

Last		First	
Cell/home phone	Work phone	DOB	MRN#
Weight, height	Allergies	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of exam:			
Reason for exam:			

Exam

	Exam/CPT code(s)
<input type="checkbox"/> MRI	
<input type="checkbox"/> CT	
<input type="checkbox"/> X-ray	
<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Nuc med (non-cardiac)	
<input type="checkbox"/> Screening mammogram	
<input type="checkbox"/> Fluoro injection/aspiration	
<input type="checkbox"/> Bone density/DEXA	
<input type="checkbox"/> Other:	
	<input type="checkbox"/> Left <input type="checkbox"/> Right

Contrast

<input type="checkbox"/> With	
<input type="checkbox"/> Without	
<input type="checkbox"/> As indicated by radiologist	
<input type="checkbox"/> Arthrogram (Pre-MRI & CT)	

Contrast information

<input type="checkbox"/> Allergic to iodinated contrast
<input type="checkbox"/> Allergic to gadolinium
<i>If allergic, call 1-425-317-3400 for premed instructions.</i>
Will need creatinine (<30 days) IF:
<input type="checkbox"/> Renal insufficiency/nephrectomy
<input type="checkbox"/> Diabetic
<input type="checkbox"/> >60 Years Old
<input type="checkbox"/> Medication for hypertension (CT Only)
<input type="checkbox"/> Multiple myeloma or other hyperproteinemia
<input type="checkbox"/> Dialysis (additional instructions apply)
Creatinine level:
Date Drawn:

Prior, comparison

Please list date and facility if there are any relevant before imaging studies:

Please have patient call our scheduling line if they have not received a phone call after 48 hours of submitting this order.

Diagnosis code(s)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Authorization is required before scheduling for all CT, MRI and nuclear medicine exams.

Authorization number: _____

Authorization dates: _____ to: _____

Clinical decision support

Clinical decision support is now required prior to scheduling for all CT, MRI and nuclear medicine exams.

Decision support number: _____

Decision support vendor: _____

Decision support score: _____

MRI safety screening

<input type="checkbox"/>	Claustrophobic
<input type="checkbox"/>	Any implanted or attached devices or metal to include: pacemaker, neurostimulator, defibrillator, vascular stents, aneurysm clips or any other metal from surgery or injury
<input type="checkbox"/>	Specify

Report, image request

<input type="checkbox"/>	Routine
<input type="checkbox"/>	Stat call report phone:
<input type="checkbox"/>	Give patient CD
<input type="checkbox"/>	Push to PACS

Referring provider/NPI#:

Name _____

Facility _____

Phone _____

Physician signature _____

NPI # _____

Visit everettclinic.com for detailed driving directions.

Bothell

9924 NE 185th St., Ste. 215
Bothell, WA 98011
X-ray

Eastside

1200 112th Ave. NE
Bellevue, WA 98004
X-ray
Screening
Mammography
DEXA

Edmonds

21401 72nd Ave. West
Edmonds, WA 98026
Ultrasound
Screening Mammography
X-ray
CT
MRI

Everett Campus

Founders Building
3901 Hoyt Ave.
Everett, WA 98201
X-ray
Screening Mammography
DEXA
Nuclear Medicine

Everett Campus

Gunderson Building
3927 Rucker Ave.
Everett, WA 98201
X-ray
CT
MRI
Ultrasound

Harbour Pointe

4410 106th St. SW
Mukilteo, WA 98275
X-ray

Lake Stevens

8910 Vernon Road
Lake Stevens, WA 98258
X-ray

Marysville

4420 76th St. NE
Marysville, WA 98270
X-ray

Mill Creek

15418 Main St.
Mill Creek, WA 98012
X-ray
Screening
Mammography

Shoreline

1201 N 175th St.
Shoreline, WA 98133
X-ray

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
DEXA
Ultrasound

Snohomish

401 Second St.
Snohomish, WA 98290
X-ray

Stanwood

7205 265th St. NW
Stanwood, WA 98292
X-ray

Thomas Lake

3916 148th St. SE
Building 2
Mill Creek, WA 98012
X-ray

Procedure	Patient guidelines
CT with IV contrast	No solid foods for 4 hours before your appointment time. You may drink liquids.
CT abdomen (middle of the body) and/or pelvis	No solid foods for 4 hours before your appointment time. Please drink 16 ounces of water one hour before your appointment time. You may be asked to drink more water once you arrive.
CT IVP	Nothing to eat 4 hours before your exam. You may drink liquids.
MRI abdomen (includes MRI abdomen, MRI abdomen and pelvis, MRI enterography, MRI MRCP)	You cannot have anything to eat or drink for 6 hours before your appointment.
Ultrasound abdomen	<ul style="list-style-type: none"> No foods or liquids should be taken 10 hours before your appointment time. If you take medications, please take with a small amount of water. Since air or gas may cause problems with the exam, don't chew 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 before your exam. Do not empty bladder.
Ultrasound renal (related to kidney or organ that filters blood)	<ul style="list-style-type: none"> Drink 32 ounces of water 45 minutes before your exam. Do not empty bladder.
Ultrasound obstetric of pelvis	<ul style="list-style-type: none"> You must complete drinking 32 ounces of water 45 minutes before your exam (no coffee, tea or soda). Do not empty bladder. If you are more than 13 weeks pregnant, you don't need to drink water and have a full bladder for the test. Food may be eaten as long as the required amount of liquid is taken. No videotaping is allowed during ultrasound. This exam may involve a vaginal scan.

Notes: _____