

SWEDISH MEDICAL IMAGING

SWEDISH CHERRY HILL IMAGING REQUISITION FORM

Phone: 206-320-2158 • Fax: 206-320-5001 • 500 17th Ave., 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: _____

- MRI**
- Brain Soft tissue neck
 - Spine C T L
 - Shoulder Hip
 - Knee Ankle Foot
 - Abd Pelvis (screening)
 - Liver Pancreas
 - MRCP (biliary) Adrenal
 - Female Pelv MSK Pelv
 - MR IVP (renal mass)
 - Brain MRA
 - Neck MRA (carotids)
 - Chest MRA
 - Abdomen Pelvis MRA
 - Extremity / Other MRI:

Right Left Arthrogram

For specialty MR study, order form. Call 206-320-2158.

- CT**
- Head Sinus
 - Soft tissue neck
 - Chest
 - Abdomen 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

- Ultrasound**
- Abdomen
 - Pelvis W WO TV
 - Gallbladder Appendix
 - Kidney/Bladder Aorta
 - Testicular/Scrotal With Doppler
 - Soft tissue mass _____
 - Hernia _____ Thyroid
 - Obstetric W WO TV
 - Biophysical profile
 - Nuchal trans w/bloodwork
 - Other ultrasound: _____

X-ray

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

- Fluoroscopy**
- Barium swallow Modified
 - Upper GI Small bowel FT
 - Arthrogram
 - Lumbar puncture
 - Barium enema Myelogram
 - Hysterosalpingogram
 - Sinogram/Fistulagram
 - Other fluoro: _____

Nuclear medicine

- Bone scan 3 phase
- Whole body SPECT
- Multi-area Renal
- Hepatobiliary scan
- Lung scan Indium111WBC
- Thallium exercise
- Thallium P/A/D
- Thyroid uptake
- Gastric emptying
- Gated cardiac (MUGA)
- Other: _____

Please fax order to: 206-320-5001. Thank you for choosing Swedish!

PATIENT INSTRUCTIONS

MRI

MRI scanners do not use radiation. Please call 206-860-6517 for preparation and registration information. 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 the 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
Neurostimulator/Other implant	<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

Please arrive one hour before your exam. For sinus, spine or extremity, no preparation is required. For all other exams, do not smoke, eat or drink for four hours 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: _____

ULTRASOUND

Please arrive 30 minutes before your exam at MRI/US Patient/Family Waiting Area (1600 E. Jefferson Street, the corner of 16th and East Jefferson, ground floor) Monday-Friday, between 8 a.m. and 4:15 p.m. Before 8 a.m. and after 4:15 p.m. Monday-Friday and all day on weekends, arrive at Patient Registration, main floor of the hospital (500 17th Avenue). We suggest street parking or the 1600 E. Jefferson Parking Garage.

- For **abdomen, gallbladder and liver studies**, do not eat or drink for eight hours prior to your exam.
- For **pelvis, kidney and first trimester OB studies**, drink four 8 ounce glasses of water one hour before your exam and keep your bladder full (second and third trimester do not require full bladder).
- For **prostate study**, insert dulcolax suppository one to two hours prior to your exam.
- For **biopsy studies**, office to schedule and order required labs. Patient to Same Day Surgery two hours prior to exam. Post-procedure observation takes two to four hours.
- For **hysterosonogram study**, your appointment must be scheduled between 7 and 10 days after the start of your menstrual cycle. The patient must not have had any unprotected intercourse since the start of the menstrual cycle.
- For all other studies, unless instructed otherwise, no preparation is necessary.

NUCLEAR MEDICINE

No preparation required for: lung scan, Indium 111 WBC and gated cardiac study (MUGA)

- **Thallium exercise** – Nothing to eat or drink after midnight (cardiologist office to schedule)
- **Thallium Persantine/Adenosine/Dobutamine** – Nothing to eat or drink after midnight (no caffeine or chocolate for 24 hours prior to exam; cardiologist office to schedule)
- **Gastric emptying study** – Nothing to eat or drink after midnight (8-23 hours)
- **Hepatobiliary scan** – Nothing to eat or drink for five hours before exam
- **Thyroid uptake scan** – No thyroid medication for three weeks and no radiology exams with contrast for six weeks prior to exam

DIAGNOSTIC RADIOLOGY

Walk-ins are welcome for most X-ray studies. Please arrive in Patient Registration 15 minutes before your exam.

- For **arthrogram, fistulagram, hysterosalpingogram** – No prep is required.
- For **barium swallow, 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 **myelogram** – The night prior to your exam have a normal dinner. It is best to drink two or three 8 ounce glasses of water after dinner or before bed-time and up until 6 a.m. the morning of your exam to make sure you are well hydrated. No solid food after midnight and nothing to eat or drink after 6 a.m.



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Cherry Hill
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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)