

All imaging orders must be faxed.

VMC/VDIS OUTPATIENT IMAGING SERVICES

Arrival Time: _____

Exam 1 Date & Time: _____

Exam 2 Date & Time: _____

PATIENT INFORMATION

Name: _____ Birthdate: _____ Male Female Other

Phone: (Primary) _____ (Secondary) _____ Email: _____ SSN: _____

Insurance: _____ ID# _____ RQI/Auth# _____ Today's Date: _____

Claim: Auto Worker's Comp Commercial/Private Date of Injury: _____ Attorney Name/Claim# _____

IMPORTANT CLINICAL INFO

CPT _____ ICD-10 Required _____

Known symptoms, diseases, allergies, clinical info? _____

Specific area Required (left, right, upper, lower, etc): _____ Encounter Required initial subsequent sequelae

Relevant prior surgery/radiation? _____ Prior Images? Yes No Where? _____

Pregnant? Yes No If Yes, how many weeks? _____ Primary healthcare provider: _____

REPORT/IMAGES PREFERENCE

Preliminary Report: Call: _____ Fax# _____ Hold pt. and call: _____

Release CD w/patient: Send images on CD: _____ Final Report: Cc: _____ Fax# _____

VDIS MEDICAL ARTS CENTER Ph. 425.690.3655 Fax 425.690.9655 Same Day Xray 425.690.6294 Tax ID# 91-6000986

No longer offering walk-in exams

X-ray

Fluoroscopy

- Arthrogram
- Barium Enema
- Esophagram
- Small Bowel Follow Through
- Hysterosalpingogram
- Upper GI
- Cystogram

Ultrasound

- OB: LMP or EDC: _____
- OB < 14 wks
- OB complete > 14 wks
- OB limited/follow-up BPP
- Abdomen
 - Complete
 - Limited (specify organ) _____
 - Complete with Elastography
 - Limited with Elastography
- Kidneys and Bladder
- Aorta/Retroperitoneal

Thyroid head and neck

- Pelvis
 - Complete
 - with Transvag if ind
 - Limited Hernia
 - Limited Bladder only
 - w/IUD
- Testes
- Other (specify) _____

Other _____

HOSPITAL DIAGNOSTIC IMAGING

425.251.5194 (schedule) 425.656.5009 (fax)
425.251.5183 (office) Tax ID# 91-6000986

Nuclear Medicine 425.656.5051 (fax)

Bone Scan (Choose One)

- Whole Body
- Whole Body+limited SPECT/CT (specify area) _____
- SPECT/CT (specify area) _____
- 3 phase (specify area) _____
- NEW: 3 phase with SPECT/CT (specify area) _____
- VQ Lung Scan
- Gastric Emptying Hepatobiliary
- Renal Scan & Function WBC Scan
- Myocardial Perfusion (additional form required)
- Thyoid Uptake & Scan (additional form required)
- Parathyroid Scan
- Other _____

VDIS OLYMPIC BUILDING—(CT and MRI) Ph. 425.656.5550 Fax 425.656.5552 Tax ID# 91-6000986

MRI Claustrophobic Weight _____

IV Contrast: Rad Discretion With Without

History of metal in body or eyes? Yes No

If yes: where _____ type _____

Spine: Thoracic Met Spine Study

Cervical Lumbar Flexion/Extension

MRI Brain MRA Brain (intracranial only) MRA Carotid

Neck (soft tissue, w/contrast) Pituitary Orbits

TMJ Bone Marrow Chest

Shoulder (L/R) Hip (L/R) Knee (L/R)

Ankle (L/R) Wrist (L/R)

Arthrogram

Extremity (L/R): _____

IACs: Limited (without contrast) Complete (with contrast)

Abdomen: MRCP Liver Kidney Pancreas

MRI Enterography

Pelvis: Organ Bone

Breast: see separate breast order form

MRI Angiogram:

Renal

Aorta Thoracic Lower Extremity Runoff

Aorta Abdominal Other _____

CT Scan

IV Contrast: Rad Discretion With Without

Head Sinus (comprehensive)

Temporal Bone Landmarx

Neck (soft tissue) Facial/Orbits

Chest High Res. Chest (HRCT)

