



VIRGINIA MASON MEDICAL CENTER

Outpatient Diagnostic Imaging Request Form

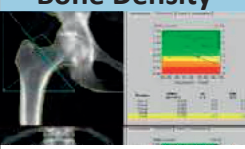
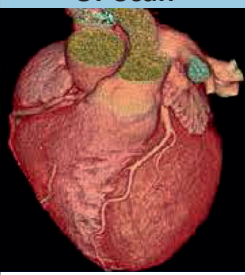
Bainbridge Island * Bellevue * Edmonds * Federal Way * Issaquah
 * Kirkland * Lynnwood * Seattle * University Village
 Fax 1-800-641-9002 Phone (206)341-1700

DEMOGRAPHICS

Patient Name:		Referring MD:	
Phone:		Phone:	
DOB: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Fax:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Insurance Policy Name:		NPI Number:	
Insurance Policy ID #:		Office Contact Person:	
Insurance Policy Group #:			

 Signature of requesting provider

Scheduling Information

General  Available at all locations	Exam Requested	Signs & Symptoms	ICD 10
	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> In ___ months <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Orthopedic views		
Bone Density  Available at all locations	<input type="checkbox"/> DEXA (Lumbar & Hip) <input type="checkbox"/> DEXAE (Radial)	Signs & Symptoms	ICD 10
Ultrasound  Most studies available at all locations	Exam Requested	Signs & Symptoms	ICD 10
	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> In ___ months For vascular studies: <input type="checkbox"/> Arm <input type="checkbox"/> Leg For extremity: <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral		
CT Scan  Available at all locations	Exam Requested	Signs & Symptoms	ICD 10
	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> In ___ months <input type="checkbox"/> without IV Contrast <input type="checkbox"/> with IV Contrast <input type="checkbox"/> This patient has a contrast allergy : <input type="checkbox"/> This patient has creatinine >1.5 : <input type="checkbox"/> This patient is on long term dialysis .	<input type="checkbox"/> without & with IV Contrast <input type="checkbox"/> Premeds have been prescribed. <input type="checkbox"/> Premeds N/A (no contrast) <input type="checkbox"/> Premeds have been prescribed. <input type="checkbox"/> Premeds N/A (no contrast)	

