

APPOINTMENT INFORMATION

Appointment Date: _____ Check-in Time: _____ Appointment Time: _____

SEE MAP ON BACK

1

PATIENT INFORMATION (please print)

Name: _____

DOB: _____ Telephone(s): _____

Referring M.D.: (Print) _____ CC: _____

Primary Insurance Name: _____

Comparison Films: Patient Bring Office Will Send None

Pregnant: Yes No

PATIENT PREP INFORMATION ON BACK

2

EXAM TYPE - Please mark one or more of the following:

Head/Neck

- Head
- Sinus
- Soft Tissue Neck
- Temporal Bones
- Facial Bones
- Orbits
- TMJ/Mandible

Body/Trunk

- Chest
 - PE Protocol
 - Chest for Interstitial Lung Disease
- Abdomen & Pelvis
 - Pelvis (only)
 - Do Not Scan Pelvis (See Note)
- Pancreas
- Liver (4-phase)
- Renal Mass
- Kidney Stone (CT KUB)
- CT Urography (CT IVP)
- Adrenal
- CT Enterography (small bowel)
- Virtual Colonoscopy (Colon)

Spine w/ Recons

- Cervical
- Thoracic
- Lumbar

Screening Exams

- Coronary Artery Calcium Scoring
- Lung Cancer Screening Chest CT for high-risk patients

Extremity

(specify) _____

Other

(specify) _____

CTA - CT Angiography

- CTA Coronaries and Calcium Scoring
- CTA Coronary (No Calcium Scoring)
- CTA Coronaries w/ **Bypass**
- CTA Coronaries - **Congenital**
- CTA Head
- CTA Carotids
- CTA Pulmonary
- CTA Pulmonary w/ **Venogram**
- CTA Abdomen (Renal)
- CTA Abdomen Pelvis (Mesenteric Aorta to Iliac)
- CTA Aorta Complete - Dissection
- CTA Chest (Thoracic Aorta Aneurysm)
- CTA Aorta for Stent Graft (Post Endograft)
- CTA Aorta & Bilateral Iliofemoral **Runoff**
- CTA Other (specify) _____

Required CDS Information

Specify the Modifier(s): _____

Specify the G-Code: _____

The CDS system must be consulted and documented in the appropriate section above for CMS insurances.

CONTRAST INSTRUCTIONS

- **Contrast use per radiologist exam protocol instructions unless stated otherwise**

Special instructions:

• Recommended CT ordering guidelines on back of form.

• Providers are welcome to call a radiologist at 733-0430 for additional exam ordering information.

Note: "Abdomen only" orders require specific ICD10 codes. Please call 733-0430 if you have any questions.

CAUTION:

Current (within 45 days) creatinine test required for patients with **any** of the following;

- Iodine allergy
- Over the age of 60
- Heart failure
- Hypertension
- Diabetic
- History of kidney failure or disease

3

EXAM INFORMATION

Creatinine Value: _____ Date Drawn: _____

Symptoms/Clinical Indications/History: (Disease Injury, Pain, Pathology, Signs and/or Symptoms; **No "Rule out"**):

Additional instructions/Specific area of interest for the Radiologist (optional): _____

