SWEDISH | HEALTH FOR GOOD

SWEDISH MEDICAL IMAGING

SWEDISH FIRST HILL ULTRASOUND REQUISITION FORM

Swedish First Hill Ultrasound **Today's date:** _____

747 Broadway, Seattle, WA 98122 • 1229 Madison St., Suite 615, Seattle, WA 98104

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:

☐ Abdominal ultrasound
- ☐ Abdomen complete (All abdominal organs: liver, kidneys, gallbladder, pancreas, spleen, etc.)
- ☐ Abdomen limited ☐ Appendix ☐ Other, specify: _____
- ☐ RUQ (focused on liver, gallbladder, pancreas, biliary system and right kidney)
- ☐ Retroperitoneal (kidneys and bladder)

☐ Pelvic ultrasound (if patient has a positive pregnancy test, please order OB exam)
- ☐ With transvaginal ☐ Without transvaginal ☐ With ovarian Dopplers ☐ Without ovarian Dopplers
- ☐ Other, specify: _____

☐ Small parts
- ☐ Head/neck soft tissue (neck, thyroid or parathyroid) ☐ Extremity non-vascular (arm, leg or inguinal hernia)
- ☐ Testicular/scrotal ☐ With Dopplers ☐ Other, specify: _____

☐ Organ transplant and Doppler studies
- ☐ Kidney transplant ☐ Liver transplant ☐ Pre-liver transplant workup
- ☐ TIPS ☐ Non-transplant liver Doppler ☐ Other, specify: _____

☐ Procedures
- ☐ Paracentesis ☐ Therapeutic ☐ Diagnostic: _____
- ☐ Thoracentesis ☐ Therapeutic ☐ Diagnostic: _____
- ☐ Thyroid FNA ☐ Asuragen ☐ Veracyte
- Specify nodule(s) and side: _____
- ☐ Other, specify: _____

☐ Other
- ☐ Cranial ☐ Intraoperative ☐ Chest
- ☐ Infant hips ☐ Infant spinal canal ☐ Back
- ☐ Other, specify: _____

Please fax order to 206-215-3035 or call 206-386-3990.
Thank you for choosing Swedish!

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)