

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

Squalicum Parkway - 2930 Squalicum Parkway, Suite 101 **Cordata Parkway** - 4545 Cordata Parkway, Lower Level Suite 4

1 PATIENT INFORMATION (please print)

Name: _____

DOB: _____ Telephone(s): _____

Referring M.D.: _____ CC: _____

Primary Insurance Name: _____

Comparison Films: Patient Bring Office Will Send None

Pregnant: Yes No

PATIENT PREP INFORMATION ON BACK

2 CT EXAM TYPE Mark one or more of the following:

Head/Neck	Body/Trunk	Spine w/ Recons	CTA – CT Angiography
<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Cervical	<input type="checkbox"/> Coronary (Cardiac CTA)
<input type="checkbox"/> Sinus	<input type="checkbox"/> PE Protocol	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Brain (Circle of Willis)
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> High Resolution for	<input type="checkbox"/> Lumbar	<input type="checkbox"/> Carotids
<input type="checkbox"/> Temporal Bones	Interstitial Lung Disease		<input type="checkbox"/> Carotids & Brain (Circle of Willis)
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Abdomen & Pelvis	Screening Exams	<input type="checkbox"/> Pulmonary Arteries (PE Protocol)
<input type="checkbox"/> Orbits	<input type="checkbox"/> Pelvis (only)	<input type="checkbox"/> Coronary Artery Calcium Scoring	<input type="checkbox"/> Renal Arteries
<input type="checkbox"/> TMJ/Mandible	<input type="checkbox"/> Do Not Scan Pelvis (See Note)	Extremity	<input type="checkbox"/> Mesenteric Arteries
	<input type="checkbox"/> Pancreas	<input type="checkbox"/> (specify) _____	<input type="checkbox"/> Thoracic Aorta (Dissection)
	<input type="checkbox"/> Liver (4-phase)	Other	<input type="checkbox"/> Thoracic Aorta (Aneurysm)
	<input type="checkbox"/> Renal Mass	<input type="checkbox"/> (specify) _____	<input type="checkbox"/> AAA Eval. (Aorta to Iliac)
	<input type="checkbox"/> Kidney Stone (CT KUB)		<input type="checkbox"/> AAA Eval. Post Endograft
	<input type="checkbox"/> CT Urography (CT IVP)		<input type="checkbox"/> Lower Extremity Runoff
	<input type="checkbox"/> Adrenal		<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> CT Enterography (small bowel)		
	<input type="checkbox"/> Virtual Colonoscopy (Colon)		

CONTRAST INSTRUCTIONS

• Contrast use per radiologist exam protocol instructions unless stated otherwise

Special instructions: _____

• Recommended CT ordering guidelines on back of form

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

Note: "Abdomen only" orders require specific ICD9 codes. Please call 733-0430 if you have any questions

CAUTION:
Current creatinine test required for patients with **any** of the following;

- Over the age of 65
- Diabetic
- History of renal insufficiency

3 EXAM INFORMATION

Creatinine Value: _____ Date Drawn: _____

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

Additional instructions/Specific area of interest for the Radiologist (optional): _____

Provider Signature Required

Stat Report Desired
Direct line (preferably cell phone) number required _____

Note: On occasion, the Radiologist may request an additional or different area to be scanned based on the Symptoms/Clinical Indications/History provided, or exam findings. A new order may be requested.

LOCATION MAP

Cordata Parkway
4545 Cordata Parkway
Lower Level Suite 4

Squalicum Parkway
2930 Squalicum Parkway
Suite 101

Map includes labels for W. Horton Rd., W. Kellogg Rd., W. Bakerview Rd., Home Ln., Jerry Chambers Chevrolet, Albertsons, SJH, and Squalicum Pkwy. Exit 258, 257, 256 are also marked.

CT Ordering Guidelines: A brief reference	
Indication	CT Order
Suspected pulmonary nodule	CT chest without contrast
Suspected pulmonary mass	CT chest with contrast
Suspected adenopathy in chest	CT chest with contrast
Possible Appendicitis	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
RLQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
LLQ Pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
Evaluation of GI tract abnormality (Including: appendicitis, diverticulitis, enteritis, colitis, IBD)	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
RUQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below) Pelvis not absolutely necessary, but oftentimes helpful in evaluation of contiguous peritoneal and unsuspected GI tract/gynecologic disease processes.
LUQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below) Pelvis not absolutely necessary, but oftentimes helpful in evaluation of contiguous peritoneal and unsuspected GI tract/gynecologic disease processes.
Flank Pain	CT abdomen and pelvis without contrast
Painless Hematuria	CT IVP
Evaluation of Indeterminate renal lesion (solid or cystic)	CT renal mass (CT abdomen with and without contrast)
Evaluation of indeterminate liver lesion (solid or cystic)	CT liver (CT abdomen with and without contrast)
Evaluation of indeterminate pancreatic lesion (solid or cystic)	CT pancreas (CT abdomen with and without contrast)
Evaluation of suspected pancreatitis	CT abdomen and pelvis with IV and oral (water) contrast

Notes:
1. Can be done without oral contrast in certain circumstances
2. Can be done without IV contrast if patient has iodine allergy or poor renal function (Cr ≥ 1.5)

Patients receiving an Abdomen & Pelvis Exam:

- Proceed to 2930 Squalicum Parkway, **suite 101** or 4545 Cordata Parkway, **lower level suite 4** for your oral prep kit and instructions. The prep must begin 4 hours prior to your exam time.
- Preparation for this exam will require you to drink a contrast agent (Barium Sulfate) at periodic intervals before your exam can be performed. This contrast agent will help visualize the small bowel and colon.

NOTE: WITHOUT THIS PREPARATION, WE WILL BE UNABLE TO PROCEED WITH YOUR EXAM.