SouthSound RADIOLOGY
www.southsoundradiology.com
3417 Ensign Road NE • Olympia, WA 98506-5075
(360) 252-9301 or 1-866-374-2635 / FAX (360) 455-5442

DIAGNOSTIC IMAGING OUTPATIENT ORDER FORM

❑ Call PT to schedule appt. ❑ PT to call & schedule appt.
❑ Walk In ❑ Interpreter:_____ ❑ Physical Assistance
❑ FAX BACK w/: DATE:_____ TIME:_____
❑ PT to return w/ CD unless otherwise specified

DATE:___/___/___

PATIENT NAME (Last, First, M.I.):_____ **GENDER: M__ F__**

PT's D.O.B:_____ PHONE #1:_____ PHONE #2:_____

ADDRESS:_____ CITY, STATE, ZIP:_____

INSURANCE:_____ AUTHORIZATION NO:_____ CC:_____

Creatinine blood draw at radiologist's discretion ❑ NO SERUM CREATININE RESULTS:_____ DATE:_____ LAB:_____

HISTORY/Relevant Clinical Diagnosis:_____

SYMPTOM(S) / SIGN(S):_____

REASON/ICD-10 CODE:_____

INJURY OCCURRENCE:_____

PROVIDER:_____

Signature *Printed Name*

MRI / MRA

CONTRAST AT DISCRETION OF RADIOLOGIST ❑ NO

- ❑ Brain
- ❑ Brain MRA
- ❑ MRA Neck (Carotids)
- ❑ MRA_____
- ❑ Soft tissue neck
- ❑ C-spine
- ❑ T-spine
- ❑ L-spine
- ❑ Chest
- ❑ Breast
- ❑ Abdomen
- ❑ MRCP
- ❑ Orbits
- ❑ Shoulder Lt Rt
- ❑ MR arthrogram Lt Rt
- _____ Lt Rt
- ❑ Forearm
- ❑ Elbow Lt Rt
- ❑ Wrist ❑ Hand Lt Rt
- ❑ Femur Lt Rt
- ❑ Knee Lt Rt
- ❑ Foot ❑ Ankle Lt Rt
- ❑ Pelvis **OR** ❑ Hip Lt Rt
- ❑ TMJ Lt Rt
- ❑ Other_____

CT

CONTRAST AT DISCRETION OF RADIOLOGIST ❑ NO

- ❑ Brain
- ❑ Orbits ❑ Temp bones
- ❑ Sinus ❑ 4-view screening
  OR ❑ coronal full
- ❑ Soft-tissue neck
- ❑ Chest
- ❑ Abdomen & pelvis
- ❑ Abdomen
- ❑ Pelvis
- ❑ KUB w/ 1 view ABD x-ray
- ❑ C-spine_____
- ❑ T-spine levels_____
- ❑ Upper extr._____
- ❑ Lower extr.
- ❑ CT herniagram
- ❑ Nerve root injection
  Levels:_____ Lt Rt

ULTRASOUND

- ❑ OB complete
- ❑ OB limited
- ❑ OB bio profile
- ❑ Abdomen complete
- ❑ RUQ/Gallbladder/Liver
- ❑ Liver Elastography
- ❑ Bladder Pre / Post void
- ❑ Testicles
- ❑ Hernia_____
- ❑ Musculoskeletal_____
- ❑ Pelvis and TV
- ❑ Hysterosonography
- ❑ Carotids
- ❑ Aorta (for AAA)
- ❑ Aorta (Medicare Screening)
- ❑ Renal
- ❑ Vascular DVT
- ❑ Thyroid / neck soft tissue
- ❑ Thyroid Bx
- ❑ Extremity
- ❑ Other_____

X-RAY

- ❑ Orbits for foreign body
- ❑ Sinus waters view ❑ complete
- ❑ Chest 2V ❑ 1V (PA)
- ❑ Ribs Lt Rt
- ❑ Shoulder Lt Rt
- ❑ Humerus Lt Rt
- ❑ Elbow Lt Rt
- ❑ Forearm Lt Rt
- ❑ Wrist ❑ Hand Lt Rt
- ❑ Finger Lt Rt
- ❑ Hip Lt Rt
- ❑ Pelvis AP Lt Rt
- ❑ Femur Lt Rt
- ❑ Knee Lt Rt
- ❑ Tib/Fib Lt Rt
- ❑ Foot ❑ Ankle Lt Rt
- ❑ Heel ❑ Toes Lt Rt
- ❑ Hysterosalpingogram
- ❑ Abd 1V ❑2V
- ❑ C-spine 2V
- ❑ C-spine w/oblique
- ❑ C-spine obl, flex & extension
- ❑ T-spine
- ❑ L-spine 2V
- ❑ L-spine w/oblique
- ❑ L-spine w/flex & extension
- ❑ Epidural inj Level:_____
- ❑ Facet injection
  Levels:_____ Lt Rt
- ❑ Nerve root injection
  Levels:_____ Lt Rt
- ❑ IVP
- ❑ UGI ❑ SBFT
- ❑ Barium enema ❑ BE w/air
- ❑ Barium swallow (esophagram)
- ❑ Joint Injection_____

