### CPT Code

#### REASON FOR EXAM

- **Knee L R**
  - Lower Extremity Non-Joint (specify)
  - Arthrogram _____________ L R
  - Ankle L R
    - R  Lp i H
  - With and Without Contrast
  - Without Contrast

- **Upper Extremity Non-Joint (specify)**
  - Wrist L R
  - Elbow L R
  - Shoulder L R
  - Cervical Spine
  - Soft Tissue Neck
  - Pelvis
  - Arthrogram _____________ L R
  - Other (specify) _____________

- **Lower Extremity Non-Joint (specify)**
  - Hip L R
  - Knee L R
  - Ankle L R
  - Arthrogram _____________ L R
  - Without Contrast
  - With and Without Contrast

### MRI

- **Brain**
- **MRA Brain**
- **MRA Neck**
- **Soft Tissue Neck**
- **Cervical Spine**
- **Other (specify)**

### Radiology

- **Eosophagogram**
- **Upper G.I.**
- **Small Bowel Follow Through**
- **Barium Enema**
- **Chest X-Ray (PA/lateral)**
- **Ribs**
- **Shoulder**
- **Humerus**
- **Elbow**
- **Forearm**
- **Wrist**
- **Hand**
- **Finger**
- **Cervical Spine**
- **Thoracic Spine**
- **Lumbar Spine**
- **Abdomen Supine**
- **Abdomen Supine & Upright**
- **Pelvis**
- **Femur**
- **Hip (includes pelvis)**
- **Knee**
- **Tibia/Fibula**
- **Ankle**
- **Foot**
- **Toe**
- **Other (specify)**

### Nuclear Medicine

- **Cardiac**
- **Myocardial Perfusion Imaging**
- **Patient’s Weight**
- **Height**
- **Treadmill**
- **Pharmacological Stress**
- **MUGA**
- **Bone Scan**
  - Whole Body
  - SPECT
  - Multiple Area
  - PET/CT
  - Skull base to mid thigh (oncology)
  - Whole Body
  - Brain
  - Cardiac Viability
  - Thyroid
  - Uptake / Scan
  - Whole Body
  - Therapy
  - Hepatobiliary
  - with EF
  - without EF
  - Gastric Emptying
  - Solid
  - Liquid
  - Solid and Liquid
  - Sentinel Node
  - Breast L R
  - Melanoma
  - Renal
  - Baseline
  - Lasix
  - ACE Inhibitor
  - Other (specify)

### Breast Imaging

- **Screening Mammogram** (no signs or symptoms)
- **Diagnostic Mammogram**
- **Ultrasound if indicated**
- **Breast Ultrasound**
- **Diagnostic Mammogram if indicated**
- **Axilla**
- **Breast MRI**
- **BSGI (Nuc Med)**
- **Localization**
- **Seed**
- **Wire**
- **Mammography**
- **Ultrasound**
- **MRI**
- **Biopsy**
- **Mammography**
- **Ultrasound**
- **MRI**
- **Cyst Cystopraphy**
- **Other**
- **Additional breast imaging indicated by the radiologist, including biopsy.**

### Additional Comments

- **Interventional Radiology**

### Bone Densitometry (DEXA)

- **DEXA Routine Screening**
- **DEXA Routine Screening with appendicular skeleton (forearm)**
- **DEXA Routine Screening with Vertebral Fracture Assessment**
- **DEXA Appendicular Skeleton ONLY (forearm)**

