Please contact patient to schedule						
○ YES ○ NO						
If you have questions call						
us at 253.886.5307.						

# AUBURN DIAGNOSTIC IMAGING SERVICES

Appt Date:	
Appt Time:	
Check in	

### Fax Scheduling Referral 253.886.5307 Ph. • 253.886.5326 Fax • 800.531.9165 Toll free

	*Pair	n Management Procedure forms are available. Ple	ase contact our office to request.				
PATIENT INFORMATION: (Please print)							
Name:		(First) (MI)		/ /			
U a ma a mala a m	(Last)	(First) (MI)	C C #.				
Home phon	ne: ( )	work phone: ( )	Soc.Sec.#:				
Address:							
Allergies (pl	ease specify):						
PHYSIC	CIAN INFORM	AAT LON .					
Referring physician: (Print) (Signature)							
cc to Dr.:		Particular deally of a particular deal		O B 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	○ Phone Preliminary report ○ Hold Patient and call ○ Fax Preliminary report ○ Fax Final report ○ Burn to CD ○ Patient return w/ CD Phone #: ( )						
Contact per	son for questions rega	rding patient:					
INSURA	ANCE INFORM	1ATION:					
Name of Insurance: Phone #: ()							
		Subs					
		Insurance authorization req					
Claim/Group	O #	Insurance authorization req	ulled: O tes O NO Auti	1.#;			
EXAM I	NFORMATION	СРТ	ICD-10 Re	quired			
MRI:		ст:	Ultrasound:				
Spine:		Head and Neck: Abdomen and Pelvis		OB: LMP or EDC:			
<ul><li>○ Cervical</li><li>○ Thoracic</li></ul>	<ul><li>○ Metastatic Spine</li><li>○ Bone Marrow</li></ul>	<ul><li>○ Head</li><li>○ Abdomen</li><li>○ Sinus</li><li>○ Pelvis</li></ul>	○Limited . ○Complete	<ul><li>○ OB&lt; 14 weeks</li><li>○ OB&gt; 14 weeks</li></ul>			
○ Lumbar		Orbits OAbdomen and Pelv  OT Bone OIVP w/ 3D Reconstruct	Pelvis (w/Transvag as needed)	<ul><li>OB Complete &gt; 14 weeks</li><li>OB limited/follow-up</li></ul>			
Brain, Head and I		○ Maxillofacial ○ CT Enterography ○ Neck (soft tissue)	Complete	○ BPP ○ Kidneys/Bladder			
	<ul><li>○ Orbits</li><li>○ Neck (soft tissue)</li></ul>	Chest:	Other	O Aorta			
○ IAC's ○ Limited	○ TMJ	○ Routine ○ HRCT		O Thyroid			
○ Complete		OLung screen		tinine can be found on the backside of this form.			
Musculoskeletal:		Spines:  O Cervical	Draw Creatinine? Y				
9	OBilat OArthrogram	○ Thoracic	Does the patient have pro	evious imaging related to			
<ul><li>○ Shoulder</li><li>○ Elbow</li></ul>	○ Hip ○ Knee	C Lumbar  Extremity ( L / R ):	this study? OY ON				
Other Future its	○ Ankle	O w/ 3D Reconstruction	Where				
Other Extremity		CT Angiogram:  O Pulmonary	Contrast: With Rad Discre	Without			
Abdomen: ○ Liver	○ MRCP	○ Intracranial	O	ht, upper, lower, etc.):			
○ Kidney	<ul><li>Enterography</li></ul>	○ Neck ○ Aorta Thoracic	Encounter Required  Initial				
Pelvis:		○ Aorta Abdominal	Clinical Diagnosis/Symptoms:				
○ Organ ○ Uterus	○ Bone	O Lower Extremity Runoff O Renal					
Ovaries		O Other:					
<ul><li>○ Prostate</li><li>○ Bladder</li></ul>			-				
MR Angiogram:			Any previous surgery on area				
O Arota Thoracic	O Intracranial	Unscheduled Exams: *upon insurance approval	e If Yes, when?				
<ul><li>○ Arota Abdomen</li><li>○ Renal</li></ul>	○ Neck	CT Limited Sinus     CT KUB (for kidney stones only)	Pregnant?	Hypertension? Y N			
Other:		Non Contrast CT Chest	Diabetic? Y N Renal Failure? Y N	Allergies? Y N History of metal in body or eyes?			
		Non Contrast CT Head	Claustrophobic? Y N	in body or eyes?			

