

Diagnostic imaging order form



Physician referral form

- Legacy Emanuel Medical Center
- Legacy Good Samaritan Medical Center
- Legacy Meridian Park Medical Center
- Legacy Mount Hood Medical Center
- Legacy Salmon Creek Medical Center
- Legacy Silverton Medical Center
- Legacy Woodburn Diagnostic Imaging

To schedule appointments, call:

In Oregon <i>(except Silverton and Woodburn)</i>	Phone: 503-413-7800 Fax: 503-413-8899
Silverton and Woodburn	Phone: 503-982-4862 Fax: 503-982-4899
In Washington	Phone: 360-487-1800 Fax: 360-487-1822

Patient information Date: _____ Arrival time: _____ Appt: _____

Name: _____ DOB: _____ Wt. _____

Symptoms/reason for exam: _____

ICD-9/10 code(s): _____

Ordering physician: _____ Signature: _____

Insurance: _____ Pre-authorization number/date range: _____

Referring physician Tax ID No.: _____ Referring physician MPI No.: _____

Physician preference for results: Report only Report and CD Routine STAT

Fax: _____ Other: _____

Call report requires cell or back line number: _____

<input type="checkbox"/> MRI <input type="checkbox"/> With IV contrast <input type="checkbox"/> Without contrast <input type="checkbox"/> With and without IV contrast	<input type="checkbox"/> Brain MRI <input type="checkbox"/> Brain MRA <input type="checkbox"/> Cervical spine <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Knee (○ R) (○ L) <input type="checkbox"/> Shoulder (○ R) (○ L) <input type="checkbox"/> Extremity other (<i>specify</i>) _____ <input type="checkbox"/> Check box if claustrophobic <input type="checkbox"/> Conscious sedation/anesthesia requested <input type="checkbox"/> Other (<i>specify</i>) _____ Creatinine _____ GFR _____ Date _____
<input type="checkbox"/> CT <input type="checkbox"/> With IV contrast <input type="checkbox"/> Without contrast <input type="checkbox"/> With and without IV contrast	<input type="checkbox"/> Head CT <input type="checkbox"/> Sinus <input type="checkbox"/> Spine: (○ Cervical ○ Thoracic ○ Lumbar) <input type="checkbox"/> CTA (<i>specify</i>) _____ <input type="checkbox"/> Abdomen and pelvis <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Renal colic <input type="checkbox"/> Urogram <input type="checkbox"/> Cardiac <input type="checkbox"/> With calcium score <input type="checkbox"/> Extremity (<i>specify</i>) _____ <input type="checkbox"/> Other (<i>specify</i>) _____ Creatinine _____ GFR _____ Date _____
<input type="checkbox"/> Radiology	<input type="checkbox"/> Chest (PA/lateral) <input type="checkbox"/> Chest (1 view) <input type="checkbox"/> Acute abdomen (2 view abd + 1 view cxr) <input type="checkbox"/> KUB <input type="checkbox"/> C spine <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Lumbar spine additional views: _____ <input type="checkbox"/> Extremity/joint (<i>specify</i>) _____ ○ Right or ○ Left <input type="checkbox"/> Other _____
<input type="checkbox"/> Fluoroscopy	<input type="checkbox"/> Esophagram <input type="checkbox"/> Upper GI <input type="checkbox"/> Small bowel follow-through <input type="checkbox"/> Video swallowing study <input type="checkbox"/> Barium enema (○ with air) <input type="checkbox"/> VCUG <input type="checkbox"/> Myelogram: (○ Cervical ○ Thoracic ○ Lumbar) <input type="checkbox"/> Lumbar puncture (<i>specify labs</i>) _____ <input type="checkbox"/> Arthrogram (<i>specify joint</i>) _____ <input type="checkbox"/> Joint injection _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Complete abdomen <input type="checkbox"/> Limited abdomen (<i>specify</i>) _____ <input type="checkbox"/> Pelvis <input type="checkbox"/> OB <input type="checkbox"/> Renal <input type="checkbox"/> Scrotum <input type="checkbox"/> Thyroid <input type="checkbox"/> Thyroid FNA <input type="checkbox"/> Carotid <input type="checkbox"/> AAA <input type="checkbox"/> Venous (DVT) <input type="checkbox"/> Lower extremity (○ Right ○ Left ○ Bilateral) <input type="checkbox"/> Arterial <input type="checkbox"/> Upper extremity (○ Right ○ Left ○ Bilateral) <input type="checkbox"/> US PVS <input type="checkbox"/> ABI only <input type="checkbox"/> Full peripheral <input type="checkbox"/> Lower extremity (○ Right ○ Left ○ Bilateral) <input type="checkbox"/> Upper extremity (○ Right ○ Left ○ Bilateral) <input type="checkbox"/> Other _____
<input type="checkbox"/> Nuclear medicine	<input type="checkbox"/> Whole body bone scan <input type="checkbox"/> Thyroid uptake and scan <input type="checkbox"/> MUGA *with SPECT (<i>specify</i>) _____ <input type="checkbox"/> Three-phase bone scan <input type="checkbox"/> Gastric emptying (○ Solid ○ Liquid ○ Both) *with SPECT (<i>specify</i>) _____ <input type="checkbox"/> Multiple areas bone scan <input type="checkbox"/> HIDA <input type="checkbox"/> HIDA (with ejection fraction) *with SPECT (<i>specify</i>) _____ <input type="checkbox"/> PET/CT (<i>specify</i>) _____ <input type="checkbox"/> Renal scan (○ Lasix ○ MAG3 ○ DPTA) <input type="checkbox"/> Myocardial perfusion (○ Treadmill ○ Pharmacological) <input type="checkbox"/> Other (<i>specify</i>) _____
<input type="checkbox"/> Breast imaging	<input type="checkbox"/> Screening mammogram <input type="checkbox"/> Breast ultrasound only <input type="checkbox"/> Diagnostic mammogram <input type="checkbox"/> Breast ultrasound and biopsy if indicated <input type="checkbox"/> Breast MRI <div style="text-align: right;"> </div> <p style="text-align: center;"><i>Please complete diagram and provide indications for all diagnostic studies</i></p>
<input type="checkbox"/> DEXA	<input type="checkbox"/> Hip/lumbar <input type="checkbox"/> Forearm/ankle

