

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: _____

Be advised imaging studies need insurance pre-authorization obtained by the ordering provider's office.

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: ASYMPTOMATIC

NUCLEAR MEDICINE: _____

X-RAY: _____

Laterality if applicable: Left Right Both

REASON FOR EXAM (*required information)

*Signs & Symptoms: _____

*Clinical Question? _____

*Diagnosis/ICD-10? _____

*Patient Weight: _____

*Is patient ambulatory? Yes No

*Is patient pregnant? Yes No

IV CONTRAST SCREENING

MRI SAFETY SCREENING

Answer questions in this box for CT and MRI with contrast

IV Contrast? Yes No

Is patient claustrophobic? Yes No

Allergy to iodinated contrast? 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

Allergy to gadolinium? Yes No

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

Specify: _____

Diabetes? Yes No

Renal Insufficiency/Nephrectomy? Yes No

Age > 60? Yes No

Creatinine: _____ *Lab date: _____

SPECIAL INSTRUCTIONS

STAT Call Report # _____

Call Report/Patient Wait

Other _____

Visit everettclinic.com for detailed driving directions to our locations.

Everett Campus

Founders Building
3901 Hoyt Avenue
Everett, WA 98201

- X-Ray
- Screening Mammography
- DexaScan
- Nuclear Medicine

Everett Campus

Gunderson Building
3927 Rucker Ave
Everett, WA 98201

- X-Ray
- CT
- MRI
- Ultrasound

Lake Stevens

8910 Vernon Rd.
Lake Stevens, WA 98258

- X-Ray

Harbour Pointe

4410 106th St. SW
Mukilteo, WA 98275

- X-Ray

Marysville

4420 76th St. NE
Marysville, WA 98270

- X-Ray

Edmonds

21401 72nd Avenue West
Edmonds, WA 98026

- Ultrasound
- Screening Mammography
- X-Ray
- CT
- MRI

Mill Creek

15418 Main Street
Mill Creek, WA 98012

- X-Ray
- Screening Mammography

Silver Lake

1818 121st St. SE
Silver Lake, WA 98208

- X-Ray

Smokey Point

2901 174th St. NE
Marysville, WA 98271

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

Snohomish

401 Second St.
Snohomish, WA 98290

- X-Ray

Stanwood

7205 265th St. NW
Stanwood, WA 98292

- X-Ray

Thomas Lake

3916 148th Street SE
Building 2
Mill Creek, WA 98012

- X-Ray

Shoreline

1201 N 175th Street
Shoreline, WA 98133

- X-Ray

PROCEDURE	PATIENT INSTRUCTIONS
CT Neck (soft tissue)	No solid foods for 4 hours prior to your appointment. You may drink liquids.
CT Chest	No solid foods for 4 hours prior to your appointment time. You may drink liquids.
CT Abdomen and/or Pelvis	No solid foods for 4 hours prior to your appointment time. You may drink liquids until you begin drinking the oral contrast. It is also important to make sure you have not had a recent barium study (upper GI, BE, or small bowel). You may be given 2 bottles of barium oral contrast to take home and drink before the exam.
CT IVP	Nothing to eat 4 hours prior to exam. You may drink liquids. No barium oral contrast is needed for this exam.
MRI Abdomen (includes MRI Abdomen, MRI Abdomen and Pelvis, MRI Enterography, MRI MRCP)	You cannot have anything to eat or drink for 6 hours prior to your appointment.
Ultrasound Abdomen	<ul style="list-style-type: none"> • No foods or liquids should be taken 10 hours prior to the appointment time. • If you take medications, please take with a small amount of water. • Since air or gas may interfere with the examination, you should avoid chewing gum the morning of the test.
Ultrasound Abdomen and Pelvis on the same day	<ul style="list-style-type: none"> • Same as the abdominal prep except you must drink 32 ounces of water 45 minutes prior to exam. • Do not empty bladder.
Ultrasound Renal	<ul style="list-style-type: none"> • Drink 32 ounces of water 45 minutes prior to exam. • Do not empty bladder.
Ultrasound Obstetric or Pelvis	<ul style="list-style-type: none"> • You must complete drinking 32 ounces of water 45 minutes prior to the exam (no coffee, tea or pop). • If you are more than 13 weeks pregnant, you do not need to drink water and have a full bladder for the test. • Do not empty bladder. • Food may be eaten as long as the required amount of liquid is taken. • A maximum of two guests will be allowed during the procedure for OB scan. • No videotaping is allowed during the procedure. • This exam may involve a vaginal scan.

Notes _____