



Please bring this form with you to your appointment

Patient Information: Name _____ Date of Birth _____
 Day Phone _____ Evening Phone _____ SS# _____
 Insurance _____ Referring Physician _____ Today's Date _____
Name of Insurance required
 Appt. Date _____ Appt. Time _____ Patient will call to schedule

Reporting Routine CALL REPORT # _____ CALL REPORT/ PATIENT WAIT PATIENT TO RETURN WITH CD
 STAT FAX REPORT # _____ OTHER _____

BELLEVUE: Overlake Medical Tower
 1135 116th Ave. NE, Suite 260, Bellevue, WA 98004
Phone: (425) 688-0100 Fax: (425) 454-8911 www.washingtonimaging.com

ISSAQUAH: Medical Center of Issaquah
 450 NW Gilman Blvd., Suite 105, Issaquah, WA 98027

EXAM REQUESTED

MRI IV CONTRAST
 CONTRAST as needed
 NON-CONTRAST

Head & Neck

- Brain Orbits
- Internal Auditory Canals
- Soft Tissue Neck

Body/Trunk

- MRCP Abdomen
- Chest Abdomen Pelvis

Spine

- Cervical Thoracic
- Lumbar Sacral
- Bone Marrow Survey

Joints

- (Specify) _____
- Arthrogram* _____

Neurogram

- Brachial Plexus
- Lumbosacral Plexus
- Extremity (Specify) _____

Cardiac MR

- (Specify) _____

Other MR

- (Specify) _____

MR Angiogram (MRA)

- Brain Carotid/Vertebral
- Thoracic Aorta Renal Arteries
- Abdominal Aorta & Iliacs
- Lower Extremity Runoff
- Other (Specify) _____

MR Venogram

- Brain Pelvis

CT IV CONTRAST
 CONTRAST as needed
 NON-CONTRAST

Head & Neck

- Head Temporal Bones
- Orbits Facial Bones w/3D renderings
- Sinus Soft Tissue Neck

Body/Trunk

- Coronary Artery Calcium*
- Chest High Resolution Lung
- Abdomen & Pelvis
- Abdomen only Pelvis only
- CT-KUB CT-IVP
- CT Enterography (small bowel)
- CT Colonography (colon)*

Spine with 3-D renderings

- Cervical Thoracic Lumbar

Extremity with 3-D renderings

- (Specify) _____

Other

- (Specify) _____

CT Angiogram (CTA)

- Brain Carotids & Brain
- Pulmonary Arteries
- Pulmonary Veins
- Renal Arteries
- Mesenteric Arteries
- Thoracoabdominal Aorta
- Abdominal Aorta & Iliacs
- Abdominal Aorta & LE Runoff

ULTRASOUND

Abdomen

- Abdomen
- Liver Vascular Doppler
- Renal Artery Doppler
- Mesenteric Artery Doppler
- Kidneys and Bladder
- Aorta & Retroperitoneum
- Limited (hernia, appendix, lump)

GYN

- Pelvis with Transvaginal Scan
- Pelvis - Transabdominal Only
- Pelvis with Hysterosonogram

OB

- 1st Trimester w/Transvaginal pm
- Nuchal Translucency and Finger Stick
- Fetal Survey (Detailed/High Risk)
- Follow-up (Growth, AFI, Previa)
- Umbilical Cord & MCA Doppler
- BPP

Carotid Doppler

- Carotid & Vertebral Arteries

Extremity Doppler

- Venous Arterial
- Lower Upper
- Right Left
- Bilateral (w/iliacs if lower)

Other

- Thyroid
- Scrotum/Testicles
- Other (Specify) _____

RADIOLOGY

Walk-ins welcome 8 am – 5:30 pm
 (Specify area) _____

FLUOROSCOPY*

- Esophagram
- Upper GI Series
- Small Bowel Series
- Barium Enema
- Hysterosalpingogram
- Other (Specify) _____

DEXA

- Bone Mineral Density
- Body Composition Analysis*

PET/CT*

- Diagnosis Initial Staging
- Restaging Monitoring
- (Area of concern) _____

A specialized Rx form is normally used to order a PET/CT scan. Please call 425-688-0100, Ext 8133 to have our marketing staff deliver PET/CT Rx pads to your office and to explain the many applications of PET/CT.

*** Not available in Issaquah**

WRITTEN DIAGNOSIS/ SYMPTOMS/ REASON FOR EXAM(S)

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. ICD-9 Code(s) are helpful _____.
 Please list symptoms in addition to any possible or probable conditions.

SPECIFIC AREA OF INTEREST

REFERRING PRACTITIONER SIGNATURE (Required for Exam)



Bellevue



OVERLAKE MEDICAL TOWER

1135 116th Ave, N.E., Ste. 260
 Bellevue, WA 98004 **425-688-0100**

How to find us in Bellevue:

Southbound

Exit I-405 at N.E. 8th St., eastbound. Merge to the left lane and turn left (north) at 116th Ave. N.E. Go past the next light and turn left at signage toward hospital parking. Turn right into the North Garage. Take the elevator to the street level and walk across the street to the Overlake Medical Tower. Washington Imaging Services is straight ahead down the hall.

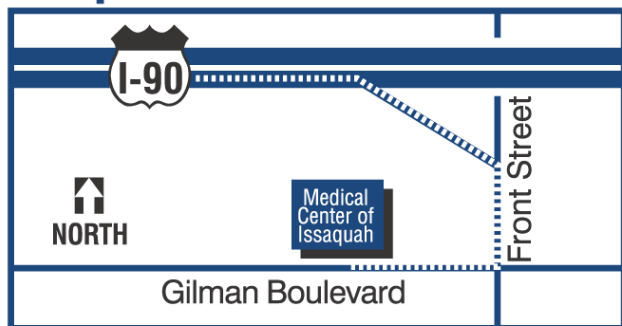
Northbound

Exit I-405 at N.E. 4th St. Turn right on N.E. 4th St. and turn left on 116th Ave. N.E. Go past two lights and turn left at signage toward hospital parking. Turn right into the North Garage. Take the elevator to the street level and walk across the street to the Overlake Medical Tower. Washington Imaging Services is straight ahead down the hall.

When will I know my results?

One of our board certified radiologists will interpret the images and usually prepare a written report for your referring clinician the same day as your exam. The imaging study done at WIS (Washington Imaging Services) may be only one tool in your clinician's work up - they may need additional time to correlate all of the associated reports and data before they are ready to talk to you. WIS and your referring clinician politely request that you wait for your clinician's office to contact you about the scan results.

Issaquah



MEDICAL CENTER OF ISSAQUAH

450 NW Gilman Blvd., Suite. 105
 Issaquah, WA 98027 **425-688-0100**

How to find us in Issaquah:

EASTBOUND

Take the I-90 exit 17 and merge south on to Front Street, turn right on to Gilman Blvd, turn right into the Medical Center.

WESTBOUND

Take the I-90 exit 17. Turn left on to Front Street, turn right on to Gilman Blvd., turn right into the Medical Center.

You have an appointment scheduled for:

Day: _____

Time: _____

Please arrive 15 minutes prior to your exam in order to check in.



WASHINGTON
 IMAGING
 SERVICES, LLC

Phone: 425-688-0100
 Fax: 425-454-8911
 info@washingtonimaging.com