

APPOINTMENT INFORMATION Appointment Date: _____ Check-in Time: _____ Appointment Time: _____

Check Appropriate Site Below — See Map On Back

Squalicum Parkway
 2930 Squalicum Parkway
 Suite 101

Northwest Avenue
 4029 Northwest Avenue
 Suite 102

Birchwood Avenue
 @ Cascade Brain & Spine Center
 710 Birchwood Avenue, Suite 102

1 PATIENT INFORMATION (please print) See Important Exam Information On Back

Name: _____

DOB: _____

Daytime Telephone: _____

Referring M.D.: _____

CC: _____

Primary Insurance Name: _____

Comparison Films: Patient Bring Office Will Send None

Pregnant: Yes No

2 WARNING - MRI is NOT allowed for patients with:

- Pacemakers or Cardioverters

CAUTION - Patients with any of the following MUST be cleared by a radiologist before an MRI can be performed:

- Heart, ear, or brain surgery?
- Implanted device (aneurysm clips, stents, valve, pacemaker)
- Metal fragments in the eyes?
- Post-operative on the area of interest?
 - if so, within the past six weeks?
- Claustrophobic?
- Issue preventing patient from holding still such as severe pain, altered cognition, mental state, etc.?
- Physical limitations? (ex: Wheelchair)
- Is the patient 60 years or older?
- Is the patient diabetic?
- History of nephrectomy or Renal Insufficiency?
- History of hypertension?

To avoid rescheduling please provide documentation to expedite the approval process.

3 EXAM TYPE - Please mark one or more of the following:

<p>Brain</p> <p><input type="checkbox"/> Routine Brain</p> <p style="padding-left: 20px;"><input type="checkbox"/> To include MRA - Circle of Willis</p> <p style="padding-left: 20px;"><input type="checkbox"/> To include MRA - Neck</p> <p><input type="checkbox"/> MS Brain</p> <p><input type="checkbox"/> IAC for tumor</p> <p><input type="checkbox"/> Maxillofacial</p> <p><input type="checkbox"/> Orbits</p> <p><input type="checkbox"/> Pituitary</p> <hr/> <p>Neck/Chest</p> <p><input type="checkbox"/> Soft Tissue Neck</p> <p><input type="checkbox"/> Brachial Plexus</p> <p><input type="checkbox"/> Chest</p>	<p>Spine</p> <p><input type="checkbox"/> MS Spine</p> <p><input type="checkbox"/> C-Spine</p> <p><input type="checkbox"/> T-Spine</p> <p><input type="checkbox"/> L-Spine - Routine</p> <p><input type="checkbox"/> L-Spine - Post Op (< 7yrs)</p> <p><input type="checkbox"/> Spine Screen - Compression fx</p> <p><input type="checkbox"/> Spine Screen - Mets/Tumor</p> <hr/> <p>Pelvis/Hips</p> <p><input type="checkbox"/> Hip __R __L</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> S.I. Joints</p> <p><input type="checkbox"/> Female Pelvis/GYN</p> <p><input type="checkbox"/> Male Pelvis/Prostate</p>	<p>MR angiography/MRA</p> <p><input type="checkbox"/> MRA-Specify Body Part (To include MRI of assoc. area)</p> <p>_____</p> <p>Abdomen</p> <p><input type="checkbox"/> Liver</p> <p><input type="checkbox"/> Kidneys</p> <p><input type="checkbox"/> Pancreas</p> <p><input type="checkbox"/> MRCP (gallbladder and bile ducts)</p> <p><input type="checkbox"/> Adrenal Glands</p> <p><input type="checkbox"/> Abdomen Other - Specify</p> <p>_____</p>	<p>Extremity - Specify Body Part (<input type="checkbox"/> Left <input type="checkbox"/> Right)</p> <p><input type="checkbox"/> Knee <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist</p> <p><input type="checkbox"/> Foot <input type="checkbox"/> Hand</p> <p><input type="checkbox"/> Ankle</p> <hr/> <p><input type="checkbox"/> Arthrogram</p> <p><input type="checkbox"/> Infection/Tumor</p> <p><input type="checkbox"/> Non-Routine - Specify</p> <hr/> <p><input type="checkbox"/> Other - Specify:</p> <p>_____</p> <p>_____</p>
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3a GADOLINIUM INSTRUCTIONS