CT Lung Screen CT IVP

ABD/Pelvis (complete) Abdomen

Pelvis (bone only) Pelvis

Enterography (Volumen)

Spine: w/ 3D Reconstruction

Cervical Spine: Level _____

Thoracic Spine: Level _____

Lumbar Spine: Level _____

Extremity: (L/R) _____

w/ 3D Reconstruction

Calcium Scoring only

CT Limited Sinus (preauth req'd)

CT KUB

Other: w/ 3D Reconstruction

CT Angiogram:

Pulmonary Angiogram

Aorta Abdominal

Intracranial

ABD Aorta w/ILIACS

Carotid

Lower Extremity Runoff

Aorta Thoracic

Other _____

Venogram (specify) _____

Specify Area of Interest:

SIGNATURE (Federal regulations require a healthcare provider signature.)

Referring healthcare provider (print)

Signature

CONTRAST PRECAUTIONS

Creatinine draw at VDIS Oly, if required

IV Contrast for CT, MRI or IVP? Yes No If Yes, check all that apply

Yes No Previous allergy to contrast (call imaging center for instructions)

Yes No Patient is diabetic (need Creatinine w/in past 6 weeks Date: _____)

Yes No CT: 70+ years old (Creatinine Levels: _____ Date: _____)

Yes No MRI: 60+ years old (Creatinine Levels: _____ Date: _____)

Yes No Patient is on Glucophage/Glucovance or Metformin

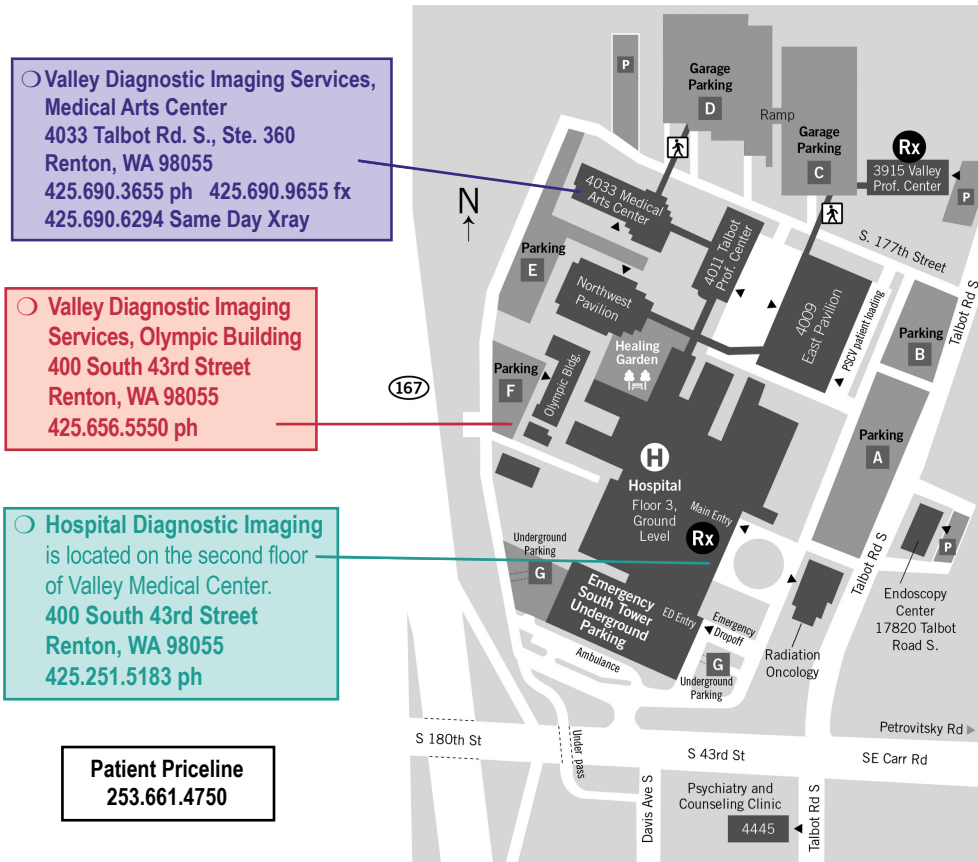
Yes No Hx kidney disease & hypertension (need Creatinine levels: _____)

Yes No History of myeloma or asthma

FAX Disclaimer: The information contained in this facsimile transmission is privileged and confidential.

