

SWEDISH MEDICAL IMAGING

SWEDISH EDMONDS IMAGING REQUISITION FORM

Phone: 425-640-4260 • Fax: 425-640-4472 • 21601 76th Ave. W., Edmonds, WA 98026

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: _____
 STAT CT outpatient 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	CT	Ultrasound	X-ray
<input type="checkbox"/> Brain <input type="checkbox"/> Soft tissue neck <input type="checkbox"/> Cervical spine <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Shoulder <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis (screening) <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> MRCP (biliary) <input type="checkbox"/> Adrenal <input type="checkbox"/> MR IVP (renal mass) <input type="checkbox"/> Brain MRA <input type="checkbox"/> Neck MRA (carotids) <input type="checkbox"/> Chest MRA <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis MRA <input type="checkbox"/> Extremity / Other MRI: _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Arthrogram	<input type="checkbox"/> Head <input type="checkbox"/> Sinus <input type="checkbox"/> Soft tissue neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Cervical spine <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Adrenal <input type="checkbox"/> CT IVP (renal mass) <input type="checkbox"/> CT KUB (renal stone) <input type="checkbox"/> Head <input type="checkbox"/> Neck CTA <input type="checkbox"/> Pulmonary CTA (PE) <input type="checkbox"/> CT aortogram <input type="checkbox"/> Extremity / Other CT: _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Arthrogram	<input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis (non-OB) <input type="checkbox"/> Gallbladder <input type="checkbox"/> Appendix <input type="checkbox"/> Kidney/Bladder <input type="checkbox"/> Scrotum <input type="checkbox"/> Aorta <input type="checkbox"/> Soft tissue mass <input type="checkbox"/> Hernia <input type="checkbox"/> Thyroid Obstetric <input type="checkbox"/> ≤ 14 weeks <input type="checkbox"/> ≥ 14 weeks <input type="checkbox"/> Fetal anatomic screening <input type="checkbox"/> General (EFW) <input type="checkbox"/> Limited follow-up <input type="checkbox"/> Other ultrasound:	<input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Cervical spine <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Skull <input type="checkbox"/> Sinus <input type="checkbox"/> KUB <input type="checkbox"/> Extremity / Other X-ray: _____ <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wt-bearing <div style="background-color: black; color: white; padding: 2px; text-align: center;">Nuclear medicine</div> Specify exam: _____ <div style="background-color: black; color: white; padding: 2px; text-align: center;">PET/CT</div> Please contact 425-640-4260.

Please fax order to: 425-640-4472. Thank you for choosing Swedish!

PATIENT INSTRUCTIONS

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.

There are no eating or drinking restrictions, except do not eat for four hours prior to abdominal exams (clear non-carbonated liquids are OK).

If patient is diabetic, has renal disease or over 60 years of age:

BUN: _____ Date: _____

Creatinine: _____ Date: _____

If the patient is claustrophobic, medication may be given. The patient must have a ride to and from their appointment.

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
Gadolinium	<input type="checkbox"/> Yes <input type="checkbox"/> No

CT

We use detailed protocols and other techniques to ensure your radiation dose is as small as possible. Please arrive 15 minutes prior to your exam. If patient is diabetic, has renal disease or over 60 years of age:

BUN: _____ Date: _____ Creatinine: _____ Date: _____

For all contrast exams: Do not smoke or eat for four hours prior to your exam. Clear non-carbonated liquids OK until two hours prior to your exam. Please arrive two hours prior to your appointment for a pelvic exam or one hour prior to your appointment for an abdominal scan.

For spine, extremities, sinuses or head without contrast: No preparation is required.

ULTRASOUND

Please arrive 15 minutes before your exam.

- For **abdomen, gallbladder and liver studies**, do not eat or drink for eight hours prior to your exam.
- For **pelvis, kidney and OB studies**, drink three 8 ounce glasses of water 45 minutes before your exam and keep your bladder full.

X-RAY AND FLUOROSCOPY

We accept walk-ins for X-ray. For most procedures, please arrive 15 minutes prior to your exam.

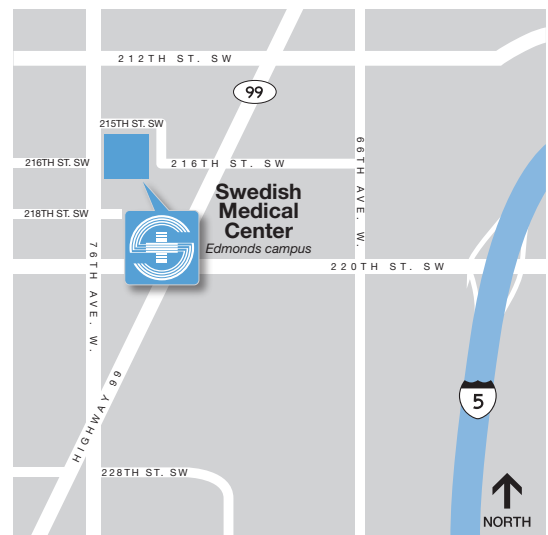
- For **esophagram, small bowel and upper GI** – Do not eat, drink, chew gum or smoke for 12 hours prior to appointment.
- For **barium enema** – A 24-hour full bowel prep is required. Pick up at your physician's office or any retail pharmacy.
- For **intravenous pyelogram (IVP)** – Follow your urologist's prep instructions; clear liquids for one day prior to appointment.

Directions and map to Swedish Edmonds campus

Traveling from I-5:

- Take the 220th Street exit — Exit 179.
- Follow signs for Highway 99.
- Turn right onto Highway 99.
- Turn left onto 216th Street and continue up the hill to the Swedish Edmonds campus.

The most convenient parking for radiology patients is located on the northeast side of the hospital building in the parking garage. Patient registration is located on the first floor main entrance past Starbucks toward the log wall. A Swedish Imaging sign is located directly in front of the entry way.



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Edmonds

21601 76th Ave. W.

Edmonds, WA 98026

T 425-640-4260 F 425-640-4472

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)

