

APPOINTMENT INFORMATION (Check Appropriate Site – See Map On Back) Date: _____ Arrival Time: _____

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|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Squalicum Parkway
2930 Squalicum Parkway
Suite 101 | <input type="checkbox"/> Northwest Avenue
4029 Northwest Avenue
Suite 102 | <input type="checkbox"/> Birchwood Avenue
@ Cascade Brain & Spine Center
710 Birchwood Avenue, Suite 102 | <input type="checkbox"/> Cordata Parkway
@ PeaceHealth Medical Group
4545 Cordata Pkwy, Lower Level Ste. 4 |
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1 PATIENT INFORMATION (please print) See Important Exam Information On Back

Name: _____

DOB: _____

Daytime Telephone: _____

Referring M.D.: _____

CC: _____

Primary Insurance Name: _____

Comparison Films: Patient Bring Office Will Send None

Pregnant: Yes No

2 WARNING - MRI is NOT allowed for patients with:

- Pacemakers or Cardioverters

CAUTION - Patients with any of the following MUST be cleared by a radiologist before an MRI can be performed:

- Heart, ear, or brain surgery?
- Implanted device (aneurysm clips, stents, valve, pacemaker)
- Metal fragments in the eyes?
- Post-operative on the area of interest?
 - if so, within the past six weeks?
- Claustrophobic?
- Issue that prevent patient from holding still such as sever pain, altered cognition, mental state, etc.?
- Physical limitations? (ex: Wheelchair)
- Is the patient 60 years or older?
- Is the patient diabetic?
- History of nephrectomy or Renal Insufficiency?
- History of hypertension?

To avoid rescheduling please provide documentation to expedite the approval process.

3 EXAM TYPE - Please mark one or more of the following:

<p>Brain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Routine Brain <ul style="list-style-type: none"> <input type="checkbox"/> To include MRA - Circle of Willis <input type="checkbox"/> To include MRA - Neck <input type="checkbox"/> MS Brain <input type="checkbox"/> IAC for tumor <input type="checkbox"/> Maxillofacial <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary <input type="checkbox"/> Other - Specify _____ <p>_____</p> <p>Neck/Chest</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Chest 	<p>Spine</p> <ul style="list-style-type: none"> <input type="checkbox"/> MS Spine <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine - Routine <input type="checkbox"/> L-Spine - Post Op (< 7yrs) <input type="checkbox"/> Spine Screen - Compression fx <input type="checkbox"/> Spine Screen - mets/tumor <input type="checkbox"/> Other - Specify _____ <p>_____</p> <p>Pelvis/Hips</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hips <input type="checkbox"/> Pelvis <input type="checkbox"/> S.I. Joints <p><i>pelvis/hips continued>></i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Female Pelvis/GYN <input type="checkbox"/> Male Pelvis/Prostate <p>MR angiography/MRA</p> <ul style="list-style-type: none"> <input type="checkbox"/> MRA-Specify Body Part _____ (To include MRI of assoc. area) _____ <p>_____</p> <p>Abdomen</p> <ul style="list-style-type: none"> <input type="checkbox"/> Liver <input type="checkbox"/> Kidneys <input type="checkbox"/> Pancreas <input type="checkbox"/> MRCP (gallbladder and bile ducts) <input type="checkbox"/> Adrenal Glands <input type="checkbox"/> Abdomen Other - Specify _____ <p>_____</p>	<p>Extremity - Specify Body Part (<input type="checkbox"/> Left <input type="checkbox"/> Right)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Other - Specify _____ <p>_____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arthrogram <input type="checkbox"/> Infection/Tumor <input type="checkbox"/> Non-Routine - Specify _____ <p>_____</p> <p><input type="checkbox"/> Other - Specify: _____</p> <p>_____</p>
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3a GADOLINIUM INSTRUCTIONS

- Contrast use per radiologist exam protocol instructions unless stated otherwise

Special instructions: _____

- Providers are welcome to call a radiologist at 733-0430 for additional exam ordering information