If you have received this fax in error, please notify the sender and destroy this fax. Thank You.

All imaging orders must be faxed.



DIRECTIONS: Take I-405 to Highway 167 South. Once on Highway 167, take the first exit (South 41st/180th St.) and turn left at the light at the end of the off-ramp. Turn left at the next light onto 43rd/180th St. Proceed straight to the top of the hill and turn left at the light onto Talbot Rd. S. Valley Medical Center's campus is on the left.

UW Medicine

VALLEY MEDICAL CENTER



VALLEY DIAGNOSTIC
IMAGING SERVICES

Olympic Building

VALLEY DIAGNOSTIC
IMAGING SERVICES

Medical Arts Center

Vantage Radiology & Diagnostic Services, a professional service corporation, in association with UW Medicine Valley Medical Center.

Visit Valley Medical Center online at www.valleymed.org and Vantage Radiology & Diagnostic Services at www.vrads.com

IMPORTANT INFORMATION

- If you are pregnant, or could be pregnant, please inform your technologist and/or healthcare provider BEFORE your examination.
- Children may not accompany you into the exam room or wait in the lobby during your appointment. Please make arrangements for your children during your appointment.
- For all examinations, continue to take medications prescribed by your physician or healthcare provider, unless otherwise directed at the time your exam is scheduled.

HOSPITAL DIAGNOSTIC IMAGING 425.251.5183 ph 425.656.5009 fax

Nuclear Medicine: Uses small amounts of radioactive materials (or tracers) to help diagnose and treat a variety of diseases. Tests determine the cause of the medical problem based on the function of the organ, tissue or bone.

Nuclear Medicine Exams and Preparation:

- **Bone Scan:** Please be well hydrated (drink at least 2 glasses of water) before this exam. Please do not wear any metal.
- **Gastric Empty:** Nothing by mouth (NPO) for 4 hours before the test. This is a 4 hour exam.
- **Hepatobiliary Scan:** Nothing by mouth (NPO) 4 hours before exam, this includes opiates. No pain medication 4 hours before the exam. This is a 2 hour exam.
- **Renal Scan and Function:** Please be well hydrated (drink at least 2 glasses of water) before this exam.
- **Myocardial Perfusion:** Please contact your physician regarding stoppage of cardiac medication prior to exam. No caffeine, including decaf, for 12 hours prior to the exam. No solid food for 4 hours prior to exam. Liquids are okay. This is a 3 hour exam.
- **Thyroid Uptake and Scan:** No solid foods for 4 hours prior to the exam. Liquids are okay. This is a 2 day exam.
- **Parathyroid Exam:** No preparation necessary for this exam. This is a 3 hour exam.

VDIS OLYMPIC BUILDING 425.656.5550 ph 425.656.5552 fax

○ **CT Scan:** A CT, computerized tomography (or CAT) scan is a special examination in which multiple "slices" or pictures are taken through an area of the body. You will be placed on a table which will move you into the scanner. After each "slice" is taken the table will move a small distance to take the next picture. For many CT scans, contrast material will be injected into your vein.

DIAGNOSTIC IMAGING SERVICES EXAM PREPARATIONS

Arrival Time: _____ Exam 1 Date & Time: _____ Exam 2 Date & Time: _____

CT Scan Preparation:

○ **CT Head, CT Neck, CT Chest (Thorax):**

No solid food or drink 2 hours prior to your appointment. Drink plenty of fluids the day before the exam.

○ **CT Sinus, Comprehensive/CT Sinus, Limited:** No preparation necessary.

○ **CT Abdomen or Pelvis (complete):**

No solid food or drink 2 hours prior to your appointment. Medications may be taken. Please arrive one hour and 20 mins prior to your appointment. You will be given a liquid to drink that allows us to see your intestines. Please drink plenty of liquids the day before your exam.

○ **CT Angiogram (no oral contrast necessary):** No solid food or drink 2 hours

prior to your appointment. Medications may be taken. Please drink plenty of liquids the day before your exam.

○ **CT Lung Screen:** No preparation is necessary.

