Harrison Imaging Centers

Diagnostic Imaging Order Form

CHI Franciscan Health
Our best care. Your best health.℠

Silverdale/Port Orchard Scheduling: (360) 337-6500 | Scheduling Fax: (360) 662-5501
Poulsbo/Bremerton Scheduling: (360) 479-6555 | Scheduling Fax: (360) 479-8327

Appointment Date: _____ Check-in Time: _____

Location: ☐ Bremerton ☐ Poulsbo ☐ Silverdale ☐ Port Orchard *See reverse for maps.*

Please bring this form, picture ID and insurance card to your appointment.

Date of Referral: _____ Referring Provider Name *(please print)* _____

Referring Provider SIGNATURE REQUIRED: X _____

Patient Name: (First, MI, Last) *(please print)* _____ ☐ Male ☐ Female DOB: _____

Best phone ( ) _____ Height _____ Weight _____ Pregnant: ☐ Yes ☐ No Allergies _____

Insurance _____ Authorization # _____

Written Diagnosis/Reason/Symptom for Exam(s) **REQUIRED:**

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. **Rule out, Possible or Probable Conditions cannot be coded.** For Medicare Policy information see the Part B Bulletin or **www.noridian.com/medweb.**

Reporting
☐ Routine ☐ Stat
☐ Call Report # _____
☐ Fax Report # _____
☐ Call Report/Patient Wait
☐ Patient to Return with CD
☐ Other _____

Scheduling
☐ Routine: 3-5 days
☐ ASAP: 1-2 days
☐ Stat: 24 hours

Screening Required for IV Contrast Studies
☐ BUN/Creatinine _____/_____ *(date drawn)* _____/_____/_____ *(valid for 30 days)* ***Please fax results.***
Contrast and 3-D Reconstruction as clinically indicated by Radiologist ☐ No Contrast indicated for this study.

MRI
w/pre-MRI orbit x-ray as clinically indicated

Cardiac
☐ Specify _____

Head & Neck
☐ Brain ☐ Orbits ☐ TMJ
☐ Pituitary ☐ Soft Tissue Neck
☐ Internal Auditory Canals
☐ CSF Flow Study

Body/Trunk
☐ Abdomen ☐ MRCP ☐ Chest
☐ Bone Marrow ☐ Breast ☐ Pelvis

Spine
☐ Cervical ☐ Lumbar
☐ Thoracic ☐ Sacral

Extremity
☐ Specify _____
☐ Arthrogram _____

Joint
☐ Arthrogram _____
☐ Specify _____

Neurogram
☐ Brachial Plexus
☐ Lumbosacral Plexus

MRA
☐ Brain ☐ Carotid/Vertebral
☐ Thoracic Aorta ☐ Renal Arteries
☐ Lower Extremity Runoff
☐ Other _____

MRV
☐ Brain ☐ Pelvis

Other _____

SCREENING
☐ Low Dose Lung CT
☐ Coronary Artery Calcium CT
☐ with Hepatic Views
☐ Virtual Colonography CT

CT
Head & Neck
☐ Head ☐ Orbits
☐ Sinuses ☐ Soft Tissue Neck
☐ Temporal Bones
☐ Facial Bones
☐ TMJ

Body/Trunk
☐ Chest ☐ Abdomen
☐ Pelvis
☐ CT Renal Colic w/KUB
☐ CT IVP
☐ CT Enterography
☐ CT Colonography

Spine
☐ Cervical ☐ Lumbar ☐ Thoracic

Extremity
☐ Specify _____

CTA
☐ Brain
☐ Carotids
☐ Pulmonary Arteries
☐ Renal Arteries
☐ Mesenteric Arteries
☐ Cardiac
☐ Abdominal Aorta

Other
☐ Specify _____

NUC MED
Bremerton only

Bone Scan
☐ Limited ☐ W/Spect ☐ Whole Body

Cardiac
☐ MUGA ☐ Stress

Other
☐ Gastric Emptying
☐ Hepatobiliary (HIDA)
☐ Liver-Spleen ☐ Renal
☐ Thyroid Uptake/Scan

ULTRASOUND
Abdomen
☐ Complete
☐ Limited (RUQ, LUQ, appendix, other) Specify:
_____
☐ Kidneys & Bladder ☐ AAA
☐ Pyloric stenosis

