Diagnostic Imaging Order Form

NPI# 1689283285

Tax ID# 851199669

Physician Referral Form

*Ordering office referral contact name and number:*___________________________

Direct Imaging Ph# 509-902-8857

FAX# 509-902-8855

Patient Information: Date:_____________ Arrival Time:_________ Appt Time:_________

Name:____ ○Male ○Female DOB:________________ Wt.________________

Symptoms/reason for exam:____

CPT Code Authorized: ___________________________ ICD-10 Code(s):_______________________________________

❑**MVA** **Date of MVA:**_____________ L&I Claim #:___ _________________ Date of injury:____________________

Ordering Physician____ Signature:________________________________

Insurance:_______________________________________ Pre-Authorization number/date range:______________________

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

❑Fax:_________________ Other:____

❑**STAT** report requires cell or back line number:____

❑**Demographics attached with policy #, policy holder and DOB, group #, Ins. full address and CPT code used for authorization**

❑**MRI** ❑Without Contrast ❑W&WO IV Contrast	❑Brain MRI ❑Brain MRA ❑Cervical Spine ❑Thoracic Spine ❑Lumbar Spine ❑Knee (○L)(○R) ❑Shoulder (○L)(○R) ❑Extremity other (*specify*)______________ ❑Check box if claustrophobic ○Left ○Right ❑Other (*specify*):____________________Creatinine:________GFR:_______ Date____________
❑**CT** ❑With IV Contrast ❑Without Contrast ❑W&WO IV Contrast	❑Head CT ❑Sinus ❑Spine:(○Cervical ○Thoracic ○Lumbar) ❑CTA (*specify*)____________ ❑Abdomen and Pelvis ❑Abdomen ❑Pelvis ❑Renal Colic ❑Urogram ❑Extremity (*specify*)____________________ ○Left ○Right ❑Other (*specify*)_____________________Creatinine:________GFR:_______Date____________
❑**Radiology**	❑Chest(PA/Lateral) ❑Chest (1 view) ❑Acute Abdomen (2 view abd + 1 view CXR) ❑ KUB ❑C-spine ❑T-spine ❑L-spine Specific views___________________________ ❑Extremity/joint (*specify*)________________________________○Left ○Right ❑Other ____ NOTES TO Technologist:____

Preparations - Please follow carefully. Call the imaging department with any questions.(Small amount of water and oral medication permitted

MRI	·Claustrophobic patients - contact your physician regarding pre-exam medication. -If premedicated, you will need to arrange a ride home.
CT	·Nothing to eat 4 hours prior to exam
US	Pelvis- Finish 32 oz of water 1 hour prior to your exam, do not use the bathroom. Bladder must be full for exam. IE: If your exam is at 0800 start and finish water between 0600-0700. Abdomen- starting 2 days before exam take 1 gas-x tablet with meals and before bed at night nothing to eat or drink 12 hours before appointment. Kidney- 16 oz of water finished 1 hour prior to exam.