

Medical Imaging Order Form

Please use this form when ordering patient diagnostic procedures at the Swedish/Ballard Campus Medical Imaging Department (or, use your own order form). Please fax order prior to the exam.

Use the following **scheduling** and fax numbers for all **procedures**:

Phone: **206-781-6040** Fax: **206-781-6154**

For **non-scheduling**, contact with various modalities within the department at the phone numbers below:

| | | |
|-------------|------------------------------|----------------------------|
| Radiology: | 206-781-6361 (Fax: 781-6199) | <u>Women's Imaging</u> |
| CT: | 206-781-6318 | Mammography: 206-781-6349 |
| MRI: | 206-781-6363 | Bone Density: 206-781-6349 |
| Ultrasound: | 206-781-6123 | |

Order Date: _____ Time _____ Phone: _____

Patient Name: _____ Date of Birth: _____

Ordering Physician: Printed Name _____ Clinic Phone: _____

Signature _____ Clinic FAX: _____

Exam Ordered:

| | |
|-------|-----|
| RIGHT | |
| UOQ | UIQ |
| LOQ | LIQ |
| LEFT | |
| UIQ | UOQ |
| LIQ | LOQ |

General Diagnostic _____

Bone Density (Women's Imaging) _____

Fluoro _____

CT _____

Without Contrast ____ With Contrast ____ BUN ____ Creat ____ Date _____

BUN/Creatinine needed for patients over 60 years old. For all patients with heart disease, diabetes, asthma or kidney failure.

MRI _____

Ultrasound _____

Reason For Exam (symptoms/diagnosis): _____

Allergies: _____ Pregnant? Y/N

Instructions for radiologist: Routine ____ STAT ____ Call Report ____ FAX Report ____

Patient to return with films ____ Additional reports to: _____

Patient Preparation (Medical Imaging Procedures)

CT SCAN

For IV contrast studies, please fax BUN and Creatinine values for all patients over 60 years old. For all patients with history of heart disease, diabetes, asthma or kidney failure, labs should be done within 30 days of test.

| Procedure | Patient Instructions | Procedure | Patient Instructions |
|-------------------|---|----------------|---|
| • CT Head | No preparation needed. | • CT Pelvis | Nothing to eat or drink for four hours prior to exam. No recent Barium studies. Instructions given at time of scheduling. Patients to check with doctor's office about oral contrast. |
| • Sinus Screen | No preparation needed. | | |
| • Sinus | No preparation needed. | | |
| • CT Spine | No preparation needed. No Barium. | • CT Extremity | No preparation necessary. |
| • CT Thorax/Chest | Nothing to eat for two hours prior to exam. Can sip clear liquids. | • CT Biopsy | Patient preparation instructions and admission times are specific for each case, depending upon the exam ordered and the radiologist performing the procedure. |
| • CT Abdomen | Nothing to eat for four hours prior to exam. Can sip clear liquids. No recent Barium studies. Instructions given at time of scheduling. Patient to check with doctor's office about need for oral contrast. | | |

DIAGNOSTIC RADIOLOGY

| Procedure | Patient Instructions (instructions given to patient when they come in for prep materials) |
|-------------------------------|--|
| • Upper GI and/or Small Bowel | Nothing to eat or drink after midnight the night before exam. No chewing gum or smoking. |
| • Barium Enema | <i>Two days before exam:</i> Non-residue diet, no sugar, no dairy products. May have clear soup, gelatin, liquid non-pulpy, unsweetened juice, sugar-free soda, black coffee or tea without milk or sugar. <i>One day before exam:</i> Breakfast, lunch, dinner – continue non-residue diet. Drink 8 oz. of water each hour, from 1 p.m. until 9 p.m. At 5 p.m., add Magnesium Citrate to 8 oz. cold water (use large glass). Stir well, drink after effervescence stops. At 7 p.m., drink 8 oz. water and take four Bisacodyl tablets with water. DO NOT CHEW. NOTHING TO EAT OR DRINK AFTER MIDNIGHT. <i>Morning of exam:</i> Administer Bisacodyl Suppository two hours prior to appointment. |

Exams that do not require *Patient Preparation* include: Barium swallow, chest, abdomen, spine, skull, extremities, tomography and arthrography – for knee (bring shorts). Also, discontinue blood thinner one week prior to arthrography.

ULTRASOUND

| Procedure | Patient Instructions |
|----------------------|---|
| • Abdomen US | Nothing to eat or drink after midnight the evening before exam or for at least six hours. |
| • Breast/Small Parts | No patient preparation needed. |
| • Obstetrical/Pelvis | One hour before exam, empty bladder. Drink 32 oz. of clear, non-carbonated fluid, and DO NOT urinate. |
| • Kidney (Renal) | Nothing to eat after midnight the evening before the exam. Drink 10 oz. of water one hour before exam, and do not urinate until after exam. |



**MEDICAL IMAGING
BALLARD CAMPUS**
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Seattle, WA 98107-3932

For a free physician referral:
1-800-SWEDISH (1-800-793-3474)
www.swedish.org