

**PROVIDER INFORMATION**

\*Provider Name (please print): \_\_\_\_\_

\*Phone#: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Fax# for Report: \_\_\_\_\_

Clinic: \_\_\_\_\_

\*Order Issue Date: \_\_\_\_\_

\* = REQUIRED

**PATIENT INFORMATION**

\*Patient name: \_\_\_\_\_ \* Date of birth: \_\_\_\_\_

Patient phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Primary Insurance?: \_\_\_\_\_ Auth/Claim #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**EXAM REQUESTED**

MRI: \_\_\_\_\_

CT: \_\_\_\_\_

IV Contrast as indicated by radiologist, **OR**  no contrast?

IV Contrast as indicated by radiologist, **OR**  no contrast?

MR Arthrogram  MRA (Angiogram)

CTA (Angiogram)

ULTRASOUND: \_\_\_\_\_

BONE DENSITY(DEXA): \_\_\_\_\_

LMP: \_\_\_\_\_

SCREENING MAMMOGRAPHY: \_\_\_\_\_

NUCLEAR MEDICINE: \_\_\_\_\_

X-RAY: \_\_\_\_\_

Laterality if applicable:  Left  Right  Both

**FOR SCHEDULED EXAMS:** DATE: \_\_\_\_\_

CHECK-IN TIME: \_\_\_\_\_

**REASON FOR EXAM (\*required information)**

\*Signs & Symptoms: \_\_\_\_\_

\*Clinical Question? \_\_\_\_\_

\*Diagnosis/ICD-9/10? \_\_\_\_\_

\*Patient Weight: \_\_\_\_\_

\*Is patient ambulatory?  Yes  No

\*Is patient pregnant?  Yes  No

**RECENT LAB WORK**

Answer questions in this box for CT and MRI with contrast

IV Contrast?  Yes  No

Is patient claustrophobic?  Yes  No

Previous contrast reaction?  Yes  No

Does patient have: Aneurysm clip? Vascular stents? Metal in eyes? Pacemaker? Other implanted electronic devices? Any other metal from surgery or injury?  Yes  No

A creatinine within 30 days if any of the following apply:

Diabetes?  Yes  No

Specify: \_\_\_\_\_

Renal Disease?  Yes  No

Age > 70?  Yes  No

Creatinine: \_\_\_\_\_ \*Lab date: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

STAT  Call Report # \_\_\_\_\_

Call Report/Patient Wait

Other \_\_\_\_\_

Visit [everettclinic.com](http://everettclinic.com) for detailed driving directions to our locations.



### Everett Campus

**Founders Building**  
3901 Hoyt Avenue  
Everett, WA 98201

- X-Ray
- Mammography
- DexaScan
- Nuclear Medicine



### Mill Creek

15418 Main Street  
Mill Creek, WA 98012

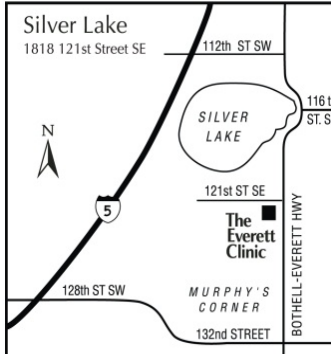
- X-Ray
- Mammography



### Everett Campus

**Gunderson Building**  
3927 Rucker Ave  
Everett, WA 98201

- X-Ray
- CT
- MRI
- Ultrasound



### Silver Lake

1818 121st St. SE  
Silver Lake, WA 98208

- X-Ray



### Lake Stevens

8910 Vernon Rd.  
Lake Stevens, WA 98258

- X-Ray



### Smokey Point

2901 174th St. NE  
Marysville, WA 98271

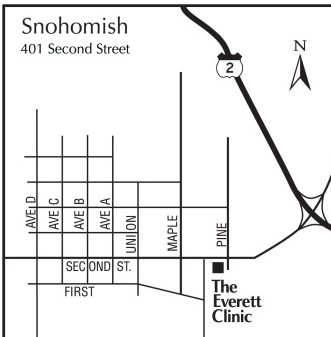
- X-Ray
- CT
- MRI
- Mammography
- DexaScan
- Ultrasound



### Harbour Pointe

4410 106th St. SW  
Mukilteo, WA 98275

- X-Ray



### Snohomish

401 Second St.  
Snohomish, WA 98290

- X-Ray



### Marysville

4420 76th St. NE  
Marysville, WA 98270

- X-Ray
- Mammography



### Stanwood

7205 265th St. NW  
Stanwood, WA 98292

- X-Ray