

PATIENT LEGAL NAME		DATE OF BIRTH		PATIENT PHONE	
INSURANCE NAME		MEMBER / POLICY / ID #		PRE-AUTHORIZATION #	
PHYSICIAN NAME		PHYSICIAN SIGNATURE	DATE	TIME	PHYSICIAN TELEPHONE
CPT CODE		ICD 10			
DECISION SUPPORT	VENDOR (G CODE)	ADHERENCE CODE (M MODIFIER)	ID	SCORE	

REASON FOR EXAM

Direct Physician Contact Number (pager, cell, etc.): \_\_\_\_\_ Physician Fax Number: \_\_\_\_\_

- Report and CD       Routine       Urgent  
 Patient return to clinic       Call results       Call results  
 Fax results (please indicate fax #)       Fax results (please indicate fax #)

- MRI**
- Brain       Thoracic Spine  
 MRA Brain       Lumbar Spine  
 MRA Neck       Abdomen  
 Soft Tissue Neck       MRA Abdomen  
 Cervical Spine       Pelvis  
 Other (specify) \_\_\_\_\_  
 Shoulder      L      R  
 Elbow      L      R  
 Wrist      L      R  
 Upper Extremity Non-Joint (specify) \_\_\_\_\_  
 Hip      L      R  
 Knee      L      R  
 Ankle      L      R  
 Arthrogram \_\_\_\_\_ L      R  
 Lower Extremity Non-Joint (specify) \_\_\_\_\_  
 Without Contrast  
 With and Without Contrast

- CT**
- Brain       Chest  
 Sinus       Abdomen  
 Soft Tissue Neck       Pelvis  
 Cervical Spine       Abdomen/Pelvis  
 Thoracic Spine       Chest/Abdomen/Pelvis  
 Lumbar Spine       Add 3D Images  
 Urogram  
 Renal Stone  
 Angio \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

- Ultrasound**
- Abdomen       Limited (hernia)  
 Complete       Right Upper Quadrant  
 Aorta only       Appendix  
 Renal  
 Pelvis with transvaginal  
 Pelvis without transvaginal  
 OB:  > 14 weeks       < 14 weeks  
 Scrotal  
 Thyroid       Lymph node mapping  
 Other (specify) \_\_\_\_\_

- Bone Densitometry (DEXA)**
- DEXA Routine Screening (to include forearm if needed)  
 DEXA Routine Screening with Appendicular Skeleton (forearm)  
 DEXA Routine Screening with Vertebral Fracture Assessment  
 DEXA Appendicular Skeleton ONLY (forearm)

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

**Additional Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interventional Radiology**

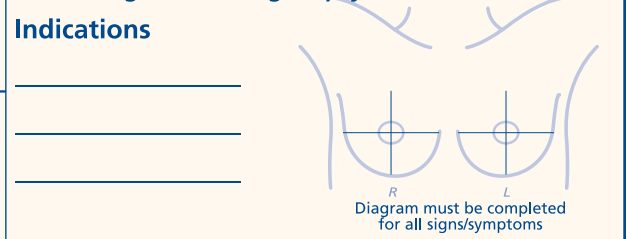
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\_\_\_\_\_

\_\_\_\_\_

- 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  
 Area \_\_\_\_\_  
 Renal       Baseline       Lasix       ACE Inhibitor  
 Other (specify) \_\_\_\_\_

- Breast Imaging**
- Screening Mammogram (no signs or symptoms)  
 Diagnostic Mammogram      L      R  
 Ultrasound if indicated  
 Breast Ultrasound      L      R  
 Diagnostic Mammogram if indicated  
 Axilla      L      R  
 Breast MRI      L      R  
 BSGI (Nuc Med)      L      R  
 Localization       Seed       Wire      L      R  
 Mammography  
 Ultrasound  
 MRI  
 US Axillary Lymph Node  
 Biopsy      L      R  
 Mammography  
 Ultrasound  
 MRI  
 Cyst Aspiration      L      R  
 Other \_\_\_\_\_  
 **Additional breast imaging indicated by the radiologist, including biopsy.**