**Note:** All exams may not be available at all locations. Please follow the exam preparations on the back of this form.
<table>
<thead>
<tr>
<th>Department</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providence Portland Medical Center</td>
<td>4805 N.E. Glisan St.</td>
<td>503-215-6079</td>
<td>503-215-6862</td>
</tr>
<tr>
<td>Providence St. Vincent Medical Center</td>
<td>9205 S.W. Barnes Road</td>
<td>503-215-2167</td>
<td>503-215-6168</td>
</tr>
<tr>
<td>Center for Medical Imaging</td>
<td>10810 NE Cornell Road, Suite 100</td>
<td>503-215-8403</td>
<td>503-215-8410</td>
</tr>
<tr>
<td>Providence South East Diagnostic Imaging</td>
<td>10538 S.E. Washington Street</td>
<td>503-215-8900</td>
<td>503-215-8920</td>
</tr>
<tr>
<td>Center for Medical Imaging</td>
<td>18040 SW Lower Boones Ferry Road, Suite 106</td>
<td>503-215-0665</td>
<td>503-215-0670</td>
</tr>
<tr>
<td>Providence Milwaukee Hospital</td>
<td>10150 S.E. 32nd Ave.</td>
<td>503-513-8350</td>
<td>503-513-8309</td>
</tr>
<tr>
<td>Providence Newberg Medical Center</td>
<td>1001 Providence Drive</td>
<td>503-537-1780</td>
<td>503-537-1682</td>
</tr>
<tr>
<td>Providence Willamette Falls Medical Center</td>
<td>1500 Division Street</td>
<td>503-650-6300</td>
<td>971-712-2123</td>
</tr>
<tr>
<td>Providence Seaside Hospital</td>
<td>725 South Wahanna Road</td>
<td>503-717-7556</td>
<td>503-717-7589</td>
</tr>
<tr>
<td>Providence Canby Health Center</td>
<td>200 S. Hazel Dell Way</td>
<td>503-650-6300</td>
<td>971-712-2123</td>
</tr>
<tr>
<td>Providence Hood River Memorial Hospital</td>
<td>810 12th Street</td>
<td>541-387-6328</td>
<td>541-387-6410</td>
</tr>
<tr>
<td>Providence Medford Medical Center</td>
<td>1111 Crater Lake Avenue</td>
<td>541-732-5082</td>
<td>541-732-6865</td>
</tr>
</tbody>
</table>

**Upper G.I. / Small Bowel Series**
- Nothing to eat or drink for 12 hours prior to examination.
- Please note Upper G.I. may take 1 hour, small bowel exam may take several hours.

**Barium Enema**
- To obtain preparation instructions, please log on to [www.providence.org/diagnosticimaging](http://www.providence.org/diagnosticimaging)
- Click on Forms and Information
- Select Barium Enema Bowel Prep Instructions
- OR
- Call the Providence Diagnostic Imaging Department (see listings above) and request the preparation instructions be sent to you via FAX, e-mail or U.S. mail.

**CT Colonoscopy**
- To obtain preparation instructions, please log on to [www.providence.org/diagnosticimaging](http://www.providence.org/diagnosticimaging)
- Click on Forms and Information
- Select CT Colonoscopy Bowel Prep Instructions
- OR
- Call the Providence Diagnostic Imaging Department (see listings above) and request the preparation instructions be sent to you via FAX, e-mail or U.S. mail.

**Mammogram**
- Do not wear powder, deodorant or lotion around breasts or underarms.
- Diagnostic exams may include Breast Ultrasound, which may take several hours to complete.

**MRI**
- Please bring prior MRI, CT or X-ray images.
- Claustrophobic patients – Please consult your physician.

**Ultrasound**
- Abdomen
  - Nothing to eat or drink 6 hours prior to exam.
- OB or Pelvis
  - 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 calcium supplements 24 hours prior to exam.

**Nuclear Medicine**
- Please call the department for instructions.
  - Providence Willamette Falls Medical Center (PWFMC) 503-657-6943
  - Providence Portland Medical Center (PPMC) 503-215-6196
  - Providence Saint Vincent Medical Center (PHRMH) 503-387-6328
  - Providence Suburban Medical Center (PSVMC) 503-216-2619
  - Providence Newberg Medical Center (PMHC) 503-513-8350
  - Providence Hood River Memorial Hospital (PNMC) 503-537-1780

**Note:** The Department of Diagnostic Imaging does not provide childcare. Please make appropriate arrangements.