- Contrast use per radiologist exam protocol instructions unless stated otherwise

Special instructions: _____

- Providers are welcome to call a radiologist at 733-0430 for additional exam ordering information

CAUTION:

Current (within 45 days) creatinine/GFR test required for patients with any of the following:

- Over the age of 60
- Diabetic
- Hypertension

Creatinine/GFR test is required within 24 hours of appointment for the following:

- Renal insufficiency
- Dialysis
- Kidney Transplant

4 Symptoms/Clinical Indications/History (Disease, Injury, Pain, Pathology, Signs and/or Symptoms; No "Rule Out"):

Additional Information/What do you want the radiologist to look for (optional)? _____

Stat Report Desired (choose one)

Fax Report (Fax number required) _____

Call Report (Provider cell phone number required) _____

X _____
 Provider Signature Required

EXAM PREPARATION:

- Exams of the abdomen require patient to be without food/drink 4 hours prior to exam. Take regular medications as prescribed.
- Patients will generally be asked to remove clothing with metal, jewelry, watches, and shoes for the exam. A gown or scrubs will be provided.

EXAM INFORMATION:

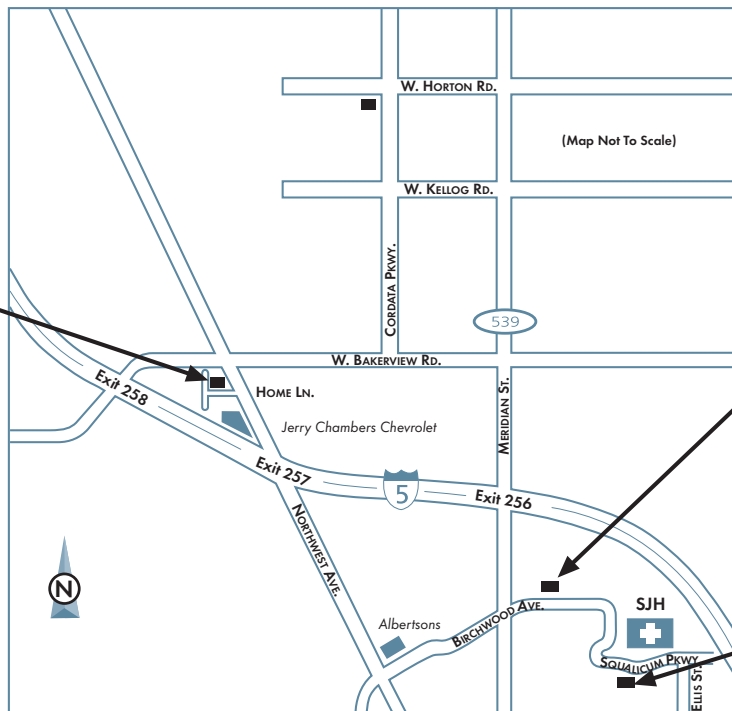
- Claustrophobia: patients with mild to moderate claustrophobia may be able to tolerate the exam with 5-10 MG Valium PO 30 minutes prior to the exam. Sedated patients **MUST HAVE A DRIVER to take them home.** Ordering provider must prescribe and direct patient to self-sedate.
- MRI exams ordered with IV contrast (gadolinium) are indicated for questions of tumor, vascular abnormality, inflammatory process, and in lumbar spines post-op less than 7 years. *(continued>>)*

- Exams ordered with intra-articular injection of contrast (arthrograms) involve an injection into the joint under fluoroscopy. Shoulder arthrograms are preferred for patients younger than 60 years of age.
- Patients with an accessed port may receive their contrast through their port if they bring a flush of saline and heparin.
- For the majority of MRI exams, patients will be allowed to select a genre of music to listen to during the exam.

Please allow one hour for each MRI exam ordered.

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