

**DOWNTIME UWMC INPATIENT RADIOLOGY REQUEST ORDER**Phone: **Montlake** 206-598-6200 **Northwest** 206-668-1744Please **FAX** order to: **Montlake** 206- 598-7690 **Northwest** 206-668-1398**Please fill out completely and write legibly.****CIRCLE EXAM(S) DESIRED:** CT MRI FLUORO RADIOLOGY ULTRASOUND INTERVENTIONAL NUCLEAR MEDICINE

Patient Name \_\_\_\_\_

Today's Date: \_\_\_\_\_ &amp; Time: \_\_\_\_\_

☐ To be performed on:

Date: \_\_\_\_\_

Campus: ML / NW (circle one)

☐ **TODAY** ☐ **STAT** (less than 30 minutes)☐ **Interpreter Language:**

Unit \_\_\_\_\_

☐ **ASAP** (within 1 hour)☐ **URGENT** (within 4 hrs)

Room Number \_\_\_\_\_

☐ Portable ☐ Walk ☐ Wheelchair ☐ Stretcher ☐ BedRisk of Fall Yes ☐ No ☐**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#** \_\_\_\_\_**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_**FOR QUESTIONS REGARDING EXAM REQUEST, PLEASE CONTACT: NAME:****PHONE:****PRECAUTIONS:** (Please mark all that apply)**PREGNANT** ☐ **YES** ☐ **NO**

Contrast/Iodine Allergy

☐ Yes☐ No

Abnormal Renal Function

☐ Yes☐ No☐ **ALLERGIES** \_\_\_\_\_

Diabetes

☐ Yes☐ No☐ **WEIGHT** \_\_\_\_\_

Dialysis

☐ Yes☐ No☐ **Creatinine** \_\_\_\_\_

History 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)☒ **MRI Screening protocol for any patient unable to complete MRI Safety Screening Form****COMPLETE FOR ULTRASOUND:**☐ Pregnant

Gravida \_\_\_\_\_

EDC \_\_\_\_\_ by LMP of \_\_\_\_\_

Prev US on \_\_\_\_\_ at \_\_\_\_\_ weeks

PLACE PATIENT LABEL HERE

**UW Medicine**

Harborview Medical Center – University of Washington Medical Center

UW Neighborhood Clinics – Valley Medical Center

University of Washington Physicians Seattle, Washington

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