SouthSound RADIOLOGY
www.southsoundradiology.com

DIAGNOSTIC IMAGING OUTPATIENT ORDER FORM

3417 Ensign Road NE • Olympia, WA 98506-5075 • **Scheduling (360) 252-9301** • *Fax* **(360) 455-5442**

❑ Mail CD to Office ❑ PT to return w/ CD ❑ STAT ORDER

TODAY'S DATE: _____

PATIENT NAME (Last, First, M.I.): _____ **PT's D.O.B:** _____

PHONE : _____ ADDRESS: _____

INSURANCE: _____ ID #: _____ AUTHORIZATION NO: _____

MEDICARE CDS INFORMATION CDSM/G-CODE: _____ **OUTCOME/MODIFIER:** _____

IS EXAM DUE TO INJURY? ❑ YES ❑ NO **Date of Injury:** _____ **ICD 10:** _____

HISTORY/Relevant Clinical Diagnosis: _____

SYMPTOM(S) / SIGN(S): _____

PROVIDER: _____

Signature ***Printed Name*** ***Date***

Contrast Exams require a Creatinine lab within the past 30 days DATE: _____ LAB: _____

MRI / MRA Circle IV Contrast or Indicate at Rads Discretion

W/O____ W/ & W/O____ or at Rads. discretion_____

- ❑ Brain
- ❑ Orbits
- ❑ IAC
- ❑ MRA Brain
- ❑ MRA Neck (Carotids)
- ❑ MR Angiogram _____
- ❑ MR Venogram _____
- ❑ Soft tissue neck
- ❑ C-spine
- ❑ T-spine
- ❑ L-spine
- ❑ Chest
- ❑ Breast
- ❑ Breast Implant Eval
- ❑ Breast Biopsy
- ❑ Abdomen
- ❑ MRCP
- ❑ Shoulder Lt Rt
- ❑ MR arthrogram Lt Rt
- ❑ Forearm Lt Rt
- ❑ Elbow Lt Rt
- ❑ Wrist ❑ Hand Lt Rt
- ❑ Femur Lt Rt
- ❑ Knee Lt Rt
- ❑ Ankle Lt Rt
- ❑ Hind Foot Lt Rt
- ❑ Fore Foot Lt Rt
- ❑ Pelvis **OR** ❑ Hip Lt Rt
- ❑ TMJ Lt Rt
- ❑ Prostate
- ❑ Other _____

CT / CTA

W/____ W/O____ W/ & W/O____ or at Rads. discretion____

- ❑ Brain ❑ Facial bones
- ❑ Orbits ❑ Temp bones/IAC
- ❑ Sinus
- ❑ Soft-tissue neck
- ❑ Chest
- ❑ Abdomen & pelvis
- ❑ Abdomen Upper Quadrant
- ❑ Pelvis Lower Quandrant
- ❑ CTA Chest ❑ CTA Abd/Pelv
- ❑ KUB w/ 1 view ABD x-ray
- ❑ C-spine
- ❑ T-spine levels
- ❑ L-spine
- ❑ Upper extr. _____
- ❑ Lower extr. _____
- ❑ Post Myelogram CTL
- ❑ CT Low Dose Renal Stone
- ❑ CTA Head ❑ CTA Neck
- ❑ Other _____

ULTRASOUND

- ❑ OB < 14, ❑ TV if needed
- ❑ OB Follow Up
- ❑ OB BPP
- ❑ Pelvis Transabdominal only
- ❑ Pelvis Transvaginal & Transabdominal
- ❑ Pelvis Transvaginal Only
- ❑ Abdomen complete
- ❑ RUQ/Gallbladder/Liver
- ❑ Liver elastography
- ❑ Abdomen vascular study
- ❑ Renal
- ❑ Renal Arterial study
- ❑ Bladder pre/post void
- ❑ Testicles
- ❑ Hernia _____
- ❑ Musculoskeletal _____
- ❑ Carotids
- ❑ Aorta ❑ AAA ❑ Screening
- ❑ Vascular DVT
- ❑ Thyroid
- ❑ Neck soft tissue
- ❑ Biopsy ❑ Thyroid ❑ Lymph node
- ❑ Hysterosonogram
- ❑ 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 4V
- ❑ C-spine, flex & ext. 4V
- ❑ T-spine
- ❑ L-spine 2V
- ❑ L-spine w/oblique 4V
- ❑ L-spine w/flex & ext. 4V
- ❑ Epidural inj Level: _____
- ❑ TF Epidural
- ❑ Facet injection Lt Rt
  Levels: _____
- ❑ Nerve root injection Lt Rt
  Levels: _____
- ❑ UGI ❑ SBFT
- ❑ Barium enema ❑ BE w/air
- ❑ Barium swallow (esophagram)
- ❑ Joint Injection _____

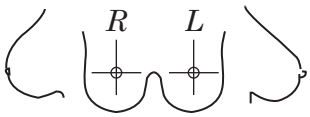
DEXA

- ❑ Bone Density

BREAST IMAGING

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

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



Document Palp Abn
O'clock _____
N+ _____

HAVE PRIORS SENT TO OUR OFFICE.

Revised: 07/20

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 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.
❑ 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	For AM appointments do not eat or drink for 8 hours prior to exam. *If medication requires water a few sips are acceptable. If you are insulin dependent please check with your provider for prep instructions.
❑ Aorta Ultrasound	For AM appointments do not eat or drink for 8 hours prior to exam. *If medication requires water a few sips are acceptable. If you are insulin dependent please check with your provider for prep instructions.
❑ Gallbladder/RUQ Ultrasound	For AM appointments do not eat or drink for 8 hours prior to exam. *If medication requires water a few sips are acceptable. If you are insulin dependent please check with your provider for prep instructions.
❑ Pelvis Ultrasound	1) Drink 32 ounces of water, finish 40 minutes prior to your exam time. 2) Do not empty your bladder until told to.
❑ Renal/Bladder Ultrasound	1) Empty your bladder; 2) Drink 32 ounces of water, finish 40 minutes prior to your exam time. 3) Do not empty your bladder again.
OB Ultrasound	**PLEASE DO NOT BRING CHILDREN TO YOUR APPOINTMENT.**
❑ 1st Trimester	1) Drink 32 ounces of water, finish 40 minutes prior to your exam time. 2) *Please note that only 2 guests are allowed in the exam room.
❑ 2nd Trimester	1) Drink 32 ounces of water, finish 40 minutes prior to your exam time.
❑ 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.
❑ 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

South Sound Radiology FAX # **360-455-5442**