CAUTION:

Current (within 45 days) creatinine/ GFR test required for patients with any of the following:

- Over the age of 60
- Diabetic
- Hypertension

Test are required within 24 hours of appointment for the following:

- Renal insufficiency
- Dialysis
- Kidney Transplant

4 Symptoms/Clinical Indications/History (Disease, Injury, Pain, Pathology, Signs and/or Symptoms; No "Rule Out"):

Additional Information/What do you want the radiologist to look for (optional)? _____

Stat Report Desired

Direct line (preferably cell phone) number required _____

X _____
 Provider Signature Required

EXAM PREPARATION:

- Exams of the abdomen require patient to be without food/drink 4 hours prior to exam. Take regular medications as prescribed.
- Patients will generally be asked to remove clothing with metal, jewelry, watches, and shoes for the exam. Please dress in loose-fitting, metal-free clothing.

EXAM INFORMATION:

- Claustrophobia: patients with mild to moderate claustrophobia may be able to tolerate the exam with 5-10 MG Valium PO 30 minutes prior to the exam. Sedated patients **MUST NOT DRIVE** or operate machinery 24 hours following sedation. Ordering provider must prescribe and direct patient to self-sedate.
- MRI exams ordered with IV contrast (gadolinium) are indicated for questions of tumor, vascular abnormality, inflammatory process, and in lumbar spines post-op less than 7 years. (continued>>)

- Exams ordered with intra-articular injection of contrast (arthrograms) involve an injection into the joint under fluoroscopy. Shoulder arthrograms are preferred for patients younger than 60 years of age.
- Patients with an accessed port may receive their contrast through their port if they bring a flush of saline and heparin.
- For the majority of MRI exams, patients will be allowed to listen to music (cd's); if patient has a favorite, feel free to bring it to your appointment.

Please allow one hour for each MRI exam ordered.

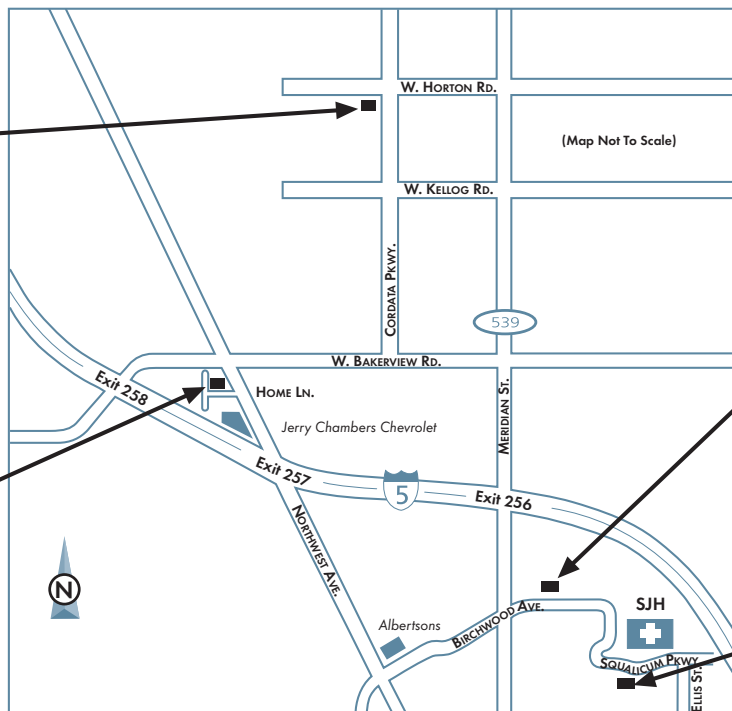
LOCATION MAP



Cordata Parkway
@ PeaceHealth Medical Group
4545 Cordata Parkway
Lower Level Suite 4



Northwest Avenue
4029 Northwest Avenue, Suite 102



Birchwood Avenue
@ Cascade Brain & Spine Center
710 Birchwood Avenue, Suite 102



Squalicum Parkway
2930 Squalicum Parkway, Suite 101

