

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: / /	′ □ Male □ 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 req	uesting provider			
	Scheduling	Information			
General	Exam Requested	Signs & Symptoms	ICD 10		
Available at all					
locations	☐ Urgent ☐ Routine ☐ In months	☐ Right ☐ Left ☐ Bilateral	☐ Orthopedic views		
Bone Density	□ DEXA (Lumbar & Hip)	Signs & Symptoms	ICD 10		
Available at all locations	□ DEXAE (Radial)				
Ultrasound	Exam Requested	Signs & Symptoms	ICD 10		
	□ Urgent □ Routine □ Inmonths				
Most studies available at all locations	For vascular studies: ☐ Arm ☐ Leg For extremity: ☐ Arterial ☐ Venous	☐ Right ☐ Left ☐ Bilateral			
CT Scan	Exam Requested	Signs & Symptoms	ICD 10		
CISCAI					
	□ Urgent □ Routine □ In months				
Available at all locations	 □ without IV Contrast □ This patient has a contrast allergy: □ This patient has creatinine >1.5: □ This patient is on long term dialysis. 		emends N/A (no contrast) emends N/A (no contrast)		

Nuclear Medicine	Exam Requested	Signs & Symptoms	ICD 10		
Andr					
SER 305	☐ Urgent ☐ Routine ☐ In months	VQ Scan: History of pulmonary htn or right to	left shunt? ☐ Yes ☐ No		
Available at Seattle and Federal Way	Most Nuclear Medicine studies require some sort of patient prep prior to the proceedure. Has patient received their exam instructions? Yes No If 'No' then what is their preferred contact:				
MRI	Exam Requested	Signs & Symptoms	ICD 10		
	☐ Urgent ☐ Routine ☐ In months				
Most Studies available at all locations		erate the exam			
PET-CT	Exam Requested	Signs & Symptoms	ICD 10		
0					
Available in Seattle	☐ Urgent ☐ Routine ☐ In months				
	Is the patient comfortable in enclosed spaces? Yes No, oral medication prescribed No, moderate sedation required Is patient diabetic? No Patient lie on their back for 30 min? Yes No, oral medication prescribed No, moderate sedation required If "Yes" to diabetic please call 206-223-6951 And ask for a NM tech				
Mammography	□ Screening Mammography *required information		ICD 10		
Screening Mammography: Available at all locations Diagnostic Mammography:	Breast Implants? No Yes Diagnostic Mammography/Breast Ultrasound *Breast Implants? No Yes LUMP * Right Left *Clock position: *Distance from nipple (cm): *Lesion size (mm): *Lesion description: Right Left Bilateral Nipple Discharge: Description:	Right	Left		
Available in Seattle, Kirkland, Issaquah, and	Skin Changes: Other, describe:	Note to radiology scheduler: FAX BOTH SIDES Diagnostic Mammography/Breast US site	of completed form to		
Federal Way	→ It is important that we provide the highest quality of care. We appriciate your support in educating breast imaging patients to bring all previous mammographic images with them to their appointment. Thank You.				
Fluoroscopy	Exam Requested	Signs & Symptoms	ICD 10		
	Urgent Routine In months				
Available at Seattle and Federal Way	Arthrogram or Steroid Injection: ☐ If patient on warfarin, stop/start to be coordinated with Anticoagulation Clinic @ ext. x36664 IVP: ☐ This patient has a contrast allergy ☐ Premeds have been prescribed ☐ This patient has creatinine >1.5. ☐ Premeds have been prescribed				
Interventional	Exam Requested	Signs & Symptoms	ICD 10		
Same					
3	□ Urgent □ Routine □ In months				
Available in Seattle			emeds N/A (no contrast) emeds N/A (no contrast)		