

SWEDISH MEDICAL IMAGING

SWEDISH BALLARD IMAGING REQUISITION FORM

Phone: 206-781-6040 • Fax: 206-781-6154 • 5350 Tallman Ave. N.W., Seattle, WA 98107

Today's date: _____

PRINT OR TYPE ONLY

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 Symptoms/Diagnosis: _____
 Reason for exam: _____
 ICD-10: _____ CPT code(s): _____

Reports are always faxed. Fax **additional** report to: Dr. _____ Fax: _____
 Prior films? No Yes, where? _____ If injured, date of injury: _____
 Swedish Image Transfer Request Form: <https://www.swedish.org/services/medical-imaging/image-transfer-request>
 Comments/Instructions: _____

DECISION SUPPORT Vendor (G code) _____ Adherence code (M modifier) _____ ID _____ Score _____

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
 Soft tissue neck
 Spine C T L
 Shoulder Hip
 Knee Ankle Foot
 Abd/Pelvis (screen)
 Female pelvis
 MSK pelvis
 Abdomen
 MR IVP (renal mass)
 MRCP (biliary) Adrenal
 Brain MRA
 Neck MRA (carotids)
 Chest MRA
 Pelvis MRA
 Extremity
 Right Left Arthrogram
 Other MRI: _____

CT

Head
 Sinus
 Soft tissue neck
 Chest
 Abdomen Pelvis
 Spine C T L
 Liver
 Pancreas
 Adrenal
 CT IVP (renal mass)
 CT KUB (renal stone)
 Head
 Neck CTA
 Pulmonary CTA (PE)
 CT aortogram
 Extremity
 Right Left Arthrogram
 Other CT: _____

Ultrasound

Abd Limited Complete
 Pelvis W/TV W/O TV
 Kidney/Bladder
 Appendix
 Scrotum Aorta
 Thyroid Hernia
 Soft tissue mass: _____
Obstetric:
 Dating
 Fetal anatomy High risk
 Biophysical profile
 Growth
 Nuchal Trans (attach lab slip if indicated)
 Other ultrasound: _____
Breast Center
 Bone density

X-ray

Sinus Chest
 Abdomen Pelvis
 Ribs
 Spine C T L
 Sacrum/Coccyx
 Extremity
 Right Left Wt-bearing
 Other X-ray: _____
Fluoroscopy
 Barium swallow Modified
 Upper GI
 Small bowel FT
 Arthrogram
 Barium enema
 Other fluoro: _____

Please fax order to: 206-781-6154. Thank you for choosing Swedish!

PATIENT INSTRUCTIONS

MRI

MRI scanners do not use radiation. Please arrive 15 minutes before your exam. Please remove all jewelry, watches, piercings, etc. You will be required to change into a hospital gown.

- For **abdominal exams**: Do not eat for 4 hours (clear non-carbonated liquids OK).

For all other exams, there are no eating or drinking restrictions.

Any medication for anxiety or claustrophobia must be pre-arranged by the patient's doctor and picked up prior to arrival. Since medications may cause drowsiness, patient must arrange for a ride to and from appointment.

If patient is diabetic, has renal disease, or over 60 years of age:
Creatinine: _____ Date: _____

Does patient have?

- | | |
|-------------------------------|--|
| Pacemaker/Defibrillator | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ferromagnetic prosthesis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ferromagnetic aneurysm clip | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Claustrophobia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other implanted device | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metal anywhere in body | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tattoo/Body piercing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ortho pins/Screws/Rods/Joints | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gadolinium? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CT

We use detailed protocols and other techniques to ensure your radiation dose is as small as possible.

Please arrive 15 minutes prior to your exam, unless otherwise instructed.

- For **thorax/chest**: Do not eat for 2 hours prior to exam. Can sip clear liquids.
- For **abdomen or pelvis**: Do not eat or drink for 4 hours prior to exam. If oral contrast is required, patient must arrive **one hour** prior to exam to receive contrast. If you have had a barium study within the last 3 weeks, please contact us prior to your exam.

If patient is diabetic, has renal disease, or over 60 years of age: Creatinine: _____ Date: _____

ULTRASOUND

Please arrive 15 minutes before your exam.

- For **abdomen, gallbladder and liver studies**: Do not eat or drink for 8 hours prior to your exam.
- For **pelvis, kidney and OB studies**: Drink three 8 ounce glasses of water 1 hour before your exam and keep your bladder full.

X-RAY/FLUOROSCOPY

We accept walk-ins for most X-rays. However, the following fluoroscopic procedures must be scheduled; please arrive 15 minutes prior to scheduled time.

- For **esophagram, small bowel and upper GI**: Do not eat, drink, chew gum or smoke for 8 hours prior to appointment.
- For **barium enema**: A 24-hour full bowel prep is required. Pick up bowel prep at your physician's office or any retail pharmacy as instructed.



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Ballard

5350 Tallman Ave. NW
Seattle, WA 98107
T 206-781-6040

swedish.org/services/medical-imaging

We do not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity or expression, 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)