Diagnostic Imaging Order form

Physician Referral Form

LEGACY HEALTH

- ◉ Legacy Emanuel Medical Center
- ◉ Legacy Good Samaritan Medical Center
- ◉ Legacy Meridian Park Medical Center
- ◉ Legacy Mount Hood Medical Center
- ◉ Legacy Salmon Creek Medical Center

To schedule appointments call:
In Oregon: Phone: 503-413-7800 Fax: 503-413-8899
In Washington: Phone: 360-487-1800 Fax: 360-487-1809

Patient Information

Date: _____ Arrival time: _____ Appt: _____

Name: _____ DOB: _____ Wt. _____

Symptoms/reason for exam: _____

ICD-9/10 code(s): _____

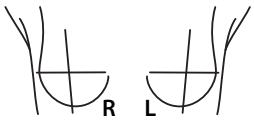
Ordering Physician: _____ Signature: _____

Insurance: _____ Pre-Authorization number/date range: _____

Physician preference for results: ☐ Report only ☐ Report and CD ☐ Routine ☐ STAT

☐ Fax: _____ Other: _____

☐ Call report requires cell or back line number: _____

☐ **MRI** ☐ With IV contrast ☐ Without contrast ☐ With and without IV contrast	☐ Brain MRI ☐ Brain MRA ☐ Cervical spine ☐ Thoracic spine ☐ Lumbar spine ☐ Knee (◉ R) (◉ L) ☐ Shoulder (◉ R) (◉ L) ☐ Extremity other *(specify)* _____ ☐ Check box if claustrophobic ☐ Conscious sedation/anesthesia requested ☐ Other *(specify)* _____ Creatinine _____ GFR _____ Date _____
☐ **CT** ☐ With IV contrast ☐ Without contrast ☐ With and without IV contrast	☐ Head CT ☐ Sinus ☐ Spine: (◉ Cervical ◉ Thoracic ◉ Lumbar) ☐ CTA *(specify)* _____ ☐ Abdomen and Pelvis ☐ Abdomen ☐ Pelvis ☐ Renal colic ☐ Urogram ☐ Cardiac ☐ With calcium score ☐ Extremity *(specify)* _____ ☐ Other *(specify)* _____ Creatinine _____ GFR _____ Date _____
☐ **Radiology**	☐ Chest (PA/lateral) ☐ Chest (1 view) ☐ Acute abdomen (2 view abd + 1 view cxr) ☐ KUB ☐ C spine ☐ Thoracic spine ☐ Lumbar spine additional views: _____ ☐ Extremity/joint *(specify)* _____ ◉ Right or ◉ Left ☐ Other _____
☐ **Fluoroscopy**	☐ Esophagram ☐ Upper GI ☐ Small bowel follow-through ☐ Video swallowing study ☐ Barium enema *(◉ with air)* ☐ VCUG ☐ Myelogram: (◉ Cervical ◉ Thoracic ◉ Lumbar) ☐ Lumbar puncture *(specify labs)* _____ ☐ Arthrogram *(specify joint)* _____ ☐ Joint injection _____ ☐ Other: _____
☐ **Ultrasound**	☐ Complete abdomen ☐ Limited abdomen *(specify)* _____ ☐ Pelvis ☐ OB ☐ Renal ☐ Scrotum ☐ Thyroid ☐ Thyroid FNA ☐ Carotid ☐ AAA ☐ Venous (DVT) ☐ Lower extremity (◉ Right ◉ Left ◉ Bilateral) ☐ Upper extremity (◉ Right ◉ Left ◉ Bilateral) ☐ Arterial ☐ US PVS ☐ ABI only ☐ Full peripheral ☐ Lower extremity (◉ Right ◉ Left ◉ Bilateral) ☐ Upper extremity (◉ Right ◉ Left ◉ Bilateral) ☐ Other _____
☐ **Nuclear Medicine**	☐ Whole body bone scan ☐ Thyroid uptake + scan ☐ MUGA *with SPECT *(specify)* _____ ☐ Gastric emptying (◉ Solid ◉ Liquid ◉ Both) ☐ 3 phase bone scan ☐ HIDA ☐ HIDA (with ejection fraction) *with SPECT *(specify)* _____ ☐ Renal scan (◉ Lasix ◉ MAG3 ◉ DPTA) ☐ Multiple areas bone scan ☐ Myocardial perfusion (◉ Treadmill ◉ Pharmacological) *with SPECT *(specify)* _____ ☐ Other *(specify)* _____ ☐ PET/CT *(specify)* _____
☐ **Breast Imaging**	☐ Screening mammogram ☐ Breast ultrasound only ☐ Diagnostic mammogram ☐ Breast ultrasound and biopsy if indicated ☐ Breast MRI *Please complete diagram and provide indications for all diagnostic studies* 
☐ **DEXA**	☐ Hip/lumbar ☐ Forearm/ankle

Preparations — ***Please follow carefully. Call the department with any questions.***
(Small amount of water and oral medications permitted.)

Upper G.I./Small Bowel Series	• Nothing to eat or drink after midnight for a.m. appointment • Nothing to eat or drink 8 hours before p.m. appointment • Please note: Upper G.I. may take 1 hour, small bowel exam may take several hours
Barium Enema	• Pick up an EZH Colonic Prep Kit at your pharmacy 2 days prior to exam • Night before your exam: Take 4 Dulcolax or Bisacodyl tablets at 4 p.m. and drink only clear liquids • 4 hours prior to exam: Do not eat or drink
CT	• Nothing to eat for 4 hours prior to exam • Nothing to drink for 2 hours prior to exam
Mammogram	• Do not wear powder, deodorant or lotion around breasts or under arms
MRI	• Claustrophobic patients — contact your physician regarding pre-exam medication. You will need to arrange a ride home. • Abdomen and pelvis: Nothing to eat or drink for 4 hours prior to exam • Anesthesia/Sedation: Contact MRI Department for instructions
Ultrasound	**Abdomen** • Nothing to eat or drink 8 hours prior to exam **OB, Pelvis or Renal** • Start by emptying bladder 2 hours before appointment, then drink 32 ounces of water, finish 1 hour before appointment • Do not empty your bladder before your exam
Bone Densitometry	• No multi-vitamins or dietary supplements, including calcium, day of exam
Nuclear Medicine	• Nothing to eat or drink 8 hours prior to exam for: – Myocardial perfusion – Thyroid uptake and scan – PET/CT – Gastric emptying – HIDA scan • HIDA scan: No opiates or narcotics 6 hours prior to exam • Myocardial Perfusion: No caffeine 12 hours prior to exam

Note: Legacy Imaging does not provide childcare. Please make appropriate arrangements.

Locations

Legacy Emanuel Medical Center
2801 N. Gantenbein Ave., Portland, OR 97227

Legacy Good Samaritan Medical Center
1015 N.W. 22nd Ave., Portland, OR 97210

Legacy Meridian Park Medical Center
19300 S.W. 65th Ave., Tualatin, OR 97062

Legacy Meridian Park Medical Center
Medical Plaza Office Building 2, Suite 165
19260 S.W. 65th Ave., Tualatin, OR 97062

Legacy Mount Hood Medical Center
24800 S.E. Stark St., Gresham, OR 97030

Legacy Mount Hood Medical Center
Medical Office Building 3, Suite 100
24988 S.E. Stark St., Gresham, OR 97030

Legacy Salmon Creek Medical Center
2211 N.E. 139th St., Vancouver, WA 98686

Legacy Salmon Creek Medical Center
Medical Office Building, Suite 150
2101 NE 139th St., Vancouver, WA 98686

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