OUTPATIENT UWMC RADIOLOGY REQUEST ORDER: Please fill out completely and write legibly.

Please FAX to: (206) 598-7690 **Scheduling office phone number: (206) 598-7200**

CIRCLE EXAM(S) DESIRED: **CT MRI FLOURO RADIOLOGY ULTRASOUND INTERVENTIONAL NUCLEAR MEDICINE**

CLINIC_____

☐ **ROUTINE**

☐ **TODAY**

* Please contact us to schedule exams less than 24 hours. Certain exams at Roosevelt Radiology can be walk-in.

Today's Date:

Preferred Location:

☐ **UWMC Main**

☐ **Roosevelt Clinic**

☐ To be scheduled on: Date:_____

☐ 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* ATTENDING PHYSICIAN (FIRST / LAST NAME REQUIRED)_____

PLEASE *PRINT* ORDERING MD (FIRST / LAST NAME REQUIRED)_____

ORDERING MD *SIGNATURE*_____ **MED STAFF ID#**_____ **BEEPER#**_____

FOR QUESTIONS REGARDING EXAM REQUEST, PLEASE CONTACT: NAME:_____ **PHONE:**_____

PRECAUTIONS: (Please mark all that apply)

PREGNANT ☐ **YES** ☐ **NO**

☐ **ALLERGIES**_____

☐ **WEIGHT**_____

☐ **Creatinine**_____

Contrast/Iodine Allergy	☐ Yes	☐ No
Abnormal Renal Function	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Dialysis	☐ Yes	☐ No
History of Renal Compromise	☐ Yes	☐ No

COMPLETE FOR MRI:

Cardiac Pacemaker	☐ Yes	☐ No
Neuro Stimulator	☐ Yes	☐ No
Aneurysm Clips	☐ Yes	☐ No
Metal Worker	☐ Yes	☐ No
Cochlear Implant	☐ Yes	☐ No
Sedation 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

PHYSICIAN SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME

PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine

Harborview Medical Center – UW Medical Center

University of Washington Physicians

Seattle, Washington

OUTPT UWMC RADIOLOGY REQUEST ORDER

U2431

UH2431 REV DEC 07

WHITE – MEDICAL RECORD

CANARY – PROCEDURE AREA

PINK – CLINIC

PHYSICIAN ORDER – **YELLOW**