PATIENT INFORMATION

Patient Name (REQUIRED): __________________ Date of Birth (REQUIRED): ____________

Patient Phone: __________________________

☐ Please call 503-418-0990 to schedule*

* Nuc Med/PET call 503-494-8468 to schedule, fax order to 503-494-2879

* Breast Imaging call 503-494-4673, fax order to 503-418-8980

****PLEASE CONTACT OHSU at 503-494-8311 for ECHO/EKG and DEXA Scans. These exams are not done through Diagnostic Imaging****

ICD 9 Code (REQUIRED): ______________ Authorization #: _________________________________

Reason for Exam (REQUIRED): ______________________________________________________

REQUESTING PHYSICIAN INFORMATION

Referring Physician (REQUIRED): ___________________ Phone (REQUIRED): ___________________

Referring Physician Signature (REQUIRED): __________________________

Results (check all that apply):

☐ E-mail report: (e-mail) __________________________

☐ Fax report: (fax #) ____________________________

☐ CD with Images

☐ Special Request: ____________________________

EXAM

MRI

☐ Brain MRI ☐ Brain MRA ☐ Neck MRI ☐ Neck MRA

☐ Cervical Spine ☐ Thoracic ☐ Lumbar

☐ Extremity (specify): _________________________

☐ Other (specify): ____________________________

☐ Vagal Nerve Stimulator: Program both generator output current and magnet output current to OMA prior to the MRI procedure. After MRI is completed, re-program device to original settings.

CT

☐ Brain ☐ Sinus ☐ Chest ☐ Abdomen ☐ Pelvis

☐ Cervical Spine ☐ Thoracic ☐ Lumbar ☐ Other (specify):

☐ Extremity (specify):

☐ Coronary Artery Calcium Score ☐ Coronary CTA with Calcium Scoring

☐ Lung Cancer Screening (Questions on reverse MUST be answered for this order)

Mammogram

Call: 503-494-4673
Fax: 503-418-8980

☐ Diagnostic ☐ Screening

☐ Other (specify):

Ultrasound

☐ Abdomen ☐ Pelvis ☐ OB/GYN

☐ Other (specify):

Nuclear Medicine

Call: 503-494-8468
Fax: 503-494-2879

☐ Bone ☐ Brain ☐ Cardiac ☐ Gastric ☐ Liver ☐ Lung

☐ Lymph ☐ Renal ☐ Thyroid ☐ Tumor

☐ Other (specify):

PET/CT

☐ Bone ☐ Brain ☐ Cardiac ☐ Eyes to Thighs ☐ Whole Body

☐ Other (specify):

General Radiology

☐ Barium Enema (please select): ☐ With air contrast ☐ Without air contrast

☐ Esophagram

☐ Upper G.I. (please select): ☐ With small bowel series ☐ Without small bowel series

☐ Voiding Cystourethrogram

☐ X-ray (specify views and laterality):

☐ Fluoro Other (specify):

Vascular Lab

☐ Peripheral Arterial Exam ☐ Venous ☐ Chronic Venous Exam ☐ PPG’s

☐ Transcranial Doppler ☐ Carotid ☐ Temporal Artery ☐ ABI’s with waveform


☐ Abdomen (please select):

☐ Renal ☐ Mesenteric ☐ Portal Hepatic ☐ AAA ☐ Renal Transplant

☐ Finger ☐ Toe(s)

☐ Right ☐ Left

☐ Other (specify):

Other

☐ Other:

Rev 06/15

Scan to PO-7070
CT LUNG CANCER SCREENING - IF THE PATIENT IS EXPERIENCING PULMONARY SIGNS OR SYMPTOMS, OR IS OUTSIDE THE AGES OF 55-80 YEARS (55-77 FOR MEDICARE PATIENTS), CONSIDER ORDERING A CT CHEST WO CONTRAST

REQUIRED QUESTIONS
(Consider ordering a CT Chest WO Contrast if any STOP answers are selected)

- Is the patient between age 55-80 (55-77 for Medicare)? □ YES (Continue) □ NO (STOP)
- Is the patient experiencing active pulmonary signs or symptoms?
  □ YES (STOP) □ NO (Continue)
- Does patient have a history of lung cancer? YES (STOP) □ NO (Continue)
- Does the patient have a smoking history of more than 30 pack years?
  □ YES (Continue) □ NO (STOP)
- If patient has stopped smoking, the patient has stopped within the last 15 years:
  □ YES (Continue) □ NO (STOP)

MEDICARE PATIENTS ONLY:
- Has the patient had a shared decision making visit: □ YES (Continue) □ NO (STOP)
- Has the patient had smoking cessation counseling: □ YES (Continue) □ NO (STOP)

PATIENT PREPARATION (Please follow carefully)

<table>
<thead>
<tr>
<th>All Exams with Oral or IV Contrast</th>
<th>Nothing to eat or drink 2 hours prior to exam.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barium Enema/Air Contrast</td>
<td>Please call 503-418-0990 for instructions.</td>
</tr>
<tr>
<td>CT</td>
<td>If you are allergic to CT contrast or think you might be pregnant, please call 503-418-0990.</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Do not wear powder, deodorant or lotion. For further instructions or to schedule call 503-494-4673.</td>
</tr>
<tr>
<td>MRI</td>
<td>If you think you may be pregnant, please contact your physician prior to your MRI. If you have had difficulty completing a prior MRI exam, are allergic to MRI contrast, or have any kind of implants or implanted devices (pacemakers, shunts, pumps, etc.), please call 503-418-0990. All piercings must be removed prior to your MRI.</td>
</tr>
<tr>
<td>Nuclear Medicine Scan</td>
<td>Bone Scan or Cardiac Stress Test: instructions will be mailed to you. Other Tests: Call 503-494-8468 for instructions.</td>
</tr>
<tr>
<td>PET/CT</td>
<td>Diet and activity restrictions apply. If you are allergic to iodine, please call 503-418-0990.</td>
</tr>
<tr>
<td>Ultrasound - Abdomen</td>
<td>Abdomen: Nothing to eat or drink after 8 hours prior to the exam. OB: Please do not use the restroom for one hour prior to the exam.</td>
</tr>
<tr>
<td>Upper G.I. – Small Bowel Series</td>
<td>Nothing to eat or drink after 8 hours prior to the exam.</td>
</tr>
<tr>
<td>Vascular Lab</td>
<td>Abdomen: Nothing to eat or drink after 8 hours prior to the exam.</td>
</tr>
<tr>
<td>Voiding Cystourethrogram (Bladder Study)</td>
<td>No preparation is necessary. If you are allergic to iodine or CT contrast or if you have any questions, please call 503-418-0990.</td>
</tr>
</tbody>
</table>

PLEASE REMIND THE PATIENT of the following:
- Please bring their insurance card to their imaging appointment.
- Some CT and MRI exams require a Creatinine prior to exam.
- If there are any questions about the exam they will be having, please call 503-418-0990.
- If you are prescribing pain or anxiety medication for your patient, please instruct them to bring an adult to drive them home or accompany them on public transportation.

Thank you for choosing OHSU Diagnostic Imaging Services.
Our goal is to provide your Patients with Excellent Care. If there is something we can do to accommodate their special needs, please let us know.