www.overlakehospital.org/Imaging
phone: (425) 688-0100
Fax: (425) 454-8911

Please bring this form with you to your appointment ☐ Interpreter/ Language_____

Last Name: _____ First Name: _____ Date of Birth: _____
Daytime phone: _____ Evening phone: _____ SSN#: _____
Insurance Carrier: _____ CPT Code: _____ RQI/ Authorization #: _____

Appointment date: _____Appointment time: _____am / pm ☐ Patient will call to schedule appt. Follow up in _____wks / months

☐Overlake Hospital Medical Imaging
1035 116th Ave NE
Bellevue, WA 98004

☐Overlake Medical Tower
1135 116th Ave NE, Suite 260
Bellevue, WA 98004

☐Overlake Medical Clinic Redmond
Creekside Crossing Shopping Center
17209 Redmond Way
Redmond, WA 98052

☐ Overlake Medical Imaging
5708 E. Lake Sammamish Pkwy
S.E. Issaquah WA 98029

Reporting ☐Routine call report # _____ ☐ Call report/ patient wait ☐ Patient to return with CD
☐STAT call report # _____ ☐ Other: _____

MRI - Not Available at Redmond Site

☐With & Without CONTRAST
☐CONTRAST as needed
☐NON-CONTRAST

Head & Neck
☐Brain ☐Orbits
☐Sinus ☐Soft Tissue Neck
☐Internal Auditory Canals

Body/Trunk
☐MRCP Abdomen
☐Chest ☐Abdomen
☐Pelvis ☐Enterography

Spine
☐Cervical ☐Thoracic
☐Lumbar ☐Sacral
☐Bone Marrow Survey

Joints
☐ _____
☐Arthrogram _____

Neurogram
☐ Brachial Plexus
☐ Lumbosacral Plexus
☐ Extremity (specify)
_____

MR Angiogram
☐Brain ☐Carotid/Vertebral
☐Thoracic Aorta Renal Arteries
☐Abdominal Aorta & Iliacs
☐Lower Extremity Runoff

MR Venogram
☐Brain ☐Pelvis

Cardiac MR (specify)
☐ _____

Other MR (specify)
☐ _____

CT- All Sites

☐With & Without CONTRAST
☐CONTRAST as needed
☐NON-CONTRAST

Head & Neck
☐ Head ☐ Orbits
☐ Temporal Bones
☐ Facial Bones w/ 3D renderings
☐ Sinus ☐ Soft Tissue Neck

Body/Trunk
☐Coronary Artery Calcium
☐Chest ☐High Resolution Lung
☐Abdomen & Pelvis
☐Abdomen only ☐Pelvis only
☐CT-KUB ☐CT-IVP
☐CT Enterography (small bowel)
☐CT Colonography (colon)

Spine *with 3-D renderings*
☐ Cervical ☐ Thoracic
☐ Lumbar

Extremity *with 3-D renderings*
☐ _____

Other
☐ _____

CT Angiogram (CTA)
☐Brain ☐Carotids & Brain
☐Pulmonary Arteries
☐Pulmonary Veins ☐Renal Arteries
☐Mesenteric Arteries
☐Thoracoabdominal Aorta
☐Abdominal Aorta & Iliacs
☐Abdominal Aorta & LE Runoff

ULTRASOUND – All Sites

Abdomen
☐ Abdomen
☐ Liver Vascular Doppler
☐ Renal Artery Doppler
☐ Mesenteric Artery Doppler
☐ Kidneys and Bladder
☐ Aorta & Retroperitoneum
☐ Limited (hernia, appendix, lump)

GYN
☐ Pelvis with Transvaginal Scan
☐ Pelvis - Transabdominal Only
☐ Pelvis with Hysterosonogram

OB
☐ 1st Trimester w/Transvaginal prn
☐ Nuchal Translucency and Fingerstick
☐ Fetal Survey (Detailed/High Risk)
☐ Follow-up (Growth, AFI, Previa)
☐ Umbilical Cord & MCA Doppler
☐ BPP

Carotid Doppler
☐ Carotid & Vertebral Arteries

Extremity Doppler
☐Venous ☐Arterial ☐Lower
☐Upper ☐Right ☐Left
☐Bilateral (w/ iliacs if lower)
☐Pseudo aneurysm

Other
☐Thyroid ☐Scrotum/Testicles
☐ _____

Non-Vascular (specify extremity)
☐ _____

RADIOLOGY – All Sites

Walk-ins 8:30 am – 5:30 pm
☐ (specify exam)
_____

FLUOROSCOPY – Hospital / Tower

☐ Esophagram
☐ Upper GI Series
☐ Small Bowel Series
☐ Barium Enema
☐Hysterosalpingogram____ TowerOnly
☐ Defecogram _____Hospital Only
☐ Other _____

DEXA – Tower Only

☐ Bone Mineral Density
☐ Body Composition Analysis

PET/CT - Tower Only

☐ Diagnosis ☐ Initial Staging
☐ Restaging ☐ Monitoring
☐ (Area of concern) _____

NUCLEAR MED – Hospital Only

☐ Bone Scan (specify)_____
☐ Lungs (all)
☐ Hepatobiliary
☐ Gastric Emptying
☐ Thyroid Uptake and Scan
☐ Other (specify)_____
_____

If you would like a separate PET/CT and Nuclear Medicine form please call 425-688-0100, ext. 8133.

