

**CHART #:** \_\_\_\_\_ **ORDER DATE:** \_\_\_/\_\_\_/\_\_\_ **EXAM DATE:** \_\_\_/\_\_\_/\_\_\_ **CHECK-IN TIME:** \_\_\_\_\_

Patient Name: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ CC Doctor: \_\_\_\_\_

Ordering Department: \_\_\_\_\_

**INSURANCE:**

Medicare  Premera  GHNW  
 Medicaid  L&I  Other: \_\_\_\_\_  
Referral/Auth Number: \_\_\_\_\_

**STAT (Online)**  **Routine**  
 **STAT with phone call at** \_\_\_\_\_  
**Clinical Diagnosis** \_\_\_\_\_

**MAMMOGRAPHY/DEXA**

**PREVIOUS MAMMOGRAM** \_\_\_\_\_ **DATE** \_\_\_\_\_

SCREENING ASYMPTOMATIC PATIENTS  DIAGNOSTIC R L BILATERAL  
**BREAST IMPLANTS**  YES  NO SYMPTOMS: \_\_\_\_\_  **DEXA**

**FLUOROSCOPY (PREPS ON BACK)**

ESOPHAGRAM  BE  CYSTOGRAM  DYE STUDY  
 UGI  EPIDURAL STEROID INJECTION  URETHROGRAM  **OTHER:** \_\_\_\_\_  
 SMALL BOWEL  INJECTION R L \_\_\_\_\_  VCUG

**ULTRASOUND (PREPS ON BACK)**

ABDOMEN  MSK \_\_\_\_\_  OB < 14 WEEKS (TA and/or TV) 76801, 76817  TESTICULAR  
 ABDOMEN LIMITED (RUQ/GALLBLADDER)  WITH INJECTION  OB COMPLETE (Placenta/Fluid/Anatomy/EFW) 76811, 76817 (DUPLEX IF INDICATED)  
 ABD + LIVER DOPPLER  KIDNEY/BLADDER (RENAL STUDY)  OB FOLLOW UP (Re-evaluation, EFW) 76816  THYROID \_\_\_\_\_  
 AORTA  VENOUS LEG R L  OB LIMITED (AFI, Heartbeat, Cervix) 76815  HERNIA/GROIN  
 APPENDIX ONLY  PELVIS COMP. (T.V. IF INDICATED)  OB BIOPHYSICAL PROFILE 76819  SOFT TISSUE  
 BREAST R L  WITH DUPLEX SPECTRAL FLOW  AFI ONLY  LOCATION: \_\_\_\_\_

**COMPUTED TOMOGRAPHY (PREPS ON BACK)**

**PERFORM EXAM WITHOUT IV CONTRAST**

ROUTINE BRAIN  CHEST/ABD/PELVIS  PELVIS (CREST TO PERENIUM)  
 FACIAL BONES  ABDOMEN (DIAPHRAGM TO CREST)  PELVIS FOR **APPENDIX**  
 ORBITS  ABDOMEN AND PELVIS COMPLETE  SPINE  
 SINUS  ABD/PELVIS FOR RENAL STONES  LEVEL: \_\_\_\_\_  
 TEMPORAL BONES  ABD/PELVIS FOR HERNIA  SI INJECTION R L  
 SOFT TISSUE NECK  CT IVP  EXTREMITY R L \_\_\_\_\_  
 CHEST  TRIPHASIC DEDICATED RENAL SCAN (Characterize mass/Pre-op)  3D RECONSTRUCTION  
 CHEST FOR ILD  MULTI-PHASIC LIVER SCAN  **OTHER:** \_\_\_\_\_  
 CHEST ANGIO FOR PE.  MULTI-PHASIC LIVER SCAN

eGFR \_\_\_\_\_

DATE \_\_\_\_\_

**MAGNETIC RESONANCE (MRI) (PREPS ON BACK)**

**GADOLINIUM ENHANCED**

<b>HEAD</b>	<input type="checkbox"/> ABDOMEN	<b>EXTREMITY</b>	<b>SPINE</b>	<b>BREAST</b>
<input type="checkbox"/> BRAIN	<input type="checkbox"/> LIVER	<input type="checkbox"/> SHOULDER R L	<input type="checkbox"/> CERVICAL	<input type="checkbox"/> BREAST MRI W/CONTRAST
<input type="checkbox"/> PITUITARY	<input type="checkbox"/> KIDNEY	<input type="checkbox"/> ELBOW R L	<input type="checkbox"/> THORACIC	(FOR SCREENING/EXTENT OF DISEASE)
<input type="checkbox"/> IAC	<input type="checkbox"/> MRCP <input type="checkbox"/> 3D	<input type="checkbox"/> WRIST R L	<input type="checkbox"/> LUMBAR	
<b>MR ANGIOGRAM</b>	<input type="checkbox"/> ABDOMEN/PELVIS	<input type="checkbox"/> HAND R L		<input type="checkbox"/> BREAST MRI WITHOUT
<input type="checkbox"/> HEAD (INTRA CRANIAL)	<input type="checkbox"/> ENTEROGRAPHY	<input type="checkbox"/> SI JOINTS R L		CONTRAST (FOR SILCONE
<input type="checkbox"/> CAROTID/NECK (EXTRA CRANIAL)	<input type="checkbox"/> PELVIS	<input type="checkbox"/> HIP R L		BREAST IMPLANT INTEGRITY)
<input type="checkbox"/> ARCH	<input type="checkbox"/> BONEY PELVIS	<input type="checkbox"/> KNEE R L		
<input type="checkbox"/> RENAL	<input type="checkbox"/> SOFT TISSUE	<input type="checkbox"/> ANKLE R L		
	<input type="checkbox"/> BONE MARROW SURVEY	<input type="checkbox"/> FOOT R L		
		<input type="checkbox"/> <b>ARTHROGRAM:</b> _____		

eGFR \_\_\_\_\_ DATE \_\_\_\_\_

**OTHER:** \_\_\_\_\_

To ensure correct and appropriate patient care and comply with federal rules and regulations a written referral from the treating physician is required. PLEASE SPECIFY ICD-10 CODE OR DIAGNOSIS (Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, possible or probable conditions cannot be coded.)

