



Optum Care Washington, PLLC

Diagnostic imaging

Phone: 425-317-3400 Fax: 425-339-4297

Exam/procedure order form

LAST		FIRST	
Cell/Home 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 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"/> Dialysis (additional instructions apply)	
<input type="checkbox"/> Creatinine Level:	
<input type="checkbox"/> Date Drawn:	

**PRIOR/COMPARISON**

Please list date and facility if there are any relevant prior 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 prior to scheduling for all CT, MRI, and Nuclear Medicine exams.

AUTHORIZATION NUMBER: \_\_\_\_\_

AUTHORIZATION DATES: \_\_\_\_\_

**CLINICAL DECISION SUPPORT**

Decision Support Number: \_\_\_\_\_

Decision Support Vendor: \_\_\_\_\_

Decision Support Score: \_\_\_\_\_

**MRI SAFETY SCREENING**

<input type="checkbox"/>	Claustrophobic
<input type="checkbox"/>	Any implanted/attached devices or metal to include: Pacemaker, neurostimulator, defibrillator, vascular stents, aneurysm clips, diabetic glucose monitor 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 #: \_\_\_\_\_



## Optum Care Washington, PLLC

### Arlington

4011 172<sup>nd</sup> St. NE  
Arlington, WA 98223  
☐ X-Ray

### Eastside

1200 112th Ave NE Bellevue, WA  
98004  
☐ X-Ray  
☐ Screening  
☐ Mammography  
☐ DEXA

### Edmonds

21401 72nd Avenue West Edmonds,  
WA 98026  
☐ Ultrasound  
☐ Screening  
Mammography  
☐ X-Ray  
☐ CT  
☐ MRI

### Everett Campus Founders

Building 3901 Hoyt Avenue  
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

### Marysville

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

### Mill Creek

15418 Main Street Mill Creek,  
WA 98012  
☐ X-Ray  
☐ Screening  
Mammography

### Shoreline

1201 N 175th Street  
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

### Soper Hill

8923 Soper Hill Rd  
Marysville, WA 98270  
☐ X-Ray

### Stanwood

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

## Diagnostic imaging

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## Exam/procedure order form

PROCEDURE	PATIENT INSTRUCTIONS
CT with IV Contrast	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. Please drink 16oz of water one hour prior to your appointment time. You may be asked to drink additional water once you arrive.
CT IVP	Nothing to eat 4 hours prior to 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 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>
Ultrasound Obstetric or Pelvis	<ul style="list-style-type: none"><li>You must complete drinking 32 ounces of water 45 minutes prior to the exam (no coffee, tea or pop). Do not empty bladder.</li><li>If you are more than 13 weeks pregnant, you do not need to drink water and have a full bladder for the test.</li><li>Food may be eaten as long as the required amount of liquid is taken.</li><li>No videotaping is allowed during the procedure.</li><li>This exam may involve a vaginal scan.</li></ul>

Optum Care Washington, PLLC

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call 1-206-329-1777, TTY 711. ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas sin cargo, a su disposición. Llame al 1-206-329-1777, TTY 711. 請注意：如果您說中文，我們免費為您提供語言協助服務。請致電：1-206-329-1777, TTY 711.

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