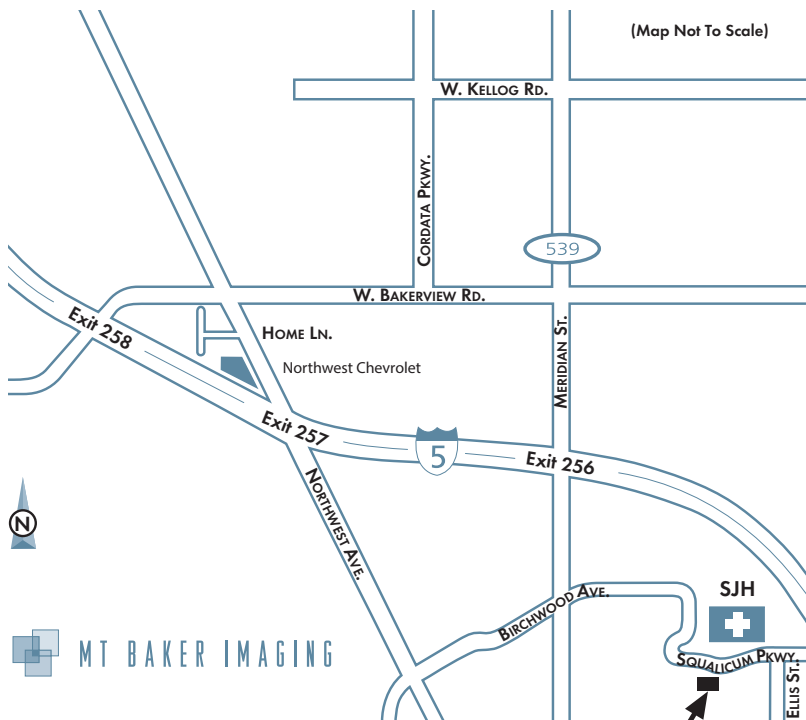
X _____

Provider Signature Required

Stat Report Desired (choose one)

- Fax Report (Fax number required) _____
- Call Report (Provider cell phone number required) _____

Note: On occasion, the Radiologist may request an additional or different area to be scanned based on the Symptoms/Clinical Indications/History Provided, or Exam Findings. A new order may be requested.

LOCATION MAP


Squalicum Parkway
 2930 Squalicum Parkway
 Suite 101


CT Ordering Guidelines: A brief reference

Indication	CT Order
Suspected pulmonary nodule	CT chest without contrast
Suspected pulmonary mass	CT chest with contrast
Suspected adenopathy in chest	CT chest with contrast
Possible Appendicitis	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
RLQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
LLQ Pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
Evaluation of GI tract abnormality (Including: appendicitis, diverticulitis, enteritis, colitis, IBD)	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below)
RUQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below) Pelvis not absolutely necessary, but oftentimes helpful in evaluation of contiguous peritoneal and unsuspected GI tract/gynecologic disease processes.
LUQ pain	CT abdomen and pelvis with IV and Oral contrast (see notes 1 & 2 below) Pelvis not absolutely necessary, but oftentimes helpful in evaluation of contiguous peritoneal and unsuspected GI tract/gynecologic disease processes.
Flank Pain	CT abdomen and pelvis without contrast
Painless Hematuria	CT IVP
Evaluation of Indeterminate renal lesion (solid or cystic)	CT renal mass (CT abdomen with and without contrast)
Evaluation of indeterminate liver lesion (solid or cystic)	CT liver (CT abdomen with and without contrast)
Evaluation of indeterminate pancreatic lesion (solid or cystic)	CT pancreas (CT abdomen with and without contrast)
Evaluation of suspected pancreatitis	CT abdomen and pelvis with IV and oral (water) contrast

Notes:

1. Can be done without oral contrast in certain circumstances
2. Can be done without IV contrast if patient has iodine allergy or poor renal function ($Cr \geq 1.5$)

Screening Exams: Lung Cancer Screening - Chest CT without contrast for high-risk patients. For indications and eligibility, please see our website, mtbakerimaging.com/lung-cancer-screening/ or call our office at 360.647.2422

PREP INSTRUCTIONS FOR CONTRAST EXAMS

ALL Contrast Exams: NPO (Nothing by mouth) except for water 4 hours prior to exam. During 4 hour NPO period, please drink 8oz of water every hour. Current (within 45 days) creatinine/GFR required for patients with any of the following criteria: Over the age of 60, diabetic, hypertension, or history of renal insufficiency and/or heart failure.

Abdomen & Pelvis Only: Visit any of our locations to receive the oral prep kit and instructions. Preparation for this exam will require you to drink a contrast agent (Barium Sulfate) at periodic intervals before your exam can be performed; this will help visualize the small bowel and colon.

Coronary CTA Only: Whatcom County patients: Come to our 2930 Squalicum Parkway location for evaluation & additional instructions 1 to 2 days prior to exam. *Note to out of town patients — Arrive 90 minutes prior to exam for evaluation.*

PLEASE NOTE: WITHOUT THIS PREPARATION WE WILL BE UNABLE TO PROCEED WITH YOUR EXAM