

# VMC/VDIS OUTPATIENT IMAGING SERVICES

Arrival Time: \_\_\_\_\_

Exam 1 Date & Time: \_\_\_\_\_

Exam 2 Date & Time: \_\_\_\_\_

Please call patient to schedule exam     Patient will call to schedule appointment

## PATIENT INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female

Phone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_ Email: \_\_\_\_\_ SSN: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID# \_\_\_\_\_ RQI/Auth# \_\_\_\_\_ Today's Date: \_\_\_\_\_

Claim:  Auto  Worker's Comp  Commercial/Private Date of Injury: \_\_\_\_\_ Attorney Name/Claim# \_\_\_\_\_

## IMPORTANT CLINICAL INFO

CPT \_\_\_\_\_ ICD-10 Required \_\_\_\_\_

Known symptoms, diseases, allergies, clinical info? \_\_\_\_\_

Specific area Required (left, right, upper, lower, etc): \_\_\_\_\_ Encounter Required  initial  subsequent  sequelae

Relevant prior surgery/radiation? \_\_\_\_\_ Prior Images?  Yes  No Where? \_\_\_\_\_

Pregnant?  Yes  No If Yes, how many weeks? \_\_\_\_\_ Primary healthcare provider: \_\_\_\_\_

## REPORT/IMAGES PREFERENCE

Preliminary Report:  Call: \_\_\_\_\_  Fax# \_\_\_\_\_  Hold pt. and call: \_\_\_\_\_

Release CD w/patient:  Send images on CD: \_\_\_\_\_ Final Report:  Cc: \_\_\_\_\_  Fax# \_\_\_\_\_

**VDIS MEDICAL ARTS CENTER** Ph. 425.251.5255 Fax 206.575.2571 Tax ID#91-6000986

|   |  |   |
|---|--|---|
| <p><input type="radio"/> <b>Unscheduled/Walk-in Exams</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> CT KUB (kidney stones only) (preauth req'd)</li> <li><input type="radio"/> X-Ray KUB</li> <li><input type="radio"/> Sinus Series X-ray</li> <li><input type="radio"/> Sinus 1 View X-ray</li> <li><input type="radio"/> Chest X-ray</li> <li><input type="radio"/> X-ray _____</li> <li><input type="radio"/> <b>Fluoroscopy</b></li> <li><input type="radio"/> Arthrogram</li> <li><input type="radio"/> Barium Enema</li> <li><input type="radio"/> Esophagram</li> <li><input type="radio"/> Small Bowel</li> </ul> | <p><input type="radio"/> <b>Ultrasound</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> OB: LMP or EDC: _____</li> <li><input type="radio"/> OB &lt; 14 wks</li> <li><input type="radio"/> OB complete &gt; 14 wks</li> <li><input type="radio"/> OB limited/follow-up <input type="radio"/> BPP</li> <li><input type="radio"/> Abdomen</li> <li><input type="radio"/> Complete</li> <li><input type="radio"/> Limited (specify organ) _____</li> <li><input type="radio"/> Kidneys and Bladder</li> <li><input type="radio"/> <b>Other</b> _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Aorta/ Retroperitoneal</li> <li><input type="radio"/> Thyroid head and neck</li> <li><input type="radio"/> Pelvis</li> <li><input type="radio"/> Complete</li> <li><input type="radio"/> with Transvag if ind</li> <li><input type="radio"/> Limited Hernia</li> <li><input type="radio"/> Limited Bladder only</li> <li><input type="radio"/> w/IUD</li> <li><input type="radio"/> Testes</li> <li><input type="radio"/> Other (specify) _____</li> </ul> |
|---|--|---|

**HOSPITAL DIAGNOSTIC IMAGING**  
425.251.5194 (schedule) 425.656.5009 (fax)  
425.251.5183 (office) Tax ID# 91-6000986

**Nuclear Medicine 425.656.5051 fax**

Bone Scan (Choose One)

- SPECT (78320)  WB (78306)  3 Phase (78315)
- CT Fusion (78320)  WB w/SPECT (78306+78320)
- Gastric Emptying
- Hepatobiliary
- Renal Scan & Function
- Myocardial Perfusion (additional form required)
- Thyroid Uptake & Scan (additional form required)
- Parathyroid Scan
- Other \_\_\_\_\_

