

SWEDISH MEDICAL IMAGING

SWEDISH FIRST HILL IMAGING REQUISITION FORM

Phone: 206-386-3990 • Fax: 206-215-3035 • 747 Broadway, 4 East, Seattle, WA 98122 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 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: _____

Ultrasound

A separate order form is used for ultrasound. Call 206-386-3061.

Interventional radiology

A separate order form is used for interventional radiology. Call 206-386-2201.

Nuclear medicine

A separate order form is used for nuclear medicine. Call 206-386-3990.

MRI specialty exams

A separate order form is used for MRI specialty exams. Call 206-386-3990.

MRI

- Brain
- Soft tissue neck
- Spine C T L
- MSK pelvis
- Shoulder Hip
- Knee Ankle Foot
- Abd Pelvis (screening)
- Liver Pancreas
- MRCP (biliary) Adrenal
- Brain MRA
- Neck MRA (carotids)
- Chest MRA (aorta)
- Abdomen Pelvis MRA
- Extremity / Other MRI: _____
- _____
- Right Left Arthrogram

CT

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

X-ray

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

Fluoroscopy

- Barium swallow Modified
- Upper GI Small bowel FT
- Arthrogram Barium enema
- Hysterosalpingogram
- Cystogram (VCUG)
- Other fluoro: _____

Please fax order to: 206-215-3035. Thank you for choosing Swedish!

PATIENT INSTRUCTIONS

Patients must register in Main Registration located in the lobby of the hospital for appointments **prior** to 6:15 a.m. and **after** 4 p.m.

MRI

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., and leave at home. If this is not possible, we have lockers to store these items.

There are no eating or drinking restrictions.

If patient is diabetic, BUN: _____ Date: _____

Any medication for anxiety or claustrophobia must be pre-arranged by patient's doctor and picked up prior to arrival. These medications may cause drowsiness so the patient must have a driver.

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 |

CT

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

For biopsies, your provider's office needs to schedule and order labs for PT PTT CBC.

If patient is diabetic, BUN: _____ Date: _____

DIAGNOSTIC RADIOLOGY

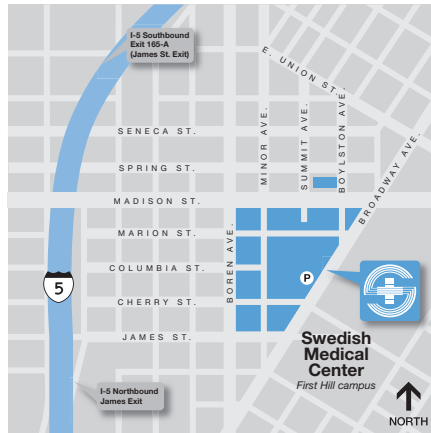
Walk-ins are welcome for most X-ray studies. For most procedures, please arrive 15 minutes before your exam (except for defecogram, see below).

- For **cystogram, fistulagram, hysterosalpingogram (HSG) and VSUG** – No prep required.
- For **esophagram, small bowel and upper GI** – Do not eat, drink, chew gum or smoke for eight hours prior to appointment.
- For **barium enema** – A 24-hour full bowel prep is required. Pick up at your physician's office or any retail pharmacy.
- For **defecogram** – Take a Fleets enema two hours prior to appointment. Do not eat or drink after fleets enema. Arrive one hour prior to appointment for oral contrast.

Directions and map to Swedish First Hill campus

Traveling from I-5:

- Take James Street Exit.
- Turn (east) onto James Street.
- Travel for six blocks to the intersection of James Street and Broadway.
- Turn left (north) onto Broadway.
- Pass Cherry Street, turn left into the main entrance and follow the signs to the underground parking garage.



SWEDISH MEDICAL IMAGING

First Hill

747 Broadway, 4 East
Seattle, WA 98122
T 206-386-3990

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)