**Preparations — Please follow carefully. Call the department with any questions.
(Small amount of water and oral medications are permitted.)**

Upper G.I./small bowel series	<ul style="list-style-type: none"> • Nothing to eat or drink after midnight for a.m. appointment • Nothing to eat or drink 8 hours before p.m. appointment • Please note: Upper G.I. may take 1 hour, small bowel exam may take several hours
Barium enema	<ul style="list-style-type: none"> • Pick up an EZH Colonic Prep Kit at your pharmacy 2 days prior to exam • Night before your exam: Take 4 Dulcolax or Bisacodyl tablets at 4 p.m. and drink only clear liquids • 4 hours prior to exam: Do not eat or drink
CT	<ul style="list-style-type: none"> • Nothing to eat for 4 hours prior to exam • Nothing to drink for 2 hours prior to exam
Mammogram	<ul style="list-style-type: none"> • Do not wear powder, deodorant or lotion around breasts or under arms
MRI	<ul style="list-style-type: none"> • Claustrophobic patients — contact your physician regarding pre-exam medication. You will need to arrange a ride home. • Abdomen and pelvis: Nothing to eat or drink for 4 hours prior to exam • Anesthesia/sedation: Contact MRI department for instructions
Ultrasound	<p>Abdomen</p> <ul style="list-style-type: none"> • Nothing to eat or drink 8 hours prior to exam <p>OB, pelvis or renal</p> <ul style="list-style-type: none"> • Start by emptying bladder 2 hours before appointment, then drink 32 ounces of water, finish 1 hour before appointment • Do not empty your bladder before your exam
Bone densitometry	<ul style="list-style-type: none"> • No multi-vitamins or dietary supplements, including calcium, day of exam
Nuclear medicine	<ul style="list-style-type: none"> • Nothing to eat or drink 8 hours prior to exam for: <ul style="list-style-type: none"> — Myocardial perfusion — Thyroid uptake and scan — PET/CT — Gastric emptying — HIDA scan • HIDA scan: No opiates or narcotics 6 hours prior to exam • Myocardial perfusion: Some food and medications can affect the exam. Contact Imaging Scheduling for complete prep instructions.

Note: Legacy Imaging does not provide childcare. Please make appropriate arrangements.

Locations

Legacy Emanuel Medical Center

2801 N. Gantenbein Ave.
Portland, OR 97227

Legacy Good Samaritan Medical Center

1015 N.W. 22nd Ave.
Portland, OR 97210

Legacy Meridian Park Medical Center

19300 S.W. 65th Ave.
Tualatin, OR 97062

Legacy Meridian Park Medical Center

Medical Plaza Office Building 2, Ste. 165
19260 S.W. 65th Ave.
Tualatin, OR 97062

Legacy Mount Hood Medical Center

24800 S.E. Stark St.
Gresham, OR 97030

Legacy Mount Hood Medical Center

Medical Office Building 3, Ste. 100
24988 S.E. Stark St.
Gresham, OR 97030

Legacy Salmon Creek Medical Center

2211 N.E. 139th St.
Vancouver, WA 98686

Legacy Salmon Creek Medical Center

Medical Office Building B, Suite 150
2101 N.E. 139th St.
Vancouver, WA 98686

Legacy Silverton Medical Center

342 Fairview St.
Silverton, OR

Legacy Woodburn Diagnostic Imaging

693 Glatt Circle, Ste. 1
Woodburn, OR

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