# PREPS

## FLUOROSCOPY

**Esophagram, UGI and Small Bowel:** Nothing by mouth after midnight on the night prior to your exam.

**Barium Enema:** Patient to pick up prep prior to exam. If we are ruling out Hirschsprung's—no prep.

**Epidural Steroid, Lumbar Punctures, Injections and Arthrograms:** Clear liquids for 2 hours prior to exam. Patient must have a driver. **IF PATIENT IS ON COUMADIN—NOTIFY RADIOLOGY.**

## ULTRASOUND PREPS

**Abdomen:** Nothing by mouth for 6 hours prior to your exam.

**Pelvis, Bladder and OB:** Drink two 10 oz glasses of water 1½ hours before scan and one 10 oz glass of water 1 hour before scan. **DO NOT VOID BEFORE SCAN!**

For children under 12, drink one 10oz glass of water 1 hour before scan. **DO NOT VOID BEFORE SCAN!**

## CT PREPS

Patients who are scheduled for CT exams that require IV contrast may need to have a **Creatinine/eGFR blood test drawn within 30 days prior to the exam.** You will need to have this done if any of the following pertain to you:

- » Age 60 and above
- » if you take diabetic medication
- » if you have one kidney, have had kidney surgery, or have renal disease
- » if you are on chemotherapy

Your provider should have the order for this test in the Rockwood computer system for you and it can be drawn at any Rockwood lab prior to your appointment.

**For exams with IV contrast (i.e., Chest, Abdomen, Pelvis, Angio, CT IVP, and Soft Tissue Neck):** No solid food for 4 hours prior, but please hydrate well with liquids such as water, juice, coffee (cream and sugar okay), and tea. No diuretics (water pills) on the day of your exam and the day after. No NSAID's on the day prior to and the day of your CT scan.

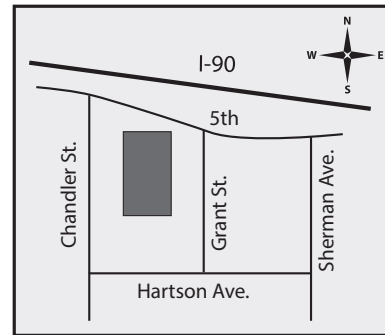
## MRI PREPS

**All Abdomen, Pelvic, Renal MRA and MRCP:** Nothing by mouth for 6 hours before exam. Patients scheduled for MRI exams that require IV contrast (Gadolinium) and are diabetic, over the age of 60 or have a history of renal disease or renal surgery are **REQUIRED TO HAVE AN eGFR WITHIN THE LAST 6 WEEKS.** All Rx patches must be removed prior to MRI exam.

# MAPS

## MultiCare Rockwood Main Clinic

400 E. Fifth Avenue, Spokane, WA 99202 | 509.342.3555

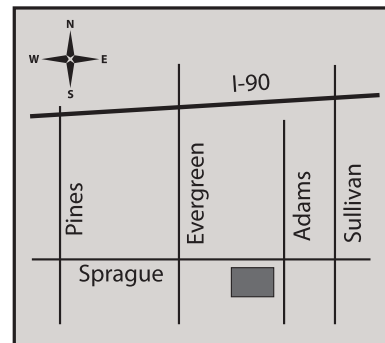


**Eastbound I-90:** Take Division Street exit. Keep right to traffic light. Proceed east on 4th Avenue, as it turns into 5th. Rockwood is on right side.

**Westbound I-90:** Take 2nd Avenue exit and proceed west to Sherman Avenue. Turn left and cross over freeway to 5th Avenue. Turn right, one block for patient parking.

## MultiCare Rockwood Valley Clinic

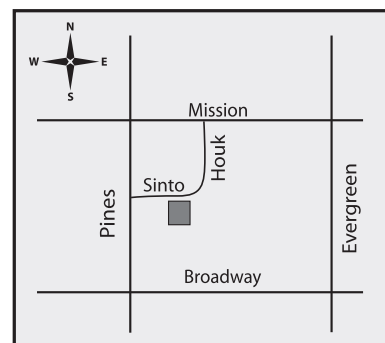
14408 E. Sprague, Spokane Valley, WA 99216 | 509.755.5775



**From I-90 East or West:** Take Evergreen Road exit south and turn left on Sprague. Proceed east one long block to Rockwood Clinic on the south side of the street. Enter through Urgent Care and proceed to the lower level.

## MultiCare Rockwood Breast Health Center

12410 E. Sinto, Suite 105, Spokane Valley, WA 99216 | 509.755.5801



**Eastbound I-90:** Take Pines Road exit and take a right on Pines. Turn left on Mission Avenue and then take a right on Houk Road. Take a right on Sinto Avenue and then turn left into the parking lot.

**Westbound I-90:** Take Pines Road exit and take a left on Pines. Turn left on Mission Avenue and then take a right on Houk Road. Take a right on Sinto Avenue and then turn left into the parking lot.