



# Medical Imaging Services at Swedish/Cherry Hill Campus

Welcome to the Medical Imaging Department at Swedish/Cherry Hill Campus. Call (206) 320-2158 to schedule a procedure. The fax number is (206) 320-5001.

Please check in 30 minutes before the exam unless otherwise stipulated. **Main Registration** is located just inside the main entrance at 500 17th Ave. on the 1st Floor of the Hospital.

Patient name \_\_\_\_\_ Exam date \_\_\_\_\_ Arrival time \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_\_ Exam time \_\_\_\_\_ Pregnant? \_\_\_\_\_  
 Ordering Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Clinical history/symptoms \_\_\_\_\_

**Physician Signature**  
 \_\_\_\_\_  
 \_\_\_\_\_

Insurance information \_\_\_\_\_  
 Insurance authorization number \_\_\_\_\_  
 L&I claim number \_\_\_\_\_

## CT SCAN

Studies requiring an injection on patients older than 50 require BUN and creatinine. (Note: if we draw labs, we need an order.)

Procedure	Patient Instructions
<input type="checkbox"/> CT head/face/sinus <input type="checkbox"/> CT thorax/chest	Nothing to eat for four hours before the exam
<input type="checkbox"/> CT sinus <input type="checkbox"/> CT spine <input type="checkbox"/> CT extremity	No preparation necessary
<input type="checkbox"/> CT abdomen <input type="checkbox"/> CT pelvis	Nothing to eat or drink for four hours before the exam; arrive one hour prior to the exam
<input type="checkbox"/> CT biopsy	Office to schedule and labs – PT PTT CBC
<input type="checkbox"/> CTA (part) Head, chest, abdomen, pelvis	Creat. _____ BUN _____

Without and With Contrast       Without Contrast  
 Radiologist Discretion

## MRI SCAN

Arrive in **Main Registration** 45 minutes before the exam. Lockers are available for personal items. Metal-free attire will be provided. There are no eating or drinking restrictions. **No pacemakers or implantable cardio-fibrillators are allowed.**

Cardiac pacemaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aneurysm clips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurostimulator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inner-ear implants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Defibrillator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Procedure**

<input type="checkbox"/> MRI brain	<input type="checkbox"/> MRI upper extremity _____
<input type="checkbox"/> MRI T-spine	<input type="checkbox"/> MRI lower extremity _____
<input type="checkbox"/> MRI C-spine	<input type="checkbox"/> GAD joint (arthrogram) _____
<input type="checkbox"/> MRI L-spine	<input type="checkbox"/> MRI pelvis
<input type="checkbox"/> MRI abdomen	<input type="checkbox"/> MRA _____ <input type="checkbox"/> MRV _____
<input type="checkbox"/> MRI chest	Creat. _____
<input type="checkbox"/> Other _____	

Without and With Contrast       Without Contrast  
 Radiologist Discretion

## NUCLEAR MEDICINE

Procedure	Patient Instructions
<input type="checkbox"/> Bone scan	Force fluids between injection and scan <input type="checkbox"/> 3 phase <input type="checkbox"/> Whole body <input type="checkbox"/> SPECT <input type="checkbox"/> Multi-area
<input type="checkbox"/> Renal	Two glasses of water prior to arrival
<input type="checkbox"/> Hepatobiliary scan	Nothing to eat or drink for five hours before the exam
<input type="checkbox"/> Lung scan	No preparation necessary
<input type="checkbox"/> Indium 111 WBC	2 day study - No preparation necessary
<input type="checkbox"/> Thallium exercise	Nothing to eat or drink after midnight; cardiologist office to schedule
<input type="checkbox"/> Thallium Persantine/ Adenosine/Dobutamine	Nothing to eat or drink after midnight; no caffeine or chocolate for 24 hours prior to the exam; cardiologist office to schedule
<input type="checkbox"/> Thyroid uptake scan	No thyroid medication for three weeks and no radiology procedures with contrast for six weeks before the exam; nothing to eat or drink from midnight before the exam
<input type="checkbox"/> Gastric emptying study	Nothing to eat or drink after midnight (8-23 hours)
<input type="checkbox"/> Gated Cardiac Study (MUGA)	No preparation necessary
<input type="checkbox"/> Other _____	

## ULTRASOUND

Arrive in **Main Registration** 30 minutes before the exam.

### Procedure

- Abdomen
- Kidney
- Pelvis
- OB
- Shoulder
- Thyroid
- Thyroid BX/FNA
- Scrotum
- Prostate
- US biopsy
- Hysterosonogram
- Other \_\_\_\_\_

### Patient Instructions

Nothing to eat or drink after midnight the evening before the exam.

One hour before the exam, drink 16 oz. of water and **do not go to the bathroom.**

One hour before the exam, drink 32 oz. of clear fluid and **do not go to the bathroom.**

**First trimester:** drink 32 oz. of water one hour before the exam and **do not go to the bathroom.**

**second and third trimesters:** full bladder not needed.

No preparation necessary

No preparation necessary

No preparation necessary

No preparation necessary

Insert Dulcolax suppository one to two hours before the exam.

Office to schedule; labs required; patient to SDS two hours before procedure; post-observation two to four hours.

Schedule at the end of the menstrual cycle; Schedule appointment seven-10 days after the start of your menstrual cycle; patient may not have had any unprotected intercourse since the start of the menstrual cycle.

## DIAGNOSTIC RADIOLOGY

Arrive in **Main Registration** 15 minutes before the exam.

### General Radiography

- Chest
- Abdomen
- Skull/facial bones
- Extremities \_\_\_\_\_ Side: R \_\_\_\_\_ L \_\_\_\_\_
- Cervical
- Thoracic
- Lumbar/sacrum
- Views
- Other \_\_\_\_\_

The fax number is (206) 320-5001.

Patient name \_\_\_\_\_ Exam date \_\_\_\_\_ Arrival time \_\_\_\_\_

Date of birth \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_\_ Exam time \_\_\_\_\_ Pregnant? \_\_\_\_\_

Referring physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Clinical history/indications \_\_\_\_\_



Medical Imaging

Cherry Hill  
500 - 17th Ave.  
Seattle, WA 98122-5711

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## DIAGNOSTIC RADIOLOGY, cont.

Results Routing Preference for Physician's Office:

- Call report
- Call report, patient wait
- Phone number (\_\_\_\_) \_\_\_\_\_
- Patient to return with CD and written report
- Patient to return with CD
- Fax report Fax # (\_\_\_\_) \_\_\_\_\_

### Procedure

- Upper GI
- Barium swallow
- Small bowel
- Barium enema
- Arthrogram
- Myelogram
- Hysterosalpingogram
- Sinogram/  
Fistulagram
- Other \_\_\_\_\_

### Patient Instructions

Nothing to eat or drink after midnight the evening before; no smoking or chewing gum.

- Prep kits are available from Radiology. Please follow instructions in the kit to prepare for your exam.
- Allow one to two hours for the exam.
- No preparation necessary
- The night before, you may have a normal dinner.
- **No solid food after midnight.** It is best to drink two or three 8-ounce glasses of water or any other non-alcoholic liquid after dinner or before bed-time, up until 6 a.m., to make sure you are well-hydrated. Nothing to eat or drink after 6 a.m. on the day of the procedure.
- Call or pick up myelogram information form.

Scheduled seven-10 days after the start of your menstrual cycle; patient may not have had any unprotected intercourse since the start of the menstrual cycle.

No preparation necessary; area of interest: \_\_\_\_\_

\_\_\_\_\_

Physician Signature

For a free physician referral:  
1-800-SWEDISH (1-800-793-3474)  
www.swedish.org

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