

SWEDISH MEDICAL IMAGING

CENTER FOR COMPREHENSIVE CARE IMAGING REQUISITION FORM

515 Minor Ave., Suite 110, Seattle, WA 98104 • Phone: 206-386-9699 • Fax: 206-386-9529 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 #: _____
 Decision support authorization score: _____ Decision support session ID: _____

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)

Symptoms/Diagnosis: _____
 _____ ICD-10: _____ CPT code(s): _____
Reports are always faxed. Fax **additional** report to: Dr. _____ Fax: _____
 ASAP Routine Call report Call report while patient waits Inform patient of results Give CD to patient
 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: _____

Exam ordered: (Patient preps and directions on back)

Does patient have any implants? No Yes, what and where _____
 If ordering CT: **IV contrast?** With Without Without and with **Creatinine:** _____ **Date:** _____

- CT**
- Head Sinus
 - Soft tissue neck
 - Chest Abd Pelvis
 - CT KUB (renal stone)
 - CT IVP (renal mass)
 - Spine C T L
 - Lung screening
 - Cardiac calcium scoring
 - CT aortogram
 - Head CTA Neck CTA
 - Pulmonary CTA (PE)
 - Abdomen CTA Pelv CTA
 - Extremity/Other CT: _____
 - Right Left Arthrogram

- Ultrasound**
- Abdomen Complete Ltd
 - Pelvis With Without TV
 - OB 1st trimester only
 - Gallbladder Appendix
 - Kidney/Bladder Hernia
 - Scrotum
 - Aorta Soft tissue mass
 - Thyroid
 - Carotid Doppler
 - Thyroid biopsy
 - Breast biopsy R L
 - Other ultrasound: _____

- X-ray**
- Chest Abdomen Pelvis
 - Cervical spine
 - Thoracic spine
 - Lumbar spine
 - Extremity/Other X-ray: _____
 - Right Left Wt-bearing

- Digital Mammography**
- Screening R L Bil
 - Diagnostic R L Bil

- Fluoro**
- Esophogram
 - Upper GI
 - Small bowel
 - Joint inj _____
 - Arthrography
 - Other: _____

- Bone Densitometry**
- DXA

Please fax order to: 206-386-9529. Thank you for choosing Swedish!

PATIENT INSTRUCTIONS

Please call 206-386-9699 at least 24 hours before your exam time if you have any questions on the preparation instructions. Bring photo identification and your insurance card at time of check-in. **Please check in 15 minutes prior to your appointment time** unless instructed otherwise below under CT. We require 24-hour notice if you need to cancel or reschedule your procedure.

NOTE: You may receive a separate bill for professional fees (reading of exam) from Radia (Zotec).

FLUOROSCOPY

- Esophogram / Upper GI:** Do not eat, drink, chew gum or smoke for 8 hours prior to appointment.
- Joint injections:** Discontinue all blood thinners — including Aspirin, NSAIDs (ibuprofen, Aleve) and any prescription blood thinners 3 days prior to your appointment. Coumadin patients will need to have INR lab work 4 hours prior to the exam.

MAMMOGRAPHY

- No deodorant, lotion, perfume or powder on your chest or underarm area. Advised to wear a two-piece outfit.

BONE DENSITY (DXA)

- Do not take calcium tablets, multivitamins, Tums or any other supplemental calcium for 4 hours prior to your appointment.

ULTRASOUND

- Abdominal or aorta:** Nothing to eat or drink 8 hours before exam including water.
- Abdominal and pelvis:** Nothing to eat or drink 8 hours before exam. Drink four 8 ounce glasses of water 1 hour prior to scheduled exam and **keep bladder full.**
- Renal (kidney):** Drink three 8 ounce glasses of water 1 hour prior to scheduled exam time and **keep bladder full.**
- Bladder / Pelvis / Obstetrical:** Female pelvis exams need to be scheduled between 7-10 days after the first full day of menstrual cycle. Drink four 8 ounce glasses of water 1 hour prior to scheduled exam time and **keep bladder full.**
- Biopsy – Thyroid / Breast:** Discontinue all blood thinners — including Aspirin, NSAIDs (ibuprofen, Aleve) and any prescription blood thinners 3 days prior to your appointment. Coumadin patients will need INR lab work done 4 hours prior to the biopsy.

CT

Check in at: _____ **to drink oral contrast.**

- Nothing to eat 2 hours prior to scheduled exam time. **Drink plenty of fluids the night before and prior to your exam to be well hydrated.** Take your medication as usual.
- Cardiac calcium scoring:** Do not have any chocolate, caffeine, sugar or exercise 4 hours prior to your appointment.

DIRECTIONS

From I-5 north

- Take I-5 South to James Street.
- Take Exit 165A.
- Turn left onto James Street.
- Turn right onto Boren Avenue.
- Turn left onto Jefferson Street.
- Parking garage entrance is on the left.

From I-5 south

- Take I-5 North to James Street.
- Take Exit 164A.
- Turn right onto James Street.
- Turn right onto Boren Avenue.
- Turn left onto Jefferson Street.
- Parking garage entrance is on the left.



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Swedish Center for Comprehensive Care

515 Minor Ave., Suite 110

Seattle, WA 98104

T 206-386-9699

www.swedish.org/services/medical-imaging

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-313-9127 (Swedish Edmonds 888-311-9178) (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 888-313-9127 (Swedish Edmonds 888-311-9178) (TTY:711)