○ **MRI Scan:** Magnetic resonance imaging (MRI) is a simple, painless examination that uses magnetic fields and radio waves to "see" internal organs and soft tissue without the use of x-rays. Both safe and painless, MRI has no known side effects.

MRI Scan Preparation:

Under most circumstances, no special diet, medication or fasting is required before your MRI exam. If you feel you may be claustrophobic, please contact VDIS Olympic Building prior to your appointment day to discuss options.

SEDATION:

Oral: No medications to be taken prior to exam. Nothing by mouth 4 hours prior to exam.

IV: No food and only minimal water for oral meds 4 hours before exam.

The result of an MRI can be altered by the presence of metal in the exam room. **All patients will be asked to change into an exam gown.** Please be prepared to leave jewelry, keys and other metallic items in a locker.

IMPORTANT: Caution needs to be used if you have a pacemaker, inner ear implants, blood vessel surgical clips in the brain or some metal implants. Please notify the physician or technologists if you may have any of the above, or are uncertain whether you do.

○ **Abdominal MRI:** No food or drink 4 hours prior to your appointment.

○ **MRCP:** No food or drink 4 hours prior to your appointment.

○ **Liver:** No food or drink 4 hours prior to your appointment.

○ **Pelvis w/ Organ:** No food or drink 4 hours prior to your appointment. (Pelvis without additional organ has no preparation requirements.)

○ **Arthrogram:** Please let them know at the time of scheduling if you are on blood thinners. No preparation necessary. An Arthrogram is a study of joint spaces. Following the use of a

local anesthetic, contrast material is injected into the joint space. Images will be taken. After your exam is complete, the contrast material will be completely reabsorbed in 24 to 48 hours. The radiologist recommends that your activity be limited for 24 hours after the exam.

VDIS MEDICAL ARTS CENTER

425.690.3655 ph 425.690.9655 fax

425.690.6294 Same Day Xray

○ **CT KUB (kidney stones): 20 minutes.**

No preparation necessary. Please call 425.656.5550 for images on CD or report requests.

○ **Sinus Series, Sinus 1 View: 20 minutes.**

No preparation is necessary.

○ **Chest x-ray, Plain x-ray: 20 minutes.**

Radiography, or X-ray involves exposing a part of the body to a small dose of radiation to produce an image of the internal organs.

When x-rays penetrate the body, they are absorbed in varying amounts by different parts of the anatomy. There is no special preparation required for most x-rays.

○ **Ultrasound Exam: 40 minutes.** Sound

waves are used to examine internal organs. Obstetrical ultrasound is used to determine the baby's age, position, appearance of body parts, volume of fluid around the baby, and the position of the placenta. An ultrasound technologist will apply a warm gel to the skin which allows the sound waves to be transmitted and received from inside the body. The images are recorded on film. No radiation is utilized to produce the images.

Children may not accompany you into the exam room or wait in the lobby during your appointment. Please make arrangements for your children during your appointment.

Ultrasound Preparation:

○ **Abdomen and/or Gallbladder:** For 6 hours prior to the exam, take nothing by mouth except medications.

○ **Aorta:** For 6 hours prior to the exam, take nothing by mouth except medications.

○ **Combination Exam (Abdomen and Pelvis):** Nothing by mouth for 8 hours prior to the exam, except medications. Finish drinking 32 oz of water by 1 hour prior to your appointment. **Do not** urinate until after your exam is complete. A full bladder is necessary.

○ **Obstetrical or Pelvis:** Finish drinking 32 oz of water by 1 hour prior to your appointment. **Do not** urinate until after your exam is complete. A full bladder is necessary.

○ **Hysterosonogram:** No preparation is necessary.

○ **Thyroid, Testes:** No preparation is necessary.

○ **Kidney/Bladder, Retroperitoneal:** Finish drinking 16 oz of water by 1 hour prior to your appointment. **Do not** urinate until after your exam is complete. A full bladder is necessary.

**Dialysis patients don't need to drink water. **

Fluoroscopy Exams:

○ **Barium Enema: 1 hour.** A barium enema is an examination of your large intestine. A tube will be placed in your rectum, and barium and air will be instilled through the tube to fill the intestine. To insure a satisfactory study it is necessary that your bowel be entirely free of fecal material. To accomplish this, it is important the instructions be followed completely, and that no food or fluids other than those listed be substituted. You may expect the laxative to begin its cleaning action approximately 3-8 hours after you take it.