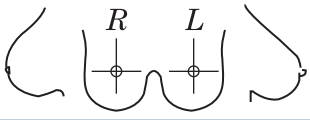
DEXA

- ❑ Body Fat Composition
- ❑ Bone Density
- ❑ Instant Vertebral Assessment

BREAST IMAGING

- ❑ Screening Mammography
- ❑ Diagnostic Mammography (Breast Ultrasound If Indicated)
- ❑ Breast Ultrasound
- ❑ Biopsy w/ post biopsy mammogram
- ❑ Ductogram
- ❑ Ultrasound Breast Cyst Asp
- ❑ Needle Loc
- ❑ Consult/Add views if needed

Other breast imaging at radiologist's discretion including breast ultrasound ❑ NO



Document Palp Abn
O'clock_____
N+_____

If you are unable to keep your appointment, please give 24-hour notice.

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For more information please visit **- www.southsoundradiology.com**

If you are scheduled for an IVP, CT or MRI exam, biopsy or aspiration -- please telephone South Sound Radiology at (360) 252-9301 *OR* 1-866-374-2635 as soon as you are aware of your appointment. Certain conditions warrant special instruction.

EXAMINATION PREPARATION

❑ CT	Please telephone South Sound Radiology as soon as you are aware of your appointment to review exam instructions. Certain conditions warrant special instruction. If you are taking glucophage, metformin or glucovance–immediately alert SSR schedulers of this fact.
❑ MRI	Please telephone South Sound Radiology as soon as you are aware of your appointment to review exam instructions. Certain conditions warrant special instruction. Wear metal-free clothing and leave valuables at home.
❑ DEXA	Day of exam: No calcium or vitamin supplements. Wear metal-free clothing.
❑ JOINT/SPINE INJECTION & BIOPSIES	ATTENTION: IF YOU ARE A PATIENT ON BLOOD THINNERS AND HAVING ONE OF THESE PROCEDURES, YOU WILL NEED TO CALL FOR PREPARATION INSTRUCTIONS.
❑ Mammography	Use no perfume, body powder, or deodorant on the day of the exam. You will be asked to undress from the waist up for this exam. Please **wear a 2-piece outfit** the day of your scheduled appointment.
ULTRASOUND	**PLEASE DO NOT BRING CHILDREN TO YOUR APPOINTMENT.**
❑ Abdominal Ultrasound	Night before exam: Fat-free dinner the night before. Nothing to eat or drink after midnight. Non-fat liquids permitted 6 hours prior to exam. No gum chewing or smoking.*
❑ Aorta Ultrasound	Nothing to eat or drink (including gum) from midnight. No smoking.*
❑ Gallbladder/RUQ Ultrasound	Night before exam: Fat-free dinner the night before. Nothing to eat or drink after midnight. Non-fat liquids permitted 6 hours prior to exam. No gum chewing or smoking.*
❑ Pelvis Ultrasound	1 hour **prior** to exam: 1) Empty your bladder; 2) Drink 32 ounces water within the next 20 minutes; 3) Do not empty your bladder again.
❑ Renal/Bladder Ultrasound	1 hour **prior** to exam: 1) Empty your bladder; 2) Drink 16-24 ounces water within the next 20 minutes; 3) Do not empty your bladder again.
OB Ultrasound	**PLEASE DO NOT BRING CHILDREN TO YOUR APPOINTMENT.**
❑ 1st Trimester	1 hour **prior** to exam: 1) Empty your bladder; 2) Drink 32 ounces water within the next 20 minutes; 3) Do not empty your bladder again.
❑ 2nd Trimester	1 hour **prior** to exam: 1) Empty your bladder; 2) Drink 18-24 ounces water within the next 20 minutes; 3) Do not empty your bladder again.
❑ 3rd Trimester	No preparation required.
❑ Biophysical Ultrasound	No preparation required.
X-RAY	Wear metal-free clothing to your appointment.
❑ Colon X-Ray *(Barium Enema)*	Two days **prior** to exam -- Clear liquids after 12 noon. One day **prior** to exam -- Purchase Colyte (a prescription from your doctor) and begin drinking at 3 PM according to manufacturer's directions. Drink the entire solution. If you feel full or nauseated, wait 30 minutes and start again. Nothing to eat or drink after midnight.
❑ Kidney X-Ray *(IVP)*	Day of exam: Nothing to eat or drink after midnight. Please telephone South Sound Radiology as soon as you are aware of your appointment to review exam instructions. Certain conditions warrant special instruction. If you are taking glucophage, metformin or glucovance–immediately alert SSR schedulers of this fact.
❑ UGI/SBFT	Day of exam: Nothing to eat (including gum), drink or smoke after midnight or for 6 hours before your exam.*

*** PRESCRIPTION MEDICATIONS CAN BE TAKEN WITH A SMALL AMOUNT OF WATER**

FOR OFFICE USE ONLY

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