Gyn *w/endovaginal as clinically indicated*
☐ Pelvic ☐ Hysterosonogram

OB *w/endovaginal as clinically indicated*
☐ Complete
☐ <14 weeks
☐ Anatomical Survey
☐ Limited
☐ Fetal Growth
☐ AFI
☐ Cervical Length
☐ Placenta Location
☐ Cord Doppler
☐ Other
☐ BPP

Vascular
☐ Renal Artery Duplex
☐ CIMT *(w/BL carotid as indicated)*
☐ Carotid
☐ Venous Duplex: R or L or BL
☐ Upper Extremity
☐ Lower Extremity

Other
☐ Hernia
☐ Inguinal/Groin: R or L or BL
☐ Abdominal Wall/Umbilical/ Incisional
☐ Thyroid
☐ Scrotum
☐ Other _____

X-RAY
Body/Trunk
☐ Chest ☐ Ribs ☐ KUB
☐ Acute Abdomen

Spine
☐ Cervical ☐ Lumbar ☐ Thoracic

Extremity
☐ Specify: R or L for _____

Joint
☐ Specify: R or L for _____

Other
☐ Specify _____

FLUOROSCOPY
Silverdale & Bremerton only
☐ Esophagram
☐ Upper GI Series
☐ Small Bowel Series
☐ Barium Enema
☐ Myelogram
☐ Hysterosalpingogram
☐ IVP ☐ TOMO ☐ VCUG

SPECIAL
Consult scheduling for exam locations

Special Procedures
☐ Biopsy, specify: _____
☐ Paracentesis
☐ Thoracentesis
☐ Aspiration
☐ Injection, specify: _____
☐ Lumbar Puncture

Bone Densitometry
☐ Vertebral Fracture Assessment (VFA)
☐ DEXA ☐ DEXA w/FVA
☐ Body Comp Analysis

Preparing for your exam or procedure

MRI

Certain exams require preparation. If age 60 or older, lab work may be needed. Please contact scheduling for instructions.

Once you arrive, you may be asked to change into the appropriate clothing for your exam, since metal objects may interfere with the quality of your study. If your exam requires a contrast agent or "dye" to enhance the appearance of certain tissues or blood vessels in the images, a small needle will be placed in a vein in your arm and a contrast agent will be injected. **Please let us know in advance whether you have kidney failure, liver failure or transplant, or whether you are or might be pregnant.**

CT

Certain CT exams require the use of contrast. If you are having an exam that requires a contrast agent or "dye," you may be asked to avoid foods or fluids for 4-8 hours before the test. If age 60 or older, lab work may be needed. We will let you know if you need to follow these additional preparations.

Once you arrive, you may be asked to change into the appropriate clothing for your exam, since metal objects may interfere with the quality of your study.

You may be asked to drink a liquid contrast agent upon arrival for exams of the abdomen and pelvis. **Please let us know in advance if you have any allergies to iodine contrast, whether you are or might be pregnant, or if you are taking medication containing Metformin, Glucophage, Glucovance, Avandamet or Metaglip.**

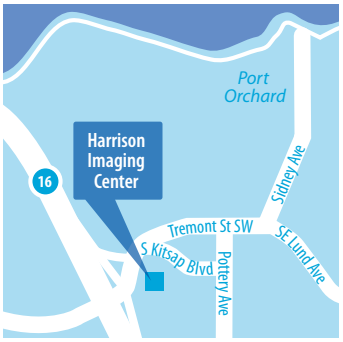
Ultrasound

Preparation for your ultrasound study will depend upon the type of exam you have having. No preparation is necessary for ultrasound of the thyroid, scrotum, hernia, blood vessels or musculoskeletal disorders.

Preparation may vary for ultrasound-guided procedures. Please call to verify.

Locations

Bremerton
2700 Clare Avenue



Port Orchard
450 S. Kitsap Boulevard
Suite 110

Poulsbo
22180 Olympic
College Way
Suite 101

Silverdale
1780 NW Myhre Road
Suite 1220

Bremerton MRI
2530 Cherry Avenue
(behind Harrison
Medical Center)