**VDIS OLYMPIC BUILDING—(CT, MRI, Open MRI & PET) Ph. 425.656.5550 Fax 425.656.5552 Tax ID# 91-6000986**

|   |  |  |
|---|--|--|
| <p><input type="radio"/> <b>MRI</b> <input type="radio"/> <b>Open MRI (up to 450 lbs.)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Claustrophobic <input type="radio"/> Weight _____</li> <li><b>IV Contrast:</b> <input type="radio"/> With <input type="radio"/> Without <input type="radio"/> Rad Discretion</li> <li><b>History of metal in body or eyes?</b> <input type="radio"/> Yes <input type="radio"/> No</li> <li>If yes: where _____ type _____</li> <li><input type="radio"/> Spine: <input type="radio"/> Thoracic <input type="radio"/> Met Spine Study</li> <li><input type="radio"/> Cervical <input type="radio"/> Lumbar <input type="radio"/> Flexion/Extension</li> <li><input type="radio"/> MRI Brain <input type="radio"/> MRA Brain (intracranial only)</li> <li><input type="radio"/> Neck (soft tissue, w/contrast) <input type="radio"/> Pituitary <input type="radio"/> Orbits</li> <li><input type="radio"/> TMJ <input type="radio"/> Bone Marrow <input type="radio"/> Chest</li> <li><input type="radio"/> Shoulder (L/R) <input type="radio"/> Hip (L/R) <input type="radio"/> Knee (L/R)</li> <li><input type="radio"/> Ankle (L/R) <input type="radio"/> Wrist (L/R)</li> <li><input type="radio"/> Arthrogram _____</li> <li><input type="radio"/> Extremity (L/R): _____</li> <li><input type="radio"/> IACs: <input type="radio"/> Limited <input type="radio"/> Complete</li> <li><input type="radio"/> Abdomen: <input type="radio"/> MRCP <input type="radio"/> Liver <input type="radio"/> Kidney <input type="radio"/> Pancreas</li> <li><input type="radio"/> MRI Enterography</li> <li><input type="radio"/> Pelvis: <input type="radio"/> Organ <input type="radio"/> Bone</li> <li><input type="radio"/> Breast: <input type="radio"/> Implant rupture w/o <input type="radio"/> Mass/cancer with and w/o</li> <li><input type="radio"/> MRI Angiogram: <ul style="list-style-type: none"> <li><input type="radio"/> Intracranial <input type="radio"/> Neck <input type="radio"/> Renal</li> <li><input type="radio"/> Aorta Thoracic <input type="radio"/> Lower Extremity Runoff</li> <li><input type="radio"/> Aorta Abdominal <input type="radio"/> Other _____</li> </ul> </li> </ul> | <p><input type="radio"/> <b>CT Scan</b></p> <p><b>IV Contrast:</b> <input type="radio"/> With <input type="radio"/> Without <input type="radio"/> Rad Discretion</p> <ul style="list-style-type: none"> <li><input type="radio"/> Head <input type="radio"/> Sinus (comprehensive)</li> <li><input type="radio"/> Temporal Bone <input type="radio"/> Landmarx</li> <li><input type="radio"/> Neck (soft tissue) <input type="radio"/> Facial/Orbits</li> <li><input type="radio"/> Chest <input type="radio"/> High Res. Chest (HRCT)</li> <li><input type="radio"/> CT Lung Screen (add'l form req.) <input type="radio"/> CT IVP</li> <li><input type="radio"/> Abd/Pelvis (complete) <input type="radio"/> Abdomen</li> <li><input type="radio"/> Pelvis (bone only) <input type="radio"/> Pelvis</li> <li><input type="radio"/> Enterography (Volumen)</li> <li><input type="radio"/> Spine: <input type="radio"/> w/ 3D Reconstruction <ul style="list-style-type: none"> <li><input type="radio"/> Cervical Spine: Level _____</li> <li><input type="radio"/> Thoracic Spine: Level _____</li> <li><input type="radio"/> Lumbar Spine: Level _____</li> </ul> </li> <li><input type="radio"/> Extremity: (L/R) _____ <ul style="list-style-type: none"> <li><input type="radio"/> w/ 3D Reconstruction</li> </ul> </li> <li><input type="radio"/> CT Angiogram: <ul style="list-style-type: none"> <li><input type="radio"/> Pulmonary Angiogram <input type="radio"/> Aorta Abdominal</li> <li><input type="radio"/> Intracranial <input type="radio"/> ABD Aorta w/ ILIACS</li> <li><input type="radio"/> Carotid <input type="radio"/> Lower Extremity Runoff</li> <li><input type="radio"/> Aorta Thoracic <input type="radio"/> Other _____</li> <li><input type="radio"/> Venogram (specify) _____</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> CCTA Complete w/Calcium Scoring (CCTA form required)</li> <li><input type="radio"/> CCTA w/out Calcium Scoring (CCTA form required)</li> <li><input type="radio"/> Calcium Scoring only</li> <li><input type="radio"/> CT Colonography</li> </ul> <p><b><input type="radio"/> Unscheduled/Walk-in CT Exams:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> CT Limited Sinus (preauth req'd)</li> <li><input type="radio"/> CT KUB</li> <li><input type="radio"/> Other: <input type="radio"/> w/ 3D Reconstruction</li> </ul> |
|---|--|--|