Written diagnosis/ symptoms/ reason for exam(s) Medicare and other Insurers require coding for specific/ definitive diagnosis(es), sign(s) or symptom(s) to reflect the *medical necessity* for each test. Please list symptoms in addition to any possible or probably conditions.

ICD-9 Codes(s)	Symptom(s) / Condition(s):	Specific area of interest:

Physician Signature | Physician Name (please print) | Office Contact | Date | Time

P H Y S I C I A N O R D E R

OVERLAKE MEDICAL CENTER

OUTPATIENT MEDICAL IMAGING ORDERS P0176F (Rev 0713)

Appointment Date: _____Appointment Time: _____

Please arrive 15 minutes (unless otherwise instructed) before your exam and bring this referral form with you.
If your exam is not listed, no specific preparation is required.

☐CT Scan

Take nothing by mouth 1 hour prior to the exam. Take all regularly prescribed medications. Please notify the receptionist and/or scheduler if you have had a barium exam within the last 3 days. Please check in 90 minutes before your appointment. You will receive oral contrast upon arrival and further instructions will be provided

☐Ultrasound

☐Pelvis ☐Obstetric ☐Renal

One hour prior to the exam – completely drink at least 3 eight-ounce glasses of water, and arrive with a full bladder. NOTE: after 28 weeks of pregnancy, only 2 glasses of water are necessary.

☐Abdomen ☐Liver, Renal, Mesenteric Doppler

Morning appointments – nothing by mouth after midnight.
Afternoon appointments – no fatty foods or dairy products on the day of the exam and nothing by mouth 8 hours prior to the exam.

☐Sonohystogram

One hour prior to the exam – completely drink at least 3 eight-ounce glasses of water, and take 400mg of Ibuprofen. Arrive with a full bladder.

☐Radiology

☐Upper GI ☐Small Bowel

Nothing by mouth after 10pm the evening before. Allow 30 minutes for the Upper Follow Through GI and a minimum of 2 hours for the Small Bowel Follow-Through.

☐Barium Enema

One day before the exam – Clear liquid diet all day. Drink 5 eight-ounce glasses of water during the day. Take 2 ounces of castor oil or 10 ounces or magnesium citrate at 5 pm. Nothing by mouth after 10pm. The morning of the exam – eat no breakfast. Insert one Dulcolax suppository into the rectum and retain for 10 minutes. Allow 1 hour for the exam.

☐IVP

One day prior to the exam – take 2 ounces of castor oil or 10 ounces of magnesium citrate at 5 pm. Nothing to eat or drink after 10 pm. The morning of the exam – eat no breakfast. Insert one Dulcolax suppository into the rectum and retain for 10 minutes. Allow 1 to 2 hours for the exam.

☐Nuclear Medicine

☐Hepatobiliary (HIDA Scan)

Nothing by mouth 4 hours prior to the exam. No Demerol or Dilaudid 4 hours prior to the exam. Allow 1 hour for the exam.

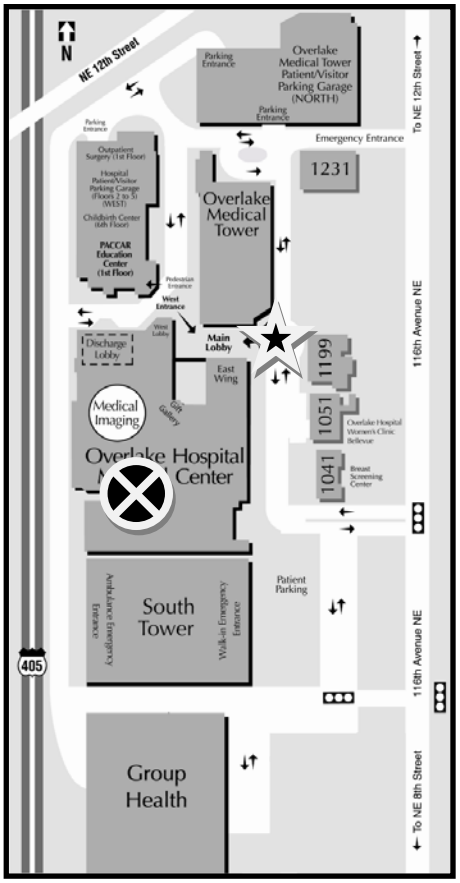
☐Thyroid Studies

No thyroid medication for at least 3 weeks, and no iodine studies for 6 weeks prior to the exam. The only exception to the thyroid medication is if you are having a Total Body Thyroid Exam with Thyrogen.

☐MRI

Certain medical implants may not be safe for MRI exams. Prior to your exam you will be required to complete a comprehensive screening form to ensure your safety within the MRI environment.

BELLEVUE



Overlake Hospital Medical Imaging

Overlake Medical Tower

REDMOND

ISSAQUAH