

Vancouver Village Shopping Center  
4816 A NE Thurston Way  
Vancouver, WA 98662

South View Center @ Fisher's Landing  
3250 SE 164th Ave, Suite 108  
Vancouver, WA 98683

Today's Date \_\_\_\_\_ Scheduling **360.254.4914** Fax **360.449.4987**

### PATIENT INFORMATION

Patient Last Name \_\_\_\_\_ Patient First Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 Insurance Name \_\_\_\_\_ Insurance ID \_\_\_\_\_ Authorization Number \_\_\_\_\_  
 Medicare CDS Info CDSM/GCODE \_\_\_\_\_ Outcome/Modifier \_\_\_\_\_

### HISTORY / RELEVANT CLINICAL

Diagnosis / ICD (REQUIRED) \_\_\_\_\_  
 Related Prior Exams (Date and Location) \_\_\_\_\_  
 Referring Provider Name \_\_\_\_\_ Referring Provider Signature \_\_\_\_\_  
 Referring Provider Phone \_\_\_\_\_ Referring Provider Fax \_\_\_\_\_  
 Optional Requests:  STAT  Call Report  Call Report while patient waits  Send CD w/patient  Mail CD to Referring Provider

### REQUIRED FOR ALL CT & MRI EXAMS WITH CONTRAST *except Arthograms*

Patients with the following criteria require Creatinine Lab **within 30 days of contrast exam**  
 **None Apply**  Age >60  Hypertension  Multiple Myeloma  Diabetes  
 Renal disease incl. transplant, cancer, resection Date of Recent Creatinine Test \_\_\_\_\_  
 BUN \_\_\_\_\_ Creatinine \_\_\_\_\_

**IV Contrast: Please Circle Below with Exam** Previous Contrast Reaction?  Yes  No

#### MRI SCAN - *South View*

- Brain WO W/WO PRN
- MRA Brain WO W/WO PRN
- Soft Tissue Neck WO W/WO PRN
- MRA Neck WO W/WO PRN
- Abdomen WO W/WO PRN
- Pelvis WO W/WO PRN
- Spine C T L WO W/WO PRN
- Extremity \_\_\_\_\_ R L WO W/WO PRN
- Breast WO W/WO PRN
- Breast Implants WO
- MAVRIC Extremity \_\_\_\_\_
- Arthrogram \_\_\_\_\_ R L
- Other \_\_\_\_\_

#### CT SCAN - *Both Locations*

- Head WO W PRN
- Angio Head WO W PRN
- Soft Tissue Neck WO W PRN
- Angio Neck WO W PRN
- Chest WO W PRN
- Lung CA Screening WO PRN
- Chest PE WO W PRN
- Chest Aorta WO W PRN
- Chest/Abd/Pelvis WO W PRN
- Chest/Abd WO W PRN
- Abdomen
- Liver Pancreas WO W PRN
- Abdomen/Pelvis WO W PRN
- Pelvis WO W PRN
- Urogram/IVP W PRN
- Renal Colic/KUB WO PRN
- Spine C T L WO W PRN
- Myelogram C T L W PRN
- Extremity \_\_\_\_\_ R L WO W PRN
- Metal Implant? Y N
- Arthrogram \_\_\_\_\_ R L

### XRAY - *Both Locations, walk-ins welcome*

- Chest PA and LAT  Ribs and PA Chest
- Abdomen KUB
- Acute Abdomen Series
- Spine C T L Scoliosis
- Pelvis  SI Joints  Sacrum/Coccyx
- Pelvis  Hip R L Bil
- Upper Extremity \_\_\_\_\_ R L
- Lower Extremity \_\_\_\_\_ R L

### Fluoro

- UGI  Esophagram  SBFT
- Arthrogram  Other \_\_\_\_\_

### BREAST IMAGING - *Vancouver Village*

- Screening mammogram (no symptoms), US as needed
- Complete 3D Diagnostic Workup, US and Biopsy as needed: Right Left Bilateral PRN
- Ultrasound Breast, Diagnostic Mammogram as needed: Right Left Bilateral PRN
- MRI Breast (*only at South View*): Right Left Bilateral
- Breast Biopsy: Right Left Bilateral FNA Core Stereotactic

**Have Priors Sent to Our Office**

### ULTRASOUND - *Both Locations*

- Abdomen
- Abdomen Complete RUQ LUQ Aorta
- Pelvis-Transvaginal  Pelvis-Transabdominal
- Renal  Renal Artery
- Bladder pre/post void
- Hernia RT LT Bil Inguinal Umbilical
- Thyroid  Head Neck Soft Tissue
- OB Trimester: 1<sup>s</sup> 2<sup>nd</sup> 3<sup>rd</sup> LMP \_\_\_\_\_  
Transvaginal if indicated
- Scrotum
- Lower Venous Doppler R L Bil
- Upper Venous Doppler R L Bil
- Carotid Doppler
- Lower Arterial Doppler R L Bil
- Upper Arterial Doppler R L Bil
- Venous Reflux R L Bil
- Hysterosonogram LMP \_\_\_\_\_
- Appendix
- MSK \_\_\_\_\_  Soft Tissue \_\_\_\_\_
- Biopsy \_\_\_\_\_

### DEXA - *Vancouver Village*

- Osteoporosis Screening
- Disorder of bone density & structure, unspecified
- Age-related osteo w/o current pathological fracture

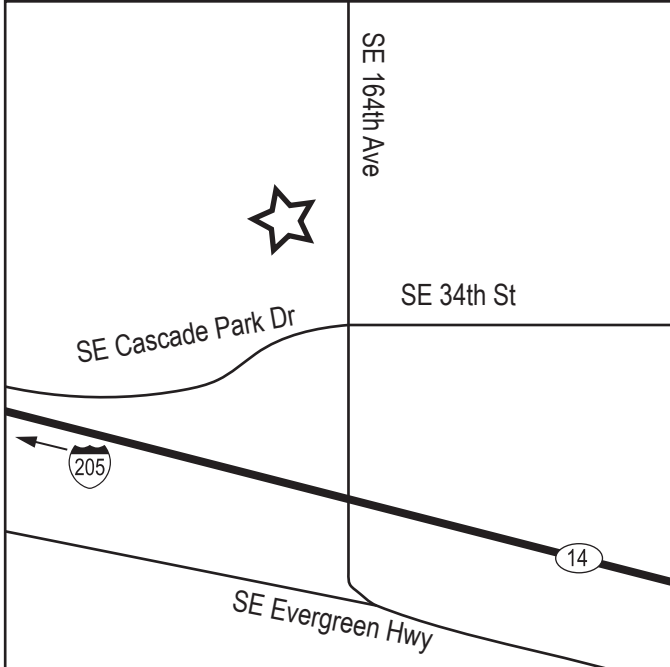


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