**SIGNATURE** (Federal regulations require a healthcare provider signature.)

\_\_\_\_\_

Referring healthcare provider (print)

\_\_\_\_\_

Signature

\_\_\_\_\_

**CONTRAST PRECAUTIONS**  Creatinine draw at VDIS Oly

**IV Contrast for CT, MRI or IVP?**  Yes  No If Yes, check all that apply

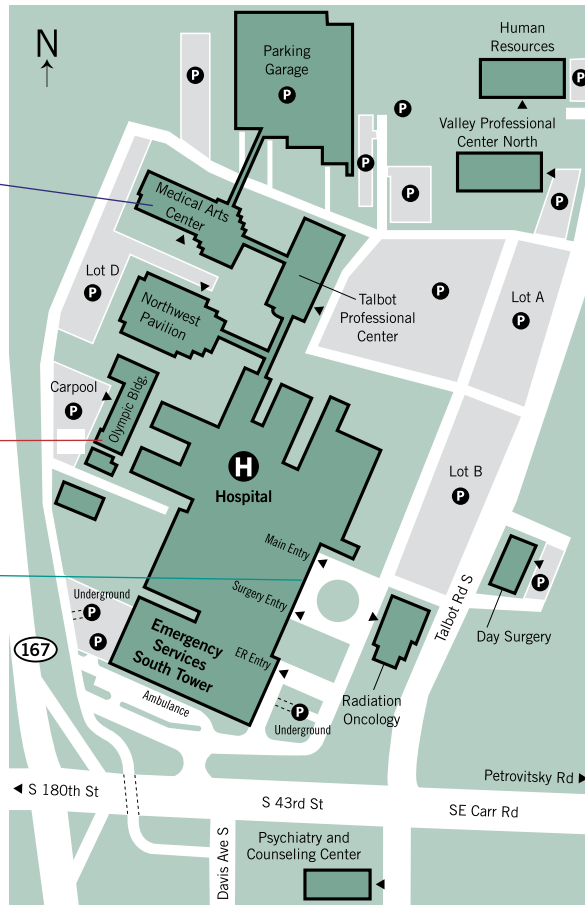
- Yes  No Previous allergy to contrast (call imaging center for instructions)
- Yes  No Patient is diabetic (need Creatinine w/in past 6 weeks Date: \_\_\_\_\_)
- Yes  No CT: 70+ years old (Creatinine Levels: \_\_\_\_\_ Date: \_\_\_\_\_)
- Yes  No MRI: 60+ years old (Creatinine Levels: \_\_\_\_\_ Date: \_\_\_\_\_)
- Yes  No Patient is on Glucophage/Glucoavance or Metformin
- Yes  No Hx kidney disease & hypertension (need Creatinine levels: \_\_\_\_\_)
- Yes  No History of myeloma or asthma

○ Valley Diagnostic Imaging Services,  
 Medical Arts Center  
 4033 Talbot Rd. S., Ste. 360  
 Renton, WA 98055  
 425.251.5255 ph

○ Valley Diagnostic Imaging  
 Services, Olympic Building  
 400 South 43rd Street  
 Renton, WA 98055  
 425.656.5550 ph

○ Hospital Diagnostic Imaging  
 is located on the second floor  
 of Valley Medical Center.  
 400 South 43rd Street  
 Renton, WA 98055  
 425.251.5183 ph

**Patient Priceline**  
 253.661.4750



**DIRECTIONS:** Take I-405 to Highway 167 South. Once on Highway 167, take the first exit (South 41st/180th St.) and turn left at the light at the end of the off-ramp. Turn left at the next light onto 43rd/180th St. Proceed straight to the top of the hill and turn left at the light onto Talbot Rd. S. Valley Medical Center's campus is on the left.