Preparation the DAY BEFORE the exam:

A non-residue diet is required beginning 24 hours before the examination. This may consist of clear soup, sugar-free jello, liquid non-pulpy unsweetened juice, sugar-free soda, black coffee or tea without sugar or milk. Do not eat or drink any solid foods, milk or cream. Be sure to read all the accompanying directions and warnings thoroughly before using the kit. If you have any questions, be sure to ask your doctor.

1) Drink one glass of water each hour, from 1 p.m. to 9 p.m.

2) At 5 p.m.: Slowly add to 8 oz. of cold water in a large (minimum 12 oz.) glass, the contents of packet (Magnesium Citrate) while gently stirring. After fizzing stops, stir again and drink.

3) At bedtime: Take the four enclosed Bisacodyl tablets with a glass of water. Do not chew tablets. Tablets taken at bedtime are usually effective by the following morning.

Preparation the MORNING OF the exam:

1) Do not have anything to eat or drink.

2) To use the Bisacodyl Suppository, push it through the back and remove it from the blister, remove the foil wrapper and insert the suppository into the rectum two hours before your appointment time. Retain for 15 minutes. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ Esophagram: 20 minutes.

An Esophagram is an examination of your throat and esophagus. While you swallow the barium, the radiologist will observe on a fluoroscope and take a series of X-rays.

Preparation: No food or drink 2 hours prior to appointment time. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ **Cystogram: 1 hour.** This is a study of the bladder and urethra. A catheter is placed into the bladder and contrast material is instilled until your bladder is full. The technologist will take several films including one while you empty your bladder.

Preparation: None.

○ **Hysterosalpingogram: 1 hour.** Also called HSG, this is an examination of the uterus and fallopian tubes to evaluate for blockage, inflammation and other diseases. The radiologist places a speculum into the vagina. A small tube will be placed into the uterus and contrast material injected. The doctor will watch under fluoroscopy, and obtain films.

After the examination is completed, some cramping and spotting may occur.

Preparation: 1) The exam should be scheduled to occur 7-10 days after the first day of a normal menstrual period. 2) Do not have intercourse from the beginning of your menstrual period until the examination is completed.

○ **Small Bowel Series: 2-4 hours.** This is a study to evaluate the small intestine. It may be performed on its own or after an upper gastrointestinal series. Barium is taken orally. A series of x-rays are taken as barium flows from the stomach through the small intestine to the colon.

Preparation: Do not eat, drink, chew gum or use tobacco after midnight the night before your exam. Continue any prescribed medications but use as little water as possible. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ **UGI-Upper Gastrointestinal Series: 30 minutes.** This is a study of the esophagus, stomach and duodenum after drinking barium. The radiologist will observe a TV screen/fluoroscope while placing the patient in a variety of positions. Films are obtained during and after fluoroscopy.

Preparation: Do not eat, drink, chew gum or use tobacco after 10 p.m. the night before your exam. Continue any prescribed medications but use as little water as possible. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ **Valley Diagnostic Imaging Services, Medical Arts Center**
4033 Talbot Rd. S., Ste. 360
Renton, WA 98055
425.690.3655 ph 425.690.9655 fx
425.690.6294 Same Day Xray

○ **Valley Diagnostic Imaging Services, Olympic Building**
400 South 43rd Street
Renton, WA 98055
425.656.5550 ph

○ **Hospital Diagnostic Imaging**
is located on the second floor
of Valley Medical Center.
400 South 43rd Street
Renton, WA 98055
425.251.5183 ph

Patient Priceline
253.661.4750

UW Medicine
VALLEY MEDICAL CENTER

Vantage
RADIOLOGY & DIAGNOSTIC SERVICES

VALLEY DIAGNOSTIC IMAGING SERVICES
Olympic Building

VALLEY DIAGNOSTIC IMAGING SERVICES
Medical Arts Center

Visit Valley Medical Center online at www.valleymed.org and Vantage Radiology & Diagnostic Services at www.vrads.com