Providence SWEDISH

Providence Monroe Imaging Services

PROVIDENCE MONROE IMAGING REQUISITION FORM

19200 N Kelsey St, Monroe, WA 98272
Phone: 360.805.4705 • Fax: 360.805.4755

Today's date: _____

Patient information: *(All fields are required)*

Patient legal name: _____ Date of birth: _____

Patient phone number: _____ ☐ Male ☐ Female ☐ Other: _____ Height:_____ Weight: _____

☐ Call patient to schedule ☐ Need interpreter (language):_____ Need assistive: ☐ Hearing ☐ Visual device

Pregnant? ☐ Yes ☐ No **Diabetic?** ☐ Yes ☐ No **Allergies?** ☐ Contrast ☐ Iodine ☐ Latex ☐ Other: _____

Insurance/Plan: _____ Member #/ID: _____ ☐ Uninsured ☐ Self-pay

Authorization #: _____ Valid date(s): _____ L & I, Claim #: _____

Ordering provider: *(All fields are required)*

Physician printed name: _____ NPI: _____ Phone: _____

Signature: (required) _____ Date/Time: _____

Clinic contact: _____ Clinic fax: _____

In event of critical finding, contact: _____ Phone: _____

Reason for exam: *(All fields are required)*

☐ ASAP ☐ Routine Routine Symptoms/Diagnosis: _____

Reason for exam: _____

_____ ICD-10: _____ CPT code(s): _____

Reports are always faxed. ☐ Fax ***additional*** report to: Dr._____ Fax: _____

Prior imaging? ☐ No ☐ Yes, where?_____ If injured, date of injury: _____

Exam ordered: *(Patient preps and directions on back)*

Does patient have any implants? ☐ No ☐ Yes, what and where _____

If ordering MR or CT: **IV contrast?** ☐ With ☐ Without ☐ Without and with **Creatinine:**_____ Date: _____

MRI

☐ Brain ☐ MS ☐ IAC
☐ Orbits ☐ Pituitary
☐ Soft tissue neck
Spine ☐ C ☐ T ☐ L
☐ Shoulder
☐ Abdomen ☐ Pelvis
☐ Liver ☐ Pancreas
☐ MRCP (biliary) ☐ Adrenal
☐ Renal
☐ Hip ☐ Knee
☐ Ankle ☐ Foot
☐ Brain MRA
☐ Neck MRA (carotids)
☐ Extremity / Other MRI:
_____

CT

☐ Head ☐ Sinus
☐ Orbits ☐ IAC
☐ Soft tissue neck
☐ Chest
☐ Abdomen ☐ Pelvis
Spine ☐ C ☐ T ☐ L
☐ Liver ☐ Reconstructions
☐ Pancreas Type: _____
☐ Adrenal
☐ CT IVP
☐ CT KUB (renal stone)
☐ Head ☐ Neck CTA
☐ Pulmonary CTA (PE)
☐ Extremity / Other CT:
_____

Ultrasound

Abdomen ☐ Complete ☐ Ltd
Pelvis ☐ With
☐ Without Transvag
☐ Gallbladder ☐ Appendix
☐ Kidney/Bladder
☐ Scrotum
☐ Aorta ☐ Thyroid
☐ Soft tissue mass _____
☐ Hernia _____
OB 1st trimester ☐ With
☐ WO Transvag
☐ OB comp (FAS) ☐ OB Ltd
☐ OB follow-up (growth)
☐ Biophysical profile ☐ AFI
LMP_____ EDC_____
☐ Other ultrasound:
_____

X-ray

☐ Chest
☐ Abdomen
☐ Pelvis
Spine ☐ C ☐ T ☐ L
☐ Scoliosis
☐ Leg length
☐ Extremity / Other X-ray:
_____
☐ Right ☐ Left ☐ Wt-bearing

3D Digital Mammography

☐ Screening

Please fax order to 360.805.4755 ***Thank you for choosing Providence Monroe Imaging!***

(over)

PATIENT INSTRUCTIONS

MRI

Our short-length, wide bore MRI scanner is a very comfortable scanner. Moreover, it offers very high image quality. MRI scanners do not use radiation.

Please arrive 15 minutes before your exam. Patients should wear metal-free clothing or a hospital gown. Please remove all jewelry, watches, piercings, etc. There are no eating or drinking restrictions.

If patient is diabetic, Creatinine: _____ Date: _____ .

Does patient have?

Pacemaker/Defibrillator	☐ Yes	☐ No
Ferromagnetic prosthesis	☐ Yes	☐ No
Ferromagnetic aneurysm clip	☐ Yes	☐ No
Claustrophobia	☐ Yes	☐ No
Other implanted device	☐ Yes	☐ No
Metal anywhere in body	☐ Yes	☐ No
Tattoo/Body piercing	☐ Yes	☐ No
Ortho pins/Screws/Rods/Joints	☐ Yes	☐ No

CT

Our CT scanner technology delivers up to 40% less radiation per dose than traditional CT scanners. We also use detailed protocols and other techniques to ensure your radiation dose is as minimal as possible.

Do not smoke, eat or drink for two hours prior to your exam. If you are receiving oral (drinkable) contrast, please arrive one hour before your exam. If you are receiving IV contrast, please arrive 15 minutes prior to your exam.

If patient is diabetic, Creatinine: _____ Date: _____..

ULTRASOUND

Our state-of-the-art equipment produces very clear digital images using sound waves (no radiation).

Please arrive 15 minutes before your exam.

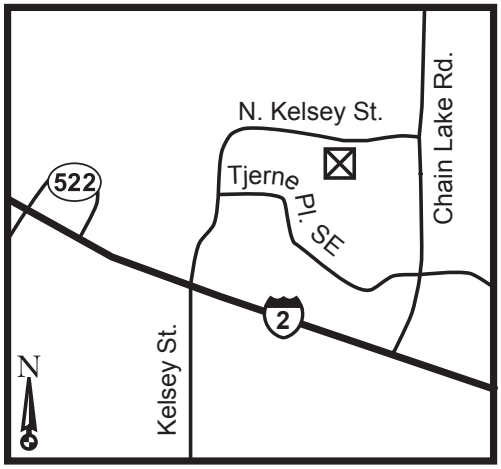
- For **abdomen studies**, do not eat or drink for eight hours prior to your exam (except water and necessary medications).
- For **kidney studies**, drink three 8 ounce glasses of water one hour before your exam and keep your bladder full.
- For **pelvis studies**, drink three 8 ounce glasses of water one hour before your exam and keep your bladder full.
- For **pregnancies** in the first 14 weeks drink three 8 ounce glasses of water one hour before your exam and keep your bladder full. For pregnancies after the first 14 weeks it is not necessary to have a full bladder.

SCREENING MAMMOGRAPHY

Our state-of-the-art equipment produces three-dimensional (3D) digital mammography images

This technology is also called Digital Breast Tomosynthesis (DBT), or Breast Tomosynthesis.

- Patients should wear a two-piece outfit.
- Do not wear any lotions or deodorant.



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Providence.org

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電888-311-9127 (TTY: 711)