# UW Medicine

## VALLEY MEDICAL CENTER



VALLEY DIAGNOSTIC  
 IMAGING SERVICES

Olympic Building

VALLEY DIAGNOSTIC  
 IMAGING SERVICES

Medical Arts Center

Vantage Radiology & Diagnostic Services, a professional service corporation, in association with UW Medicine Valley Medical Center.

Visit Valley Medical Center online at [www.valleymed.org](http://www.valleymed.org) and Vantage Radiology & Diagnostic Services at [www.vrads.com](http://www.vrads.com)

## IMPORTANT INFORMATION

- If you are pregnant, or could be pregnant, please inform your technologist and/or healthcare provider **BEFORE** your examination.
- Please arrive 20 minutes prior to appointment time to complete the check-in processing.
- Children may not accompany you into the exam room. Please make arrangements for your children during your examination.
- For all examinations, continue to take medications prescribed by your physician or healthcare provider, unless otherwise directed at the time your exam is scheduled.

### ○ HOSPITAL DIAGNOSTIC IMAGING 425.251.5183 ph 425.656.5009 fax

**Nuclear Medicine:** Uses small amounts of radioactive materials (or tracers) to help diagnose and treat a variety of diseases. Tests determine the cause of the medical problem based on the function of the organ, tissue or bone.

#### **Nuclear Medicine Exams and Preparation:**

- **Bone Scan:** Please be well hydrated (drink at least 2 glasses of water) before this exam. Ask do not wear any metal.
- **Gastric Empty:** Nothing by mouth (NPO) for 4 hours before the test. This is a 4 hour exam.
- **Hepatobiliary Scan:** Nothing by mouth (NPO) 4 hours before exam, this includes opiates. No pain medication 4 hours before the exam. This is a 2 hour exam.
- **Renal Scan and Function:** Please be well hydrated (drink at least 2 glasses of water) before this exam.
- **Myocardial Perfusion:** Please contact your physician regarding stoppage of cardiac medication prior to exam. No caffeine, including decaf, for 12 hours prior to the exam. No solid food for 4 hours prior to exam. Liquids are okay. This is a 3 hour exam.
- **Thyroid Uptake and Scan:** No solid foods for 4 hours prior to the exam. Liquids are okay. This is a 2 day exam.
- **Parathyroid Exam:** No preparation necessary for this exam. This is a 3 hour exam.

### ○ VDIS OLYMPIC BUILDING 425.656.5550 ph 425.656.5552 fax

○ **CT Scan: 1/2 to 1 hour.** A CT, computerized tomography (or CAT) scan is a special examination in which multiple “slices” or pictures are taken through an area of the body. You will be placed on a table which will move you into the scanner. After each “slice” is taken the table will move a small distance to take the next picture. For many CT scans, contrast material will be injected into your vein.

## DIAGNOSTIC IMAGING SERVICES EXAM PREPARATIONS

Arrival Time: \_\_\_\_\_ Exam 1 Date & Time: \_\_\_\_\_ Exam 2 Date & Time: \_\_\_\_\_

### **CT Scan Preparation:**

#### ○ **CT Head, CT Neck, CT Chest (Thorax):**

No solid food or drink 2 hours prior to your appointment. Drink plenty of fluids the day before the exam.

#### ○ **CT Sinus, Comprehensive/CT Sinus, Limited:** No preparation necessary.

#### ○ **CT Abdomen or Pelvis (complete):**

No solid food or drink 2 hours prior to your appointment. Medications may be taken. Please arrive one hour prior to your appointment. You will be given a liquid to drink that allows us to see your intestines. If your physician gives you this liquid to drink, take it one hour prior to your appointment time and arrive at our office 15 minutes before your appointment time. Please drink plenty of liquids the day before your exam.

