PRN <input type="checkbox"/> MRA of Brain WO W/WO PRN <input type="checkbox"/> Abdomen WO W/WO PRN <input type="checkbox"/> Cervical Spine WO W/WO PRN <input type="checkbox"/> Thoracic Spine WO W/WO PRN <input type="checkbox"/> Lumbar Spine WO W/WO PRN <input type="checkbox"/> Pelvis WO W/WO PRN <input type="checkbox"/> Chest WO W/WO PRN <input type="checkbox"/> MRCP WO W/WO PRN <input type="checkbox"/> Extremity WO W/WO PRN Indicate Body Part _____ <div style="display: flex; justify-content: space-around;">RLBIL</div> <input type="checkbox"/> Arthrogram to Include Contrast Injection Indicate Joint _____ <div style="display: flex; justify-content: space-around;">RLBIL</div> <input type="checkbox"/> Other _____ <div style="display: flex; justify-content: space-around;">WOW/WOPRN</div> <input type="checkbox"/> Breast WO W/WO PRN <input type="checkbox"/> Breast Silicone Implant Eval. - <i>W/O Contrast</i> <input type="checkbox"/> MRI Guided Breast Biopsy R L	<input type="checkbox"/> Abdomen → WO W PRN <i>NOTE: CT Abdomen Only Covers to Iliac Crest</i> <input type="checkbox"/> Abdomen/Pelvis WO W PRN <input type="checkbox"/> Chest WO W PRN <input type="checkbox"/> Chest/Abdomen WO W PRN <input type="checkbox"/> Chest/Abdomen/Pelvis WO W PRN <input type="checkbox"/> Head WO W/WO PRN <input type="checkbox"/> Pelvis WO W PRN <input type="checkbox"/> Soft Tissue Neck WO W PRN <input type="checkbox"/> IVP - <i>W/WO Contrast Mandatory</i> <input type="checkbox"/> KUB - <i>WO Contrast Mandatory</i> <input type="checkbox"/> Cervical Spine WO W PRN <input type="checkbox"/> Thoracic Spine WO W PRN <input type="checkbox"/> Lumbar Spine WO W PRN <input type="checkbox"/> Sinus WO W PRN <input type="checkbox"/> Maxillofacial WO W PRN <input type="checkbox"/> Colonography - <i>WO Contrast Mandatory</i> <input type="checkbox"/> Abdomen/Pelvis Angio (AAA) - <i>IV Contrast Mandatory</i> <input type="checkbox"/> Neck Angio (Carotids) - <i>IV Contrast Mandatory</i> <input type="checkbox"/> Head Angio (COW) - <i>IV Contrast Mandatory</i> <input type="checkbox"/> Chest Angio Aorta - <i>IV Contrast Mandatory</i> <input type="checkbox"/> Chest Angio PE - <i>IV Contrast Mandatory</i> <input type="checkbox"/> Extremity WO W PRN Indicate Body Part _____ <div style="display: flex; justify-content: space-around;">RLBIL</div> <input type="checkbox"/> Other _____ <div style="display: flex; justify-content: space-around;">WOW/WOPRN</div>	<input type="checkbox"/> Carotid Doppler <input type="checkbox"/> LOWER Venous Doppler (DVT) R L BIL <input type="checkbox"/> UPPER Venous Doppler (DVT) R L BIL <input type="checkbox"/> Thyroid <input type="checkbox"/> Other _____ <input type="checkbox"/> Scrotum <input type="checkbox"/> With Doppler <input type="checkbox"/> Pelvis - <i>Transvaginal & Transabdominal</i> <input type="checkbox"/> With Doppler <input type="checkbox"/> Pelvis - <i>Transvaginal Only</i> <input type="checkbox"/> With Doppler <input type="checkbox"/> Pelvis - <i>Transabdominal Only</i> <input type="checkbox"/> With Doppler Abdomen <input type="checkbox"/> Abdomen Complete <input type="checkbox"/> RUQ, Gallbladder, Liver, Kidney <input type="checkbox"/> Renal/Bladder <input type="checkbox"/> With Limited Doppler <input type="checkbox"/> Bladder Only <input type="checkbox"/> Aorta <input type="checkbox"/> Hernia <input type="checkbox"/> Appendix Obstetrics <input type="checkbox"/> First Trimester (<14 weeks) <input type="checkbox"/> With Transvaginal <input type="checkbox"/> Complete (18 - 24 weeks) <input type="checkbox"/> High Risk Complete (18 - 24 weeks) State Risk Factor (required) _____ <input type="checkbox"/> Follow-up (re-evaluate fetal size, organ system or previous abnormality seen) <input type="checkbox"/> Limited (evaluates fetal heartbeat, placental location, fetal position and amniotic fluid volume) <input type="checkbox"/> Other _____
Therapeutic Joint Injection	DEXA	XRAY
<input type="checkbox"/> Shoulder R L <input type="checkbox"/> Hip R L <input type="checkbox"/> Knee R L <input type="checkbox"/> Other: _____ R L Injection Material: <input type="checkbox"/> Steroid <input type="checkbox"/> Anesthetic	<input type="checkbox"/> Bone Density Test <input type="checkbox"/> Vertebral Fracture Assessment <input type="checkbox"/> Appendicular (wrist)	<input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> KUB <input type="checkbox"/> Complete <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Pelvis <input type="checkbox"/> Hip R L BIL Weight Bearing <input type="checkbox"/> Extremity _____ <div style="display: flex; justify-content: space-around;">RLBILWeight Bearing</div> <input type="checkbox"/> Other _____

About Radia Imaging Centers

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*

You will 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.