

PATIENT LEGAL NAME, DATE OF BIRTH, PATIENT PHONE, INSURANCE NAME, MEMBER/ POLICY/ ID#, PRE-AUTHORIZATION #, PHYSICIAN NAME, PHYSICIAN SIGNATURE, DATE, TIME, PHYSICIAN TELEPHONE, CPT CODE, ICD 10, DECISION SUPPORT, VENDOR (G CODE), ADHERENCE CODE (M MODIFIER), ID, SCORE

REASON FOR EXAM

Direct Physician Contact Number (pager, cell, etc.): Physician Fax Number:

- Report and CD, Patient return to clinic, Routine, Call results, Fax results (please indicate fax#), Urgent, Call results, Fax results (please indicate fax#)

- MRI: Brain, MR Brain, MR Neck, Soft Tissue Neck, Cervical Spine, Pelvis, Other (specify), Shoulder, Elbow, Wrist, Upper Extremity Non-Joint, Hip, Knee, Ankle, Arthrogram, Lower Extremity Non-Joint, Without Contrast, With and Without Contrast

- Radiology: Esophagram, Upper G.I., Small Bowel Follow Through, Barium Enema, Chest X-Ray (PA/lateral), Ribs, Shoulder, Humerus, Elbow, Forearm, Wrist, Hand, Finger, Cervical Spine, Thoracic Spine, Lumbar Spine, Abdomen Supine, Abdomen Supine & Upright, Pelvis, Femur, Hip (includes pelvis), Knee, Tibia/Fibula, Ankle, Foot, Toe, Other (specify)

- Nuclear Medicine: Cardiac, Myocardial Perfusion Imaging, Patient's Weight, Height, Treadmill, Pharmacological Stress, MUGA, Bone Scan, Whole Body, SPECT/CT, SPECT, Multiple Area, PET/CT, Skull base to mid thigh (oncology), Whole Body Brain Cardiac Viability, Thyroid, Uptake/Scan, Whole Body, Therapy, Hepatobiliary, with EF, without EF, Gastric Emptying, Solid, Liquid, Solid and Liquid, Sentinel Node, Breast, L, R, Melanoma Area, Renal, Baseline, Lasix, ACE Inhibitor, Other (specify)

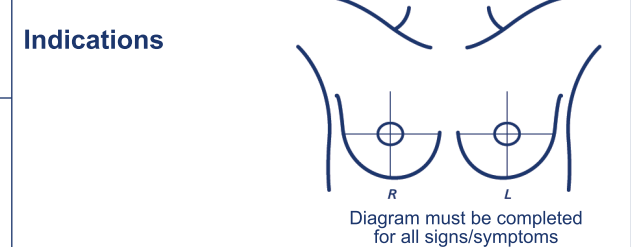
- CT: Brain, Sinus, Soft Tissue Neck, Cervical Spine, Thoracic Spine, Lumbar Spine, Add 3D Images, Urogram, Renal Stone, Angio, Other (specify)

Additional Comments

- Ultrasound: Abdomen, Complete, Aorta only, Renal, Pelvis, Pulse Wave Doppler if indicated, With Transvaginal, Without Transvaginal, OB: > 14 weeks, < 14 weeks, Scrotal, Pulse Wave Doppler if indicated, Thyroid, Lymph node mapping, Other (specify)

Interventional Radiology

- Breast Imaging: Screening Mammogram (no signs or symptoms), Diagnostic Mammogram, Ultrasound if indicated, Breast Ultrasound, Diagnostic Mammogram if indicated, Axilla, Breast MRI, Localization, Scout, Wire, Seed, Mammography, Ultrasound, MRI, US Axillary Lymph Node, Biopsy, Mammography, Ultrasound, MRI, Cyst Aspiration, Other, Additional breast imaging indicated by the radiologist, including biopsy.



- Bone Densitometry (DEXA): DEXA Routine Screening (to include forearm if needed), DEXA Routine Screening with Appendicular Skeleton (forearm), DEXA Routine Screening with Vertebral Fracture Assessment, DEXA Appendicular Skeleton ONLY (forearm)

Note: All exams may not be available at all locations. Please follow the exam preparations on the back of this form.

