



VANCOUVER RADIOLOGISTS, P.C.
 Scheduling Hotline: 360.944.XRAY (9729)
 Fax: 360.449.4987

Medical Center Physicians' Building South View Center at Fisher's Landing
 505 NE 87th Ave., Ste LL50 3250 SE 164th Ave., Ste. 108
 Vancouver, WA 98664 Vancouver, WA 98683

APPOINTMENT:
 DATE _____
 TIME _____
 LOCATION _____

Patient Information

Today's Date _____
 Name _____
 Phone _____ DOB _____

Referring Provider Information

Name _____ Office Phone # _____
 Fax _____ After Hours Phone _____
 CC Other Treating Physician _____

Insurance Information

Insurance _____
 Authorization # _____

When the Exam is Completed

Hold Patient Urgent Preliminary Report (STAT) Phone consult with Radiologist
 Print Films Burn CD _____

Please notify us if relevant comparison films and report are available.

Clinical History Relevant To Exam (REQUIRED)

TYPE OF EXAM	AREA OF INTEREST
MRI <input type="radio"/> Without IV Contrast (Contrast given at Radiologist discretion)	<input type="radio"/> Brain <input type="radio"/> T-Spine <input type="radio"/> Shoulder <input type="radio"/> IAC Screen <input type="radio"/> L-Spine <input type="radio"/> MRA(Specific area) _____ <input type="radio"/> C-Spine <input type="radio"/> Knee <input type="radio"/> Other _____
CT <input type="radio"/> Without IV Contrast (Contrast given at Radiologist discretion)	<input type="radio"/> Brain/Head <input type="radio"/> Virtual Colonoscopy <input type="radio"/> Pulmonary Angiogram <input type="radio"/> Face/Orbits/Sinuses <input type="radio"/> Renal Colic <input type="radio"/> CTA(area) _____ <input type="radio"/> Sinus Screen <input type="radio"/> Chest <input type="radio"/> Other _____ <input type="radio"/> Neck Soft Tissue <input type="radio"/> Full Abdomen(incl. Pelvis) <input type="radio"/> Extremity _____ <input type="radio"/> Upper Abdomen(no Pelvis)
MYELOGRAPHY with CT	<input type="radio"/> Lumbar <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Complete
ARTHROGRAPHY	<input type="radio"/> Specify _____ <input type="radio"/> With MRI <input type="radio"/> With CT
BREAST IMAGING	<input type="radio"/> Screening Mammogram (No breast symptoms), US as needed <input type="radio"/> Complete Breast Diagnostic Workup: Right/Left/Bilateral, US and biopsy as needed <input type="radio"/> Biopsy (FNA/Core/Stereotactic) Right/Left <input type="radio"/> Ultrasound - Breast: Right/Left/Bilateral <input type="radio"/> MRI Breast
DEXA	<input type="radio"/> DEXA Osteoporosis Scan
ULTRASOUND (includes Vascular)	<input type="radio"/> Abdomen <input type="radio"/> OB <input type="radio"/> Leg DVT <input type="radio"/> Carotid <input type="radio"/> Hysterosonogram <input type="radio"/> Pelvis with TV <input type="radio"/> Scrotum <input type="radio"/> Renal Artery <input type="radio"/> Kidney <input type="radio"/> Other _____
IMAGE-GUIDED BIOPSY	<input type="radio"/> Thyroid <input type="radio"/> Lymph Node <input type="radio"/> Other Superficial Area _____
GI, FLUOROSCOPY	<input type="radio"/> Esophagus <input type="radio"/> Barium Enema (BE) <input type="radio"/> Hysterosalpingogram <input type="radio"/> Cystogram <input type="radio"/> Upper GI (UGI) <input type="radio"/> VCUG <input type="radio"/> Small Bowel <input type="radio"/> Other _____
X-RAY, IVP	<input type="radio"/> Abdomen <input type="radio"/> Chest <input type="radio"/> Spine <input type="radio"/> IVP <input type="radio"/> Acute Abdomen With CXR) <input type="radio"/> Extremity _____ <input type="radio"/> Other _____
NUCLEAR MEDICINE	<input type="radio"/> Heart - MUGA <input type="radio"/> Liver - Hemangioma <input type="radio"/> Lung VQ or Quantitative? <input type="radio"/> Bone - Whole Body / Limited / 3 Phase / SPECT <input type="radio"/> Gallbladder - HIDA with or without EF? <input type="radio"/> Thyroid - Uptake and Scan / Therapy <input type="radio"/> Stomach - Gastric Emptying Solid or Liquid? <input type="radio"/> Other _____