FIRST HILL DIAGNOSTIC IMAGING

A Swedish Medical Imaging Center

1001 Boylston Avenue, Seattle, WA 98104
Scheduling: (206) 329-6767 • F: (206) 323-6989
www.swedish.org/FHDI

Date:_____

Diagnostic Imaging Request Form

PATIENT INFORMATION

Patient Name:_____ ☐ M ☐ F Date of Birth: ___/___/___

Home Phone:_____ Work or Cell:_____ Pregnant? ☐ Yes ☐ No

Allergies? ☐ No ☐ Yes_____

Exam Date:_____ Check-in time:_____ am/pm

Relevant prior imaging studies? ☐ Yes ☐ No

If yes, what type & where?_____

☐ Please call patient to schedule ☐ Patient will call to schedule

REASON FOR EXAM (REQUIRED)

Please fax this form prior to exam date (206) 323-6989.

Diagnosis:_____ ICD-9:_____

Clinical History/Symptoms:_____

Special Instructions:_____

EXAM ORDERED

MRI – Magnetic Resonance Imaging

☐ Brain
☐ Brain with IAC
☐ Brain with MRA
☐ Neck
☐ Chest
☐ Upper Extremity _____R/L
☐ Abdomen
☐ Pelvis
☐ Prostate
☐ C-Spine ☐ T-Spine ☐ L-Spine
☐ Knee R/L
☐ Lower Extremity _____R/L
☐ MRA _____
☐ Other _____

PLEASE SPECIFY
☐ Without and With Contrast
☐ Without Contrast
☐ Radiologist discretion

CT (CAT) Scan – Computed Tomography

☐ Head ☐ Sinus ☐ Orbits
☐ Temporal Bones
☐ Neck
☐ Chest
☐ Upper Extremity _____R/L
☐ Abdomen ☐ Abdomen/Pelvis
☐ Abdomen/Pelvis KUB (Kidney Stones)
☐ Pelvis
☐ C-Spine ☐ T-Spine ☐ L-Spine
☐ Knee R/L
☐ Lower Extremity _____R/L
☐ CT Angio _____
☐ Other _____

PLEASE SPECIFY
☐ Without and With Contrast
☐ Without Contrast
☐ Radiologist discretion

Ultrasound

☐ Neck ☐ FNA_____
☐ Thyroid ☐ Thyroid FNA
☐ Abdomen Complete
☐ Abdomen Limited
  ☐ Liver Ducts
  ☐ Gallbladder
  ☐ Pancreas
  ☐ Kidney & Bladder
  ☐ Kidneys only
  ☐ Aorta
☐ Pelvic Complete ☐ Pelvic Limited
  ☐ Transvaginal, if needed
☐ Scrotum
☐ Lower Extremity _____R/L
☐ Other _____

Arthrogram

☐ Shoulder R/L Bilat ☐ Elbow R/L Bilat ☐ Hip R/L Bilat ☐ Knee R/L Bilat ☐ Ankle R/L Bilat

An arthrogram is a two part exam. You will be scheduled first for a CT scan and then an MRI exam will follow.

INSURANCE INFORMATION

Insurance Plan:_____ ID #:_____

ORDERING PROVIDER

Ordering Clinician(s):_____ Phone:_____
Print Name

Backline:_____

Signature/Stamp:_____ Pager:_____

Results: ☐ Routine Report ☐ Fax Report to #_____ ☐ Call Report to #_____
☐ CD or ☐ Films ☐ Report only (no images)

Special Instructions:_____

See back for Exam Preparation and Map and Directions to our Free Patient Parking.

EXAM PREPARATION

MRI:

Please let us know ahead of time about any metal in your body (pacemaker, heart valve, spinal surgery, surgical staples, metal in eyes, ear implants).

Indicate if patient has:

- ☐ Renal Insufficiency (kidney disease, dialysis)
- ☐ Brain Aneurysm Clip
- ☐ Pacemaker
- ☐ Cochlear Implant
- ☐ Nerve Stimulator
- ☐ Surgical Clips

No special preparation is necessary.

CT:

Head/Neck/Chest – No solid food for 4 hours prior to exam.

Abdomen/Pelvis – No solid food for 4 hours prior to exam, you may be asked to drink an oral contrast beverage before your exam. (If needed, a minimal amount of clear liquid is OK.)

BUN/Creatinine levels needed if:

- ☐ Patient is 60 or older
- ☐ Patient has history of kidney disease
- ☐ Patient is diabetic
- ☐ Patient has multiple myeloma or other hyperproteinemia

ULTRASOUND:

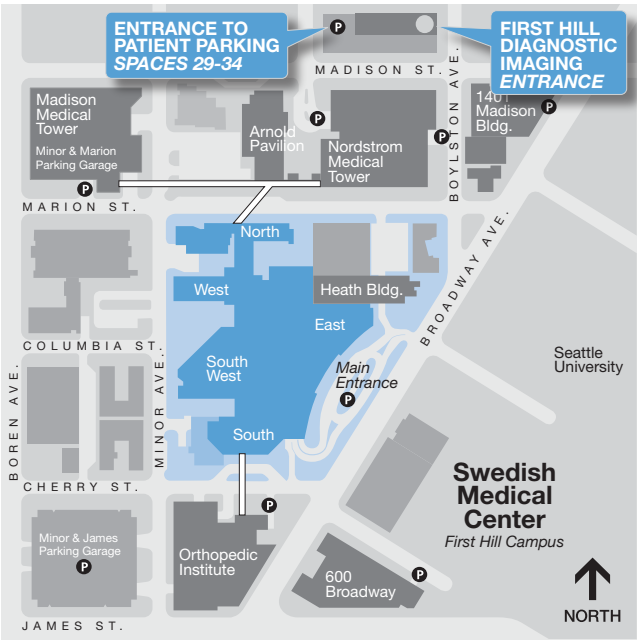
Abdomen – No food or beverage for 8 hours prior.

Pelvic – Finish drinking one quart of non-carbonated fluid one hour before exam. Do not urinate.

HOW TO FIND US

From NORTH of Seattle
Travel on I-5 SOUTHBOUND, take I-5 **Exit 166** (Stewart St.).
Continue on **Stewart St.**, turn LEFT onto **Boren Ave.**
Continue 1/2 mile up **Boren Ave.**, turn LEFT onto **Madison St.**
Then turn LEFT on **Summit Ave.**
Go a half block, take a RIGHT into the garage entrance marked *Public Parking*. (Free Patient Parking in spaces 29-34)

From SOUTH of Seattle
Travel on 1-5 NORTHBOUND, take 1-5 **exit 164a** (Dearborn, James, Madison)
Stay in the lane for **Madison St.**, turn RIGHT onto **Madison St.**
Continue up **Madison St.** six blocks to **Summit Ave.**
Turn LEFT onto **Summit Ave.**
Go a half block, turn RIGHT into the garage entrance marked *Public Parking* (Free Patient Parking in spaces 29-34)



Note: In compliance with federal rules and regulations, First Hill Diagnostic Imaging's policy is to require a signed referral from the treating physician. The referral must include the exam requested, diagnosis description or code with description, signs or symptoms significant to the exam, and physician's signature or stamp. This referral must be received prior to the patient's exam date.