## AUBURN DIAGNOSTIC IMAGING SERVICES

#### Driving directions to Auburn Diagnostic Imaging Services 125 3rd St. N.E., Auburn, WA 98002

#### From the North (Seattle):

Take Highway 167 S. to the 15th Street N.W. exit. Turn Left onto 15th Street N.W. Turn Right onto Auburn Way N. Stay straight to go onto Auburn Avenue S.E. Turn Right onto 3rd Street N.E. Stop at Auburn Diagnostic Imaging Services.

#### From the South (Tacoma/Olympia):

Take Highway 167 N. to Highway 18 going East. Take the "C" Street S.W. exit. Turn Left onto "C" Street S.W. Turn Right onto 3rd Street N.W. Stop at Auburn Diagnostic Imaging Services.

#### **CT Exam**

A CT, computerized tomography 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.

#### **CT Preparation**

- Orink plenty of fluids the day before the exam.
- O CT Sinus, Comprehensive/ CT Sinus, Limited: No preparation necessary.
- O CT KUB (kidney stones):

No preparation necessary.

CT Abdomen or Pelvis (complete):

Nothing to eat for 3 hours prior to your scheduled exam time. Clear liquids can be continued. Diabetic patients may eat lightly as needed. Continue to take medications as prescribed and stay well hydrated prior to your procedure.

If you have picked up your liquid contrast from the pharmacy, please follow the prep instructions included and arrive 15 minutes prior to your appointment time. For all other contrast patients, please arrive 1.5 hours prior to your appointment. You will be given a liquid to drink that allows us to see your intestines.

#### ○ CT Angiogram:

Nothing to eat for 3 hours prior to your scheduled exam time. Clear liquids can be continued. Diabetic patients may eat lightly as needed. Continue to take medications as prescribed and stay well hydrated prior to your procedure.

#### O CT Urogram:

Nothing to eat for 3 hours prior to your scheduled exam time. Clear liquids can be continued. Diabetic patients may eat lightly as needed. Continue to take medications as prescribed and stay well hydrated prior to your procedure. One hour prior to your appointment, drink 16 oz. of water. Do not urinate until after your exam is completed.

#### **Ultrasound Exam**

During your exam, sound waves are used to examine internal organs. 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. No radiation is utilized to produce the images. Your exam should take approximately 45 minutes.

#### **Ultrasound Preparation**

- Abdomen and/or Gallbladder:
  For eight hours prior to the exam, take nothing by mouth except medications.
- Aorta

For eight hours prior to the exam, take nothing by mouth except medications.

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.

Thyroid/Testes:

No preparation necessary.

- Kidney Transplant w/Doppler:
   No preparation pagessary.
  - No preparation necessary.
- Kidney/Bladder, Retroperitoneal: Drink 16 to 24 oz. of water 1 hour prior to exam. Do not urinate until the examination is complete. \*Dialysis patients don't need to drink water.

#### **MRI Exam**

Although MRI is the result of extremely complex technology, it's simple and easy for the patients. You need to relax and remain as still as possible during the entire exam, which may last 30 to 60 minutes, depending on the information your physician has requested. You will feel nothing unusual during the exam, but you will hear thumping-type sounds from the magnet. These sounds are normal, and in no way harmful.

#### **MRI Preparation**

Under most circumstances, no special diet, medication or fasting is required before your MRI exam. No solid food or drink six hours for abdomen and/or pelvic exams. If you feel you may be claustrophobic, please contact your referring physicians office prior to your appointment day for sedation options.

The result of an MRI can be altered by the presence of metal in the exam room. Please be prepared to leave jewelry, keys and other metallic items in a locker. The metal used in zippers and snaps can also interfere with an MRI. You may be asked to wear an exam gown. **IMPORTANT:** Please notify the scheduling team if you may have any of the following: pacemaker, inner ear implants, blood vessel surgical clips in the brain, any metal implants or stimulators.

#### **Creatinine Guidelines for MRI & CT Studies:**

- Age: 60 or older
- History of "renal disease" or "renal dysfunction"
- History of Hypertension
- History of Diabetes Mellitus
- \* GFR needed within 4 weeks prior to their study