



SWEDISH MEDICAL IMAGING

SWEDISH MRI REQUISITION FORM

Cherry Hill campus schedulers: 206-320-2158 • First Hill campus schedulers: 206-386-3990

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 _____

IV contrast? Without or Without and with **Creatinine:** _____ Date: _____

Location: **Cherry Hill** (Tax ID# 910373400 NPI# 1356496582) **First Hill** (Tax ID# 910433740 NPI# 1306992151)

MRI - CHERRY HILL OR FIRST HILL

- Brain
- Soft tissue neck
- Spine C T L
- MSK pelvis
- Shoulder Hip
- Knee Ankle Foot
- Abd Pelvis
- Liver Pancreas Renal
- MRCP (biliary) Adrenal
- MRA brain
- MRA neck (carotids)
- MRA chest (aorta)
- MRA abdomen MRA pelvis
- Extremity (specify area): _____

Right Left Arthrogram

MR - CHERRY HILL

- 3T EXAM
- Wide bore scanner
- Brain tumor protocol
- Functional
- Cardiac morphology
- Cardiac morphology with stress
- Pulmonary vein

MR - FIRST HILL

- Enterography

Patients who weigh over 250 lbs must be scanned at Cherry Hill

Exam(s) requested that are not listed (must specify w/o **OR** w/o and w contrast):

Please fax order to:
Cherry Hill 206-320-5001 or
First Hill 206-215-3035

Thank you for choosing Swedish!

PATIENT INSTRUCTIONS

PRIOR TO YOUR MRI

You may receive a call prior to your appointment asking if you have any implants in your body. If you do not receive a call AND you have anything inside of your body (pacemaker, metal fragments, stents, clips, etc.), please call MRI before your appointment.

Please arrive 30 minutes before your exam. You will be asked to remove all jewelry, piercings, hair accessories, etc., and will be required to change into a hospital gown. We will provide lockers to store your items.

There are no eating or drinking restrictions unless you are having an MRI of your heart/abdomen/pelvis/prostate. Please call MRI for specific instructions if you do not receive your reminder call.

If you have claustrophobia or anticipate the need for medication to relieve anxiety during the MRI scan, please contact your primary care physician or provider who ordered your MRI. All medications need to be prescribed and picked up prior to your MRI appointment. Patients who take anxiety relieving medications will need to bring a driver to escort them home.

CHERRY HILL MRI

Traveling from I-5:

- Take James Street exit.
- Turn (east) onto James Street; James Street will become Cherry Street.
- Turn right on 16th Avenue, then right into hospital garage.

Address: 500 17th Ave, Seattle, WA 98122

Medical imaging scheduling: 206-320-2158

Cherry Hill MRI department: 206-320-3905



FIRST HILL MRI

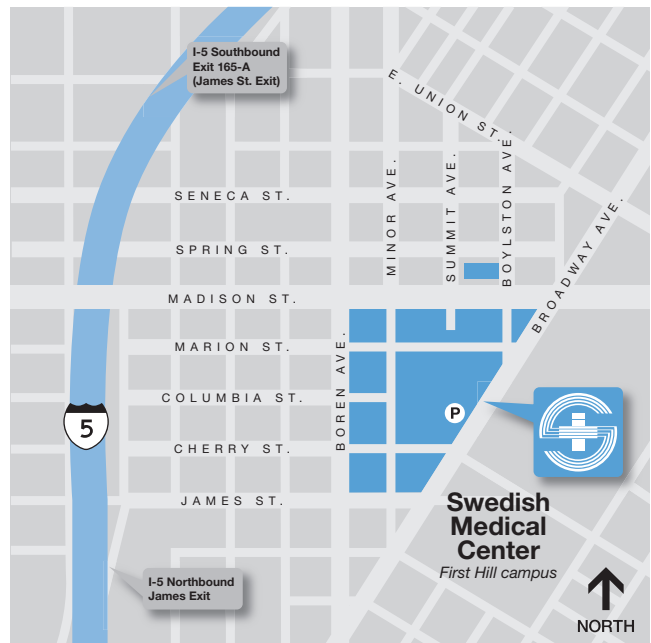
Traveling from I-5:

- 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 signs to the underground parking garage.

Address: 747 Broadway, 4 East, Seattle, WA 98122

Medical imaging scheduling: 206-386-3990

First Hill MRI department: 206-215-6601



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)