

SPECIAL INSTRUCTIONS

if your examination is to be one of the following:

UPPER GASTRO-INTESTINAL EXAMINATION

(Stomach, Small Intestine, etc.):

1. Nothing to eat or drink by mouth (including water) after 10:00 p.m. the night before examination.
2. Bring morning medications to be taken after exam.

ESOPHAGUS

1. Nothing to eat or drink by mouth (including water) after 10:00 p.m. the night before examination.
2. Bring morning medications to be taken after exam.

BARIUM ENEMA / AIR CONTRAST COLON

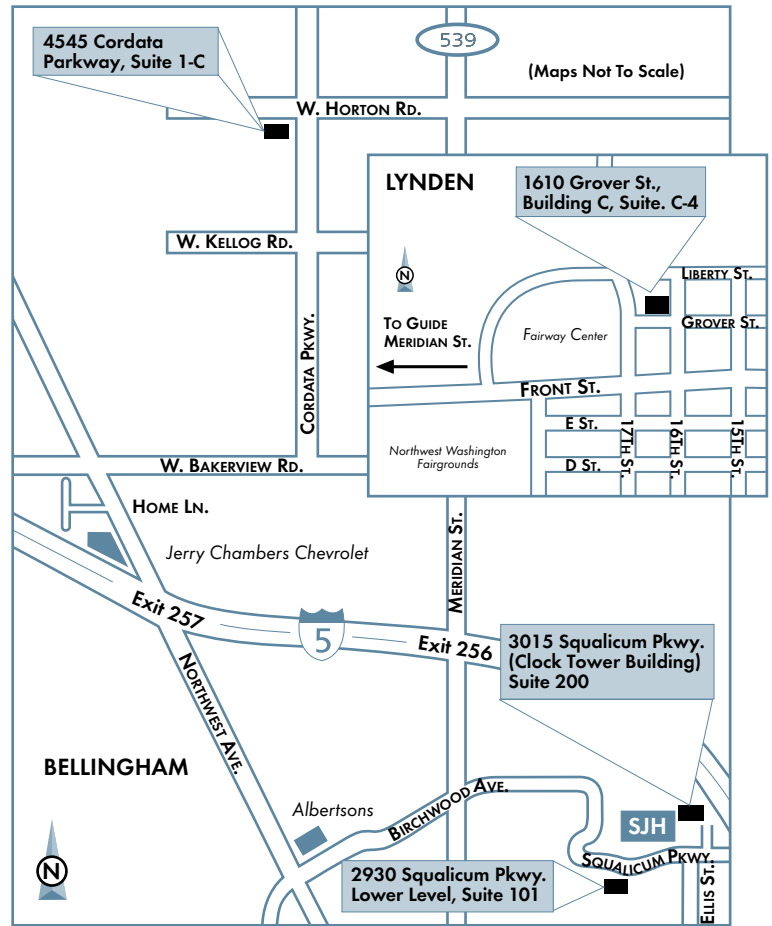
(Examination of Colon):

1. Obtain a bowel evacuation kit at least 48 hours before your exam is scheduled. For Bellingham area patients, this kit may be picked up at our Imaging Center office. Patients from areas outside of Bellingham should check with their physician for availability of this bowel evacuation kit.
2. Follow directions enclosed with the bowel evacuation kit.

SMALL BOWEL

1. On the day before your exam have a clear liquid diet only. This includes clear broth, clear Jell-O, Popsicle's, carbonated beverages, clear juices, water, clear tea or coffee (no milk).
2. Take two (2) Dulcolax tablets between 10 AM and 12 Noon the day before the exam.
3. Take two (2) Dulcolax tablets between 3 PM and 5 PM the day before the exam.
4. Take nothing by mouth the day of the exam until exam is completed.
5. Allow up to 4 hours for this examination.
6. Bring morning medications to be taken after exam.

PLEASE BRING THIS SLIP WITH YOU



X-ray/Fluoroscopy



MT BAKER IMAGING

FLUOROSCOPY
FORM & PREPS
ON BACK

PLEASE PRESENT THIS SLIP (X-rays performed on a walk-in basis - no appointment needed)

Appointment Time: _____ A.M. P.M. Date: _____

Patient Name (please print) Last: _____ First: _____ DOB: _____

Examination Requested: _____

Clinical Indications: (Required: must have a sign, symptom or known diagnosis. No "Rule Out" or "Follow-Up"):

<input type="checkbox"/> Previous Films Location? _____ <input type="checkbox"/> Stat Report Desired Direct line (preferably cell phone) number required _____ <input type="checkbox"/> Patient to return with CD?

Referring M.D.: _____

CC: _____

OFFICE USE ONLY

Last MP: _____

Pregnancy: (Yes No) By: _____



Provider Signature Required

Four Locations
To Serve You →

- BELLINGHAM** • 2930 Squalicum Parkway, Lower Level, Suite 101 (X-ray, Fluoro) - FAX #: 360-733-6596
- 3015 Squalicum Parkway (Clock Tower Building), Suite 200 (X-ray) - FAX #: 360-734-2997
- 4545 Cordata Parkway, Suite 1-C (X-ray) - FAX #: 360-733-1076
- LYNDEN** • 1610 Grover Street, Suite C-4 (X-ray) - FAX #: 360-354-8086

Scheduling: (360) 647-2422 or 1 (800) 767-0430 • Non-scheduling calls: (360) 733-0430

OFFICE USE ONLY - B/B Marking Area of Concern