**Note: All exams may not be available at all locations. Please follow the exam preparations on the back of this form.**

<b>Providence Portland Medical Center</b> <b>Safeway Foundation Breast Center</b> 4805 N.E. Glisan St.   Portland, OR 97213 Phone: 503-215-6079   Fax: 503-215-6862	<b>Providence St. Vincent Medical Center</b> <b>Ruth J. Spear Breast Center</b> 9205 S.W. Barnes Road   Portland, OR 97225 Phone: 503-216-2167   Fax: 503-216-2168
<b>Providence Professional Plaza</b> 5050 N.E. Hoyt St., Suite 117   Portland, OR 97213 Phone: 503-215-6079   Fax: 503-215-6862	<b>Center for Medical Imaging</b> <b>Providence Tanasbourne Health Center</b> 10810 NE Cornell Road, Suite 100   Hillsboro, OR 97124 Phone: 503-216-8403   Fax: 503-216-8410
<b>Providence South East Diagnostic Imaging</b> 10538 S.E. Washington Street   Portland, OR 97216 Phone: 503-215-8900   Fax: 503-215-8920	<b>Center for Medical Imaging</b> <b>Providence Bridgeport Health Center</b> 18040 SW Lower Boones Ferry Road, Suite 106   Tigard, OR 97224 Phone: 503-216-0665   Fax: 503-216-0670
<b>Providence Milwaukie Hospital</b> 10150 S.E. 32nd Ave.   Milwaukie, OR 97222 Phone: 503-513-8350   Fax: 503-513-8309	<b>Providence Newberg Medical Center</b> 1001 Providence Drive   Newberg, OR 97132 Phone: 503-537-1780   Fax: 503-537-1682
<b>Providence Willamette Falls Medical Center</b> 1500 Division Street   Oregon City, OR 97045 Phone: 503-650-6300   Fax: 971-712-2123	<b>Providence Seaside Hospital</b> 725 South Wahanna Road   Seaside, OR 97138 Phone: 503-717-7556   Fax: 503-717-7589
<b>Providence Canby Health Center</b> 200 S. Hazel Dell Way   Canby, OR 97013-7829 Phone: 503-650-6300   Fax: 971-712-2123	<b>Providence Hood River Memorial Hospital</b> 810 12th Street   Hood River, OR 97031 Phone: 541-387-6328   Fax: 541-387-6410

**Providence Medford Medical Center**  
**Leila J. Eisenstein Breast Center**

1111 Crater Lake Avenue | Medford, OR 97504  
Phone: 541-732-5082 | Fax: 971-712-2157

[www.providence.org/diagnosticimaging](http://www.providence.org/diagnosticimaging)

**Preparations – Please follow carefully. Call the department with any questions.**  
**(Small amount of water and oral medications permitted.)**  
**Please leave all jewelry and other valuables at home.**

<b>Upper G.I. / Small Bowel Series</b>	<ul style="list-style-type: none"> <li>▪ Nothing to eat or drink for 12 hours prior to examination.</li> <li>▪ Please note Upper GI may take 1 hour, small bowel exam may take several hours.</li> </ul>														
<b>Barium Enema</b>	<ul style="list-style-type: none"> <li>▪ To obtain preparation instructions, please log on to <a href="http://www.providence.org/diagnosticimaging">www.providence.org/diagnosticimaging</a> <ul style="list-style-type: none"> <li>▪ Click on Forms and Information</li> <li>▪ Select Barium Enema Bowel Prep Instructions</li> </ul> </li> <li><b>OR</b></li> <li>▪ 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.</li> </ul>														
<b>CT Colonoscopy</b>	<ul style="list-style-type: none"> <li>▪ To obtain preparation instructions, please log on to <a href="http://www.providence.org/diagnosticimaging">www.providence.org/diagnosticimaging</a> <ul style="list-style-type: none"> <li>▪ Click on Forms and Information</li> <li>▪ Select CT Colonoscopy Bowel Prep Instructions</li> </ul> </li> <li><b>OR</b></li> <li>▪ 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.</li> </ul>														
<b>Mammogram</b>	<ul style="list-style-type: none"> <li>▪ Do not wear powder, deodorant or lotion around breasts or underarms.</li> <li>▪ Diagnostic exams may include Breast Ultrasound, which may take several hours to complete.</li> </ul>														
<b>MRI</b>	<ul style="list-style-type: none"> <li>▪ Please bring prior MRI, CT or X-Ray images.</li> <li>▪ Claustrophobic patients – Please consult your physician.</li> </ul>														
<b>Ultrasound</b>	<p><b>Abdomen</b></p> <ul style="list-style-type: none"> <li>▪ Nothing to eat or drink 6 hours prior to exam.</li> </ul> <p><b>OB or Pelvis</b></p> <ul style="list-style-type: none"> <li>▪ Start by emptying bladder 2 hours before appointment, then drink 32 ounces of water, finish 1 hour before appointment.</li> <li>▪ Do not empty your bladder before your exam.</li> </ul>														
<b>Bone Densitometry</b>	<ul style="list-style-type: none"> <li>▪ No calcium supplements 24 hours prior to exam.</li> </ul>														
<b>Nuclear Medicine</b>	<ul style="list-style-type: none"> <li>▪ Please call the department for instructions.</li> </ul> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>PWPMC</b> .....</td> <td>503-657-6943</td> </tr> <tr> <td><b>PPMC</b> .....</td> <td>503-215-6196</td> </tr> <tr> <td><b>PSVMC</b> .....</td> <td>503-216-2619</td> </tr> <tr> <td><b>PMH</b> .....</td> <td>503-513-8350</td> </tr> <tr> <td><b>PWRMH</b> .....</td> <td>503-387-6328</td> </tr> <tr> <td><b>PMMC</b> .....</td> <td>541-732-6601</td> </tr> <tr> <td><b>PNMC</b> .....</td> <td>503-537-1780</td> </tr> </table>	<b>PWPMC</b> .....	503-657-6943	<b>PPMC</b> .....	503-215-6196	<b>PSVMC</b> .....	503-216-2619	<b>PMH</b> .....	503-513-8350	<b>PWRMH</b> .....	503-387-6328	<b>PMMC</b> .....	541-732-6601	<b>PNMC</b> .....	503-537-1780
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**Note: The Department of Diagnostic Imaging does not provide childcare. Please make appropriate arrangements.**