

OLYMPIC RADIOLOGY

Scheduling (360) 479-6555
Billing (360) 415-7280
Fax (360) 479-8327

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www.olympicradiology.com

APPOINTMENT DATE: _____

CHECK-IN TIME: _____

_____ BREMERTON office
2700 Clare Ave., Bremerton, WA 98310

_____ POULSBO office
22180 Olympic College Way NW, Suite 101
Poulsbo, WA 98370

See reverse for map

Request for Imaging Consultation

Patient Name _____ Date of Birth _____ Patient Phone: _____ M _____ F _____

Exam Requested: _____

Reason for Request: _____

Provisional Diagnosis or Symptoms: _____

Referring Practitioner _____ Copy of Report to: _____

Comparison Exams at: _____

_____ Call Report _____ Fax Report _____ Send CD with Patient _____ CD via courier

Please circle any that apply:

Patients with diabetes or renal disease may require labs before we can administer contrast

MRI

with contrast if clinically indicated

_____ OPEN MRI REQUESTED
(Open MRI scanner located at Poulsbo Office)

Brain
IAC Screen
Orbit
TMJ
Neck
Spine C T L
Extremity R L _____
Joint R L _____
Chest
Abdomen MRCP
Pelvis Prostate
MRA:
Circle of Willis Renal
Carotids Run Off

NUC MED

Bone Scan Ltd. _____
w/spect
Whole Body
Cardiac:
MUGA
Stress
Gastric Emptying
Hepatobiliary (HIDA)
Liver-Spleen
Renal
Thyroid-Uptake / Scan

CT

with contrast if clinically indicated

Head
Facial
w/3D Recon/Reformat
Sinus
Temporal Bone
Orbit
Neck
Abdomen
Pelvis
CT KUB (unenhanced)
Spine C T L
w/3D Recon/Reformat
Extremity R L _____
w/3D Recon/Reformat
Joint R L _____
w/3D Recon/Reformat
CTA: Chest
Renal
Aorta - Thoracic
Aorta - Abdominal

US

Abdomen
Renal
Aorta
Pelvis
OB
Neonatal Head
Infant Hips
Thyroid
Breast
Scrotum
Vascular
Carotid _____
Venous _____
Hysterosonogram (Saline Infused)

X-RAY

Chest Ribs KUB
Acute Abdomen
Spine C T L
Extremity R L _____
Joint R L _____
Bone Survey
Head: Skull Sinus
Face Orbit Mandible
Scoliosis

FLUORO

Arthrogram R L _____
Myelogram C T L
Esophagus
UGI
Small Bowel
Barium Enema
IVP
VCUG
Video Swallowing
Hysterosalpingogram
Venogram
Fistulogram

SPECIAL PROCEDURES

Consult scheduling for required labs

Biopsy _____
Thoracentesis _____
Paracentesis _____
Aspiration _____
Injection _____
Lumbar Puncture _____

PLEASE TURN OVER  FOR PATIENT INSTRUCTIONS

Please present this form to Olympic Radiology at time of your appointment.

PREPARATIONS

Pediatric Patients: Please call for exam preparations.

Diabetic Patients: Please call for exam preparations and consult your clinician on how best to manage the required prep.

CT: *Chest, Abdomen, Pelvis* – Nothing by mouth (NPO) four (4) hours prior to exam, except prescribed medications. During the hour prior to the exam, patient needs to drink 1 liter of water (ok to void). No barium 5 days prior to exam.

MRI: Please alert us if you have a pacemaker, aneurysm clip, implant pump, neuro stimulator or any history of metals in the body.

- *Abdomen & Pelvis exams* – nothing by mouth four (4) hours prior.
- *MRCP* – nothing by mouth eight (8) hours prior.

Ultrasound:

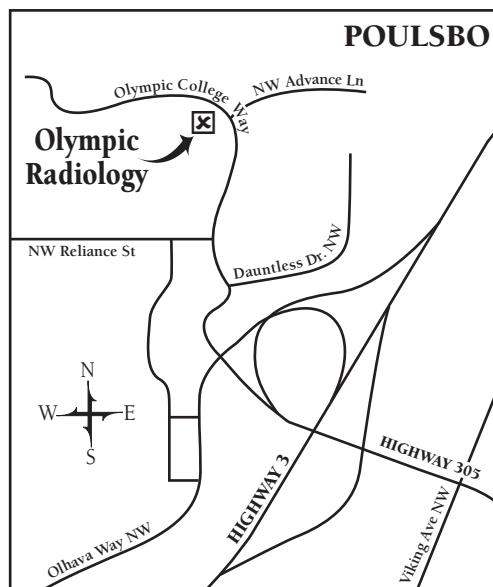
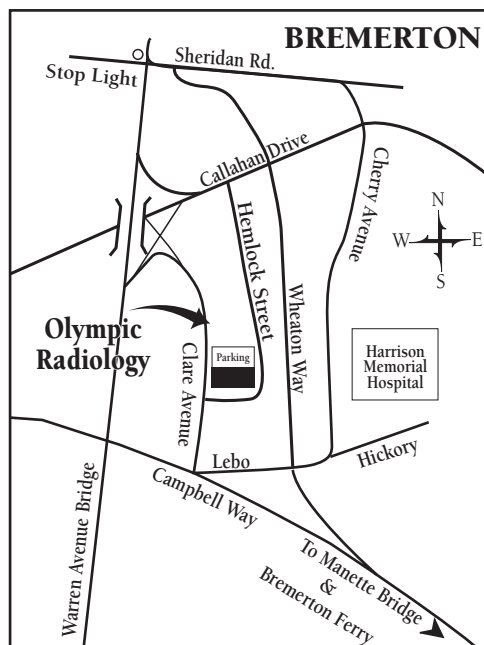
- *Abdomen* – Nothing by mouth eight (8) hours prior to exam including no smoking or chewing gum.
- *Pelvis* – A full bladder is necessary. Drink four 8 oz. glasses of water 1 - 2 hours prior to exam and do not void.
- *Renal* – Patient must be well hydrated, drink lots of water (ok to void).

Upper GI: Nothing by mouth (NPO) after midnight, including no smoking or gum chewing. If exam is in the afternoon, may have a clear liquid breakfast and NPO after that.

Barium Enema: Follow instructions on Prep Kit. Kits are available at our office or over the counter at local pharmacies.

IVP: The day prior to the exam avoid raw fruits and vegetables and all dairy products. The evening meal, prior to the exam: clear liquids only (ie: broth, jello—except red, clear juice—no pulp). Nothing by mouth after midnight. No barium 5 days prior to exam.

Nuclear Medicine: Please call for exam preparations.



For directions from other locations, please call (360) 479-6555 or go to www.olympicradiology.com and click on the Contact Link.