

# OLYMPIC RADIOLOGY

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## Request for Imaging Consultation

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ APPOINTMENT: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Exam Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Provisional Diagnosis or Symptoms: \_\_\_\_\_

Referring Practitioner \_\_\_\_\_ Copy of Report to: \_\_\_\_\_

Comparison Exams at: \_\_\_\_\_

\_\_\_\_\_ Stat Read \_\_\_\_\_ Call Report \_\_\_\_\_ Send CD with Patient \_\_\_\_\_ CD via courier \_\_\_\_\_ Fax Report

Please circle any that apply:

### MRI

*with contrast if clinically indicated*

Brain  
IAC Screen  
Orbit  
TMJ  
Neck  
Spine C T L  
Extremity R L \_\_\_\_\_  
Joint R L \_\_\_\_\_  
Chest  
Abdomen MRCP  
Pelvis  
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  
Chest Chest - P.E.  
Chest thru Liver (LTD.)  
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  
- 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

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

### SPECIAL PROCEDURES

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.

**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.

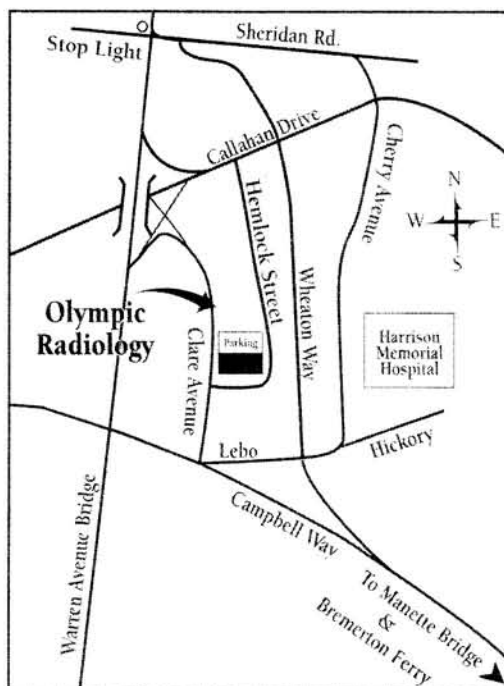
**CT:** *Chest, Abdomen, Pelvis* – Nothing by mouth (NPO) four (4) hours prior to exam, except prescribed medications. During the hour prior to the exam, patient needs to drink 1 liter of water (ok to void). No barium 5 days prior to exam.

**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 & Aorta* – 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).



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