

## SWEDISH MEDICAL IMAGING

SWEDISH REDMOND IMAGING REQUISITION FORM Phone: 425-498-2031 • Fax: 425-498-2032 • 18100 NE Union Hill Road, Redmond, WA 98052 Today's date: Patient information: (All fields are required) Patient legal name: \_\_\_\_\_ \_\_\_\_\_ Date of birth: \_\_\_\_\_ ☐ Call patient to schedule ☐ Need interpreter (language): \_\_\_\_\_\_ Need assistive: ☐ Hearing ☐ Visual device **Pregnant?** □ Yes □ No **Diabetic?** □ Yes □ No **Allergies?** ☐ Contrast/Gadolinium ☐ Iodine ☐ Latex ☐ Other: Insurance/Plan: \_\_\_\_\_ Member #/ID: \_\_\_\_\_ Uninsured Self-pay Authorization #: \_\_\_\_\_\_ Valid date(s): \_\_\_\_\_ \[ \subseteq 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: <a href="https://www.swedish.org/services/medical-imaging/image-transfer-request">https://www.swedish.org/services/medical-imaging/image-transfer-request</a> 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 X-ray ☐ Head ☐ Sinus Abdomen ☐ Complete ☐ Ltd ☐ Brain ☐ MS ☐ IAC ☐ Chest ☐ Orbits ☐ Pituitary ☐ Soft tissue neck Pelvis With Without TV Abdomen ☐ Soft tissue neck ☐ Chest Gallbladder Pelvis Spine□C □T □L Spine C T L Appendix ☐ Cervical spine ☐ Shoulder ☐ Breast ☐ Abdomen ☐ Pelvis ☐ Liver ☐ Kidney/Bladder ☐ Thoracic spine □Abdomen Pelvis ☐ Pancreas ☐ Adrenal Scrotum ☐ Lumbar spine ☐ Liver ☐ Pancreas ☐ Enterography □Aorta ☐ Scoliosis ☐ MRCP (biliary) ☐ Adrenal ☐ Calcium Scoring ☐Thyroid ☐ Leg length ☐ Renal ☐ Enterography ☐ CT IVP (renal mass) ☐ Soft tissue mass \_\_\_\_ ☐ Extremity / Other X-ray: ☐ Hip ☐ Knee ☐ CT KUB (renal stone) ☐ Hernia\_\_\_\_ ☐Ankle ☐Foot ☐ Head ☐ Neck CTA OB first trimester □W ☐ Right ☐ Left ☐ Wt-bearing □wotv ☐ Brain MRA ☐ Pulmonary CTA (PE)

□LMP □EDC

Other ultrasound:

Please fax order to: 425-498-2032. Thank you for choosing Swedish!

CT Aortogram \_\_\_\_\_

Right Left Arthrogram Right Left Arthrogram

☐ Extremity / Other CT:

☐ Neck MRA (carotids)

☐ Extremity / Other MRI:

**3D Digital mammography** 

☐ Screening

# PATIENT INSTRUCTIONS

### MRI

Our short-length, wide bore MRI scanner is a very comfortable scanner. Moreover, it offers very high image quality. We also let you select your own music for your scan to increase your comfort level. MRI scanners do not use radiation.

Please arrive 20 minutes before your exam. Patients should wear metal-free clothing or a hospital gown. Please remove all jewelry, watches, piercings, etc. There may be eating or drinking restrictions.

If the patient is claustrophobic, medication may be taken (as prescribed by the ordering physician). You must have a ride to and from your appointment.

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 small as possible.

Do not smoke, eat or drink for two hours prior to your exam. If you are receiving oral contrast, please arrive 90 minutes before your exam. If you are receiving IV contrast, please arrive 15 minutes prior to your exam.

## **ULTRASOUND**

Our state-of-the-art equipment produces very clear 3D 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 four 8 ounce glasses of water one hour before your exam and keep your bladder full.
- For **pregnancies** in the first 14 weeks drink four 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.

### **Directions and map to Swedish Redmond campus**

## Traveling from I-405:

- · Merge onto 520 East.
- · Continue to Avondale Road.
- · Turn right at NE Union Hill Road.
- · The Swedish Redmond campus will be on your left.



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#### Redmond

18100 NE Union Hill Road Redmond, WA 98052 **T** 425-498-2031

**Emergency Dept.** (24 hours) 425-498-2020

 $\textbf{Labcorp Lab}\ 425\text{-}498\text{-}2122$ 

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.