#### ○ **CT Angiogram (no oral contrast necessary):**

No solid food or drink two hours prior to your appointment. Medications may be taken. Please drink plenty of liquids the day before your exam.

○ **CT Colonography:** Specific preparation is necessary. Be sure you have been given additional preparation documentation.

○ **CT Lung Screen:** No preparation is necessary.

○ **MRI Scan: 1/2 to 1 hour.** Magnetic resonance imaging (MRI) is a simple, painless examination that uses magnetic fields and radio waves to “see” internal organs and soft tissue without the use of x-rays. Both safe and painless, MRI has no known side effects.

#### **MRI Scan Preparation:**

Under most circumstances, no special diet, medication or fasting is required before your MRI exam. If you feel you may be claustrophobic, please contact VDIS Olympic Building prior to your appointment day to discuss options.

#### **SEDATION:**

**Oral:** No medications to be taken prior to exam. Nothing by mouth 4 hours prior to exam.

**IV:** No food and only minimal water for oral meds 4 hours before exam.

The result of an MRI can be altered by the presence of metal in the exam room. You will be asked to wear an exam gown. Please be prepared to leave jewelry, keys and other metallic items in a locker.

**IMPORTANT:** Caution needs to be used if you have a pacemaker, inner ear implants, blood vessel surgical clips in the brain or some metal implants. Please notify the physician or technologists if you may have any of the above, or are uncertain whether you do.

○ **Abdominal MRI:** No food or drink 4 hours prior to your appointment.

○ **MCRP:** No food or drink 4 hours prior to your appointment.

○ **Liver:** No food or drink 4 hours prior to your appointment.

○ **Pelvis w/ Organ:** No food or drink 4 hours prior to your appointment. (Pelvis without additional organ has no preparation requirements.)

○ **Arthrogram:** Please let them know at the time of scheduling if you are on blood thinners. No preparation necessary. An Arthrogram is a study of joint spaces. Following the use of a local anesthetic, contrast material is injected into the joint space. Images will be taken. After your exam is complete, the contrast material will be completely reabsorbed in 24 to 48 hours. The radiologist recommends that your activity be limited for 24 hours after the exam.

### ○ VDIS MEDICAL ARTS CENTER 425.251.5255 ph 206.575.2571 fax

#### ○ **CT KUB (kidney stones): 20 minutes.**

No preparation necessary. Please call 425.656.5550 for film and report requests.

#### ○ **Sinus Series, Sinus 1 View: 20 minutes.**

No preparation is necessary.

#### ○ **Chest x-ray, Plain x-ray: 20 minutes.**

Radiography, or X-ray involves exposing a part of the body to a small dose of radiation to produce an image of the internal organs.

When x-rays penetrate the body, they are absorbed in varying amounts by different parts of the anatomy. There is no special preparation required for most x-rays.

**Ultrasound Exam: 40 minutes.** Sound waves are used to examine internal organs.

Obstetrical ultrasound is used to determine the baby’s age, position, appearance of body parts, volume of fluid around the baby, and the position of the placenta. An ultrasound technologist will apply a warm gel to the skin which allows the sound waves to be transmitted and received from inside the body. The images are recorded on film. No radiation is utilized to produce the images.

**Children may not accompany you into the exam room. Please make arrangements for your children during your examination.**

#### **Ultrasound Preparation:**

○ **Abdomen and/or Gallbladder:** For 6 hours prior to the exam, take nothing by mouth except medications.

○ **Aorta:** For 6 hours prior to the exam, take nothing by mouth except medications.

○ **Combination Exam (Abdomen and Pelvis):** For 6 hours prior to the exam, take nothing by mouth except medications. One hour prior to your appointment, drink four to five 8 oz. glasses of water or other non-carbonated beverage. **Do not** urinate until after your examination is completed. A full bladder is necessary.

○ **Obstetrical or Pelvis:** One hour prior to your appointment, drink four to five 8 oz. glasses of water or other non-carbonated beverage. **Do not** urinate until after your exam is completed. A full bladder is necessary.

○ **Hysterosonogram:** No preparation is necessary.

○ **Thyroid, Testes:** No preparation is necessary.