Providence Portland Medical Center Safeway Foundation Breast Center 4805 N.E. Glisan St. Portland, OR 97213 Phone: 503-215-6079 Fax: 503-215-6862	Providence St. Vincent Medical Center Ruth J. Spear Breast Center 9205 S.W. Barnes Road Portland, OR 97225 Phone: 503-216-2167 Fax: 503-216-2168
Providence Professional Plaza 5050 N.E. Hoyt St., Suite 117 Portland, OR 97213 Phone: 503-215-6079 Fax: 503-215-6862	Center for Medical Imaging Providence Tanasbourne Health Center 10810 NE Cornell Road, Suite 100 Hillsboro, OR 97124 Phone: 503-216-8403 Fax: 503-216-8410
Providence South East Diagnostic Imaging 10538 S.E. Washington Street Portland, OR 97216 Phone: 503-215-8900 Fax: 503-215-8920	Center for Medical Imaging Providence Bridgeport Health Center 18040 SW Lower Boones Ferry Road, Suite 106 Tigard, OR 97224 Phone: 503-216-0665 Fax: 503-216-0670
Providence Milwaukie Hospital 10150 S.E. 32nd Ave. Milwaukie, OR 97222 Phone: 503-513-8350 Fax: 503-513-8309	Providence Newberg Medical Center 1001 Providence Drive Newberg, OR 97132 Phone: 503-537-1780 Fax: 503-537-1682
Providence Willamette Falls Medical Center 1500 Division Street Oregon City, OR 97045 Phone: 503-650-6300 Fax: 971-712-2123	Providence Seaside Hospital 725 South Wahanna Road Seaside, OR 97138 Phone: 503-717-7556 Fax: 503-717-7589
Providence Canby Health Center 200 S. Hazel Dell Way Canby, OR 97013-7829 Phone: 503-650-6300 Fax: 971-712-2123	Providence Hood River Memorial Hospital 810 12th Street Hood River, OR 97031 Phone: 541-387-6328 Fax: 541-387-6410

**Providence Medford Medical Center
Leila J. Eisenstein Breast Center**
1111 Crater Lake Avenue | Medford, OR 97504
Phone: 541-732-5082 | Fax: 971-712-2157

www.providence.org/diagnosticimaging

**Preparations – Please follow carefully. Call the department with any questions.
(Small amount of water and oral medications permitted.)
Please leave all jewelry and other valuables at home.**

Upper G.I. / Small Bowel Series	<ul style="list-style-type: none"> ■ Nothing to eat or drink for 12 hours prior to examination. ■ Please note Upper GI may take 1 hour, small bowel exam may take several hours. 								
Barium Enema	<ul style="list-style-type: none"> ■ To obtain preparation instructions, please log on to www.providence.org/diagnosticimaging <ul style="list-style-type: none"> ■ Click on Forms and Information ■ Select Barium Enema Bowel Prep Instructions OR ■ Call the Providence Diagnostic Imaging Department (see listings above) and request the preparation instructions be sent to you via FAX, e-mail or U.S. mail. 								
CT Colonoscopy	<ul style="list-style-type: none"> ■ To obtain preparation instructions, please log on to www.providence.org/diagnosticimaging <ul style="list-style-type: none"> ■ Click on Forms and Information ■ Select CT Colonoscopy Bowel Prep Instructions OR ■ Call the Providence Diagnostic Imaging Department (see listings above) and request the preparation instructions be sent to you via FAX, e-mail or U.S. mail. 								
Mammogram	<ul style="list-style-type: none"> ■ Do not wear powder, deodorant or lotion around breasts or underarms. ■ Diagnostic exams may include Breast Ultrasound, which may take several hours to complete. 								
MRI	<ul style="list-style-type: none"> ■ Please bring prior MRI, CT or X-Ray images. ■ Claustrophobic patients – Please consult your physician. 								
Ultrasound	<p>Abdomen</p> <ul style="list-style-type: none"> ■ Nothing to eat or drink 6 hours prior to exam. <p>OB or Pelvis</p> <ul style="list-style-type: none"> ■ Start by emptying bladder 2 hours before appointment, then drink 32 ounces of water, finish 1 hour before appointment. ■ Do not empty your bladder before your exam. 								
Bone Densitometry	<ul style="list-style-type: none"> ■ No calcium supplements 24 hours prior to exam. 								
Nuclear Medicine	<ul style="list-style-type: none"> ■ Please call the department for instructions. <table style="width: 100%; border: none;"> <tr> <td>PPMC 503-215-6196</td> <td>PWFMC 503-657-6943</td> </tr> <tr> <td>PSVMC 503-216-2619</td> <td>PHRMH 503-387-6328</td> </tr> <tr> <td>PMH 503-513-8350</td> <td>PMMC 541-732-6601</td> </tr> <tr> <td></td> <td>PNMC 503-537-1780</td> </tr> </table>	PPMC 503-215-6196	PWFMC 503-657-6943	PSVMC 503-216-2619	PHRMH 503-387-6328	PMH 503-513-8350	PMMC 541-732-6601		PNMC 503-537-1780
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Note: The Department of Diagnostic Imaging does not provide childcare. Please make appropriate arrangements.