



VANCOUVER RADIOLOGISTS, P.C.

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

South View Center at Fisher's Landing
3250 SE 164th Ave., Ste. 108
Vancouver, WA 98683

APPOINTMENT:

DATE _____

TIME _____

LOCATION _____

Patient Information

Order Date _____

Name _____

Phone _____ DOB _____

Height _____ Weight _____

Referring Provider Information

Name _____

Signature _____

Office Phone # _____ Fax # _____

After Hours Phone _____ CC Other Treating MD _____

Insurance Information

Insurance _____

Authorization # _____

When the Exam is Completed

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

Please notify us if relevant comparison films, reports or current labs are available.

REQUIRED Clinical History Relevant To Exam

Presenting signs/symptoms: _____

Pain: No Yes (if yes describe) _____ Laterality/specific site: _____



- Screening 2D Mammogram (no symptoms), US as needed
- Screening 3D Mammogram (no symptoms), US as needed
- Complete 3D Diagnostic Workup: *Right / Left / Bilateral* -- US and Biopsy as needed
- Ultrasound Breast: *Right / Left / Bilateral*
- Biopsy: *Right / Left / Bilateral* -- FNA / Core / Stereotactic
- MRI Breast MRI Breast Biopsy -- *Right / Left / Bilateral*

DEXA - Bone Density

- DEXA Osteoporosis Scan

MRI

Please specify contrast

- Without IV Contrast
- With IV Contrast
- With and Without IV Contrast

- Brain Sella (Pituitary) Spine (area) _____
- IAC Screen Orbits/Face Extremity Upper (*Right/Left*) _____
- IAC Complete Neck (soft tissue) Extremity Lower (*Right/Left*) _____
- (includes limited brain)* Shoulder Other _____
- MRA (area) _____

CT

Please specify contrast

- Without IV Contrast
- With IV Contrast
- With and Without IV Contrast

- Brain/Head Extremity Upper (*Right/Left*) _____ Upper Abdomen
- Face/Sinuses Extremity Lower (*Right/Left*) _____ Abdomen/Pelvis
- Sinus Screen CTA (area) _____ Renal Colic
- Orbits Chest Virtual Colonoscopy
- Neck (soft tissue) Lung Screening Other _____
- Spine (area) _____

ULTRASOUND

- Upper Abdomen Complete Limited (area) _____ OB
- Pelvis with Transvaginal Aorta Groin/Hernia Hysterosonogram
- Pelvis Thyroid Scrotum Other _____
- Appendix Kidney/Renal Soft Tissue (area) _____

VASCULAR ULTRASOUND

- Renal Artery Venous Duplex: *Upper / Lower - Right / Left* Venous Reflux: *Lower - Right/Left*
- Carotid Arterial Duplex: *Upper / Lower - Right / Left* Other _____

IMAGE-GUIDED PROCEDURES

- Biopsy: *Right / Left / Bilateral* (area) _____ Lumbar Puncture
- Paracentesis Other _____

MYELOGRAPHY w/ CT

- Cervical Thoracic Lumbar Complete

ARTHROGRAPHY

- Right / Left (area) _____ w/ MRI w/ CT

FLUOROSCOPY, IVP

- Esophagus Small Bowel (SBFT) IVP VCUg
- Upper GI (UGI) Barium Enema Cystogram VCUg (w/ sedation)
- Hysterosalpingogram Other _____

RADIOGRAPHY (X-RAY)

- Abdomen Chest 1V Pelvis
- Acute Abdomen (w/ CXR) Chest 2V Other _____
- Ribs (w/ CXR) - *Right / Left* Lower Extremity (*Right/Left*) _____
- Spine _____ Upper Extremity (*Right/Left*) _____