○ **Kidney/Bladder, Retroperitoneal:** Drink 16 oz. of water one hour prior to exam. **Do not** urinate until the examination is complete.

\*Dialysis patients don’t need to drink water.

### Fluoroscopy Exams:

○ **Barium Enema: 1 hour.** A barium enema is an examination of your large intestine. A tube will be placed in your rectum, and barium and air will be instilled through the tube to fill the intestine. To insure a satisfactory study it is necessary that your bowel be entirely free of fecal material. To accomplish this, it is important the instructions be followed completely, and that no food or fluids other than those listed be substituted. You may expect the laxative to begin its cleaning action approximately 3-8 hours after you take it.

#### Preparation the DAY BEFORE the exam:

A non-residue diet is required beginning 24 hours before the examination. This may consist of clear soup, sugar-free jello, liquid non-pulpy unsweetened juice, sugar-free soda, black coffee or tea without sugar or milk. Do not eat or drink any solid foods, milk or cream. Be sure to read all the accompanying directions and warnings thoroughly before using the kit. If you have any questions, be sure to ask your doctor.

- 1) Drink one glass of water each hour, from 1 p.m. to 9 p.m.
- 2) At 5 p.m.: Slowly add to 8 oz. of cold water in a large (minimum 12 oz.) glass, the contents of packet (Magnesium Citrate) with gently stirring. After fizzing stops, stir again and drink.
- 3) At bedtime: Take the four enclosed Bisacodyl tablets with a glass of water. Do not chew tablets. Tablets taken at bedtime are usually effective by the following morning.

#### Preparation the MORNING OF the exam:

- 1) Do not have anything to eat or drink.
- 2) To use the Bisacodyl Suppository, push it through the back and remove it from the blister, remove the foil wrapper and insert the suppository into the rectum two hours before your appointment time. Retain for 15 minutes. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ **Esophagram: 20 minutes.** An Esophagram is an examination of your throat and esophagus. While you swallow the barium, the radiologist will observe on a fluoroscope and take a series of X-rays.

**Preparation:** None. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ **Cystogram: 1 hour.** This is a study of the bladder and urethra. A catheter is placed into the bladder and contrast material is instilled until your bladder is full. The technologist will take several films including one while you empty your bladder.

**Preparation:** None.

○ **Hysterosalpingogram: 1 hour.** Also called HSG, this is an examination of the uterus and fallopian tubes to evaluate for blockage, inflammation and other diseases. The radiologist places a speculum into the vagina. A small tube will be placed into the uterus and contrast material injected. The doctor will watch under fluoroscopy, and obtain films.

After the examination is completed, some cramping and spotting may occur.

**Preparation:** 1) The exam should be scheduled to occur 7-10 days after the first day of a normal menstrual period. 2) Do not have intercourse from the beginning of your menstrual period until the examination is completed.

○ **Small Bowel Series: 2-4 hours.** This is a study to evaluate the small intestine. It may be performed on its own or after an upper gastrointestinal series. Barium is taken orally. A series of x-rays are taken as barium flows from the stomach through the small intestine to the colon.

**Preparation:** Do not eat, drink, chew gum or use tobacco after midnight the night before your exam. Continue any prescribed medications but use as little water as possible. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ **UGI-Upper Gastrointestinal Series: 30 minutes.** This is a study of the esophagus, stomach and duodenum after drinking barium. The radiologist will observe a TV screen/ fluoroscope while placing the patient in a variety of positions. Films are obtained during and after fluoroscopy.

**Preparation:** Do not eat, drink, chew gum or use tobacco after 10 p.m. the night before your exam. Continue any prescribed medications but use as little water as possible. A laxative may be taken following the exam to prevent constipation caused by the barium. Drink plenty of fluids after your exam.

○ Valley Diagnostic Imaging Services, Medical Arts Center  
4033 Talbot Rd. S., Ste. 360  
Renton, WA 98055  
425.251.5255 ph

○ Valley Diagnostic Imaging Services, Olympic Building  
400 South 43rd Street  
Renton, WA 98055  
425.656.5550 ph

○ Hospital Diagnostic Imaging is located on the second floor of Valley Medical Center.  
400 South 43rd Street  
Renton, WA 98055  
425.251.5183 ph

**Patient Priceline**  
253.661.4750

**UW Medicine**  
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Medical Arts Center

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