

Please fill out completely and legibly **CALL TO SCHEDULE STUDY 206-598-7200****FAX ORDER TO: 206-598-7690****AAA Clinical Research UWMC RADIOLOGY**

Subject Name and Birthdate: _____

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

Subject MRN: _____

ORDER STATION 799 (RESEARCH)**CIRCLE EXAM(S) DESIRED: CT MRI FLUORO RADIOLOGY ULTRASOUND INTERVENTIONAL NUCLEAR MEDICINE**
 OUT PATIENT CLINIC _____
 IN-PATIENT UNIT _____

Today's Date: _____

 To be scheduled on:
 Date: _____

 Location:
 UWMC Main
 Roosevelt Clinic
 Clinic to call to schedule
 Patient will call to schedule
 Radiology to call patient to schedule

 Interpreter Language _____
EXAM REQUESTED: SPECIFIC ANATOMICAL AREA OF INTEREST**COMPARISON IMAGING STUDIES:**
(type, where and when)**REASON FOR EXAM:** SPECIFIC SIGNS/SYMPTOMS, RELEVANT HISTORY, AND PRIOR EXAMS**PLEASE PRINT ORDERING MD/PRACTIONER (FIRST / LAST NAME REQUIRED)** _____**ORDERING MD/PRACTIONER SIGNATURE** _____ **NPI#** _____ **BEEPER#** _____**FOR QUESTIONS REGARDING STUDY REQUEST, PLEASE CONTACT: NAME:** _____ **PHONE:** _____**PRECAUTIONS:** (Please mark all that apply)**PREGNANT** **YES** **NO** **ALLERGIES** _____ **WEIGHT** _____ **Creatinine** _____Contrast/Iodine Allergy Yes NoAbnormal Renal Function Yes NoDiabetes Yes NoDialysis Yes NoHistory of Renal Compromise Yes No**COMPLETE FOR MRI:**Cardiac Pacemaker Yes NoNeuro Stimulator Yes NoAneurysm Clips Yes NoMetal Worker Yes NoCochlear Implant Yes NoSedation needed Yes No (If sedation is needed, please call MRI 598-4862 to coordinate)**COMPLETE FOR ULTRASOUND:** Pregnant

Gravida _____

EDC _____ by LMP of _____

Prev US on _____ at _____ weeks

PT.NO

NAME

DOB

UW MedicineHarborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington**OUTPATIENT UWMC RADIOLOGY REQUEST****DO NOT SCAN OR FILE
INTO MEDICAL RECORD**

UH2431 REV SEPT 07