

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

IV Contrast as indicated by radiologist, **OR**  no contrast?  
 MR Arthrogram  MRA (Angiogram)

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

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

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

Laterality if applicable:  Left  Right  Both

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

IV Contrast as indicated by radiologist, **OR**  no contrast?  
 CTA (Angiogram)

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

**SCREENING MAMMOGRAPHY: ASYMPTOMATIC**

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

**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

**IV CONTRAST SCREENING**

Answer questions in this box for CT and MRI with contrast

IV Contrast?  Yes  No

Allergy to iodinated contrast?  Yes  No

Allergy to gadolinium?  Yes  No

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

Diabetes?  Yes  No

Renal Insufficiency/Nephrectomy?  Yes  No

Age > 60?  Yes  No

Medication for Hypertension (CT only)?  Yes  No

Creatinine: \_\_\_\_\_ \*Lab Date: \_\_\_\_\_

**MRI SAFETY SCREENING**

Is patient claustrophobic?  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

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

**SPECIAL INSTRUCTIONS**

**STAT**  Call Report # \_\_\_\_\_  Call Report/Patient Wait

Other \_\_\_\_\_

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
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"> <li>• No foods or liquids should be taken 10 hours prior to the appointment time.</li> <li>• If you take medications, please take with a small amount of water.</li> <li>• Since air or gas may interfere with the examination, you should avoid chewing gum the morning of the test.</li> </ul>
Ultrasound Abdomen and Pelvis on the same day	<ul style="list-style-type: none"> <li>• Same as the abdominal prep except you must drink 32 ounces of water 45 minutes prior to exam.</li> <li>• Do not empty bladder.</li> </ul>
Ultrasound Renal	<ul style="list-style-type: none"> <li>• Drink 32 ounces of water 45 minutes prior to exam.</li> <li>• Do not empty bladder.</li> </ul>

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

### Bothell

9924 NE 185<sup>th</sup> St. Suite 215  
Bothell, WA 98011

- X-Ray

### Harbour Pointe

4410 106<sup>th</sup> St. SW  
Mukilteo, WA 98275

- X-Ray

### Lake Stevens

8910 Vernon Rd.  
Lake Stevens, WA 98258

- X-Ray

### Silver Lake

1818 121<sup>st</sup> St. SE  
Everett, WA 98208

- X-Ray

### Thomas Lake

3916 148<sup>th</sup> St. SE  
Mill Creek, WA 98012

- X-Ray

### Edmonds

21401 72<sup>nd</sup> Ave. West  
Edmonds, WA 98026

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

### Marysville

4420 76<sup>th</sup> St. NE  
Marysville, WA 98270

- X-Ray

### Smokey Point

2901 174<sup>th</sup> St NE  
Marysville, WA 98271

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

### Everett Campus

#### Founders Building

3901 Hoyt Ave.  
Everett, WA 98201

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

### Everett Campus

#### Gunderson Building

3927 Rucker Ave.  
Everett, WA 98201

- CT
- MRI
- Ultrasound
- X-Ray

### Mill Creek

15418 Main St.  
Mill Creek, WA 98012

- Screening Mammography
- X-Ray

### Shoreline

1201 N 175<sup>th</sup> St.  
Shoreline, WA 98133

- X-Ray

### Snohomish

401 Second St.  
Snohomish, WA 98290

- X-Ray

### Stanwood

7205 265<sup>th</sup> St. NW  
Stanwood, WA 98292

- X-Ray