

<b>REPORTING INSTRUCTIONS (REQUIRED):</b>		<b>TODAY'S DATE (REQUIRED):</b>	
FAX REPORT TO: ( ) -		STAT FAX REPORT TO: ( ) -	
PATIENT LAST NAME (REQUIRED)		FIRST	M
		DATE OF BIRTH (REQUIRED)	
		/ /	
PATIENT MAIN PHONE (REQUIRED)		ALTERNATE PHONE	
( ) -		( ) -	
		SEX (REQUIRED)	
		MALE FEMALE	
		PREGNANT? (REQUIRED)	
		YES NO	
ORDERING CLINICIAN (REQUIRED)		PHONE	
( ) -		( ) -	
		FAX	
		( ) -	
		CLINICIAN SIGNATURE (REQUIRED-NO STAMPS)	

**CT**

Contrast at Radiologist Discretion  
 IV Contrast No IV Contrast  
 Creatinine may be drawn per radiologist's protocol

Head Spine (Specify Area)  
 Sinus \_\_\_\_\_  
 Temporal Bone (IAC) \_\_\_\_\_  
 Facial bones Extremity (Specify)  
 Neck \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 Pelvis Other \_\_\_\_\_  
 Abdomen/Pelvis \_\_\_\_\_

**CT Angio**

CTA Brain (Circle of Willis)  
 CTA Carotid  
 CTA Abdomen/Pelvis (Triple AAA)  
 CTA Pulmonary Angio  
 CTA Chest (Thoracic Aorta)  
 CTA Renal Angio  
 Other \_\_\_\_\_

CLINICAL TERMS/HISTORY/SYMPTOMS: INCLUDE SPECIFICITY REQUIREMENTS, I.E. LATERALITY, LOCATION, UNDERLYING DISEASE, ETC. THAT SUPPORT ICD-10 CODES (REQUIRED):	ICD-10 CODES THAT SUPPORT CLINICAL TERMS/HISTORY/SYMPTOMS (REQUIRED):

**MRI**

Contrast at Radiologist Discretion  
 No IV Contrast With & Without IV Contrast  
 Creatinine may be drawn per radiologist's protocol

**Neurologic/Spine**

Brain  
 Brain Perfusion  
 Brain/IAC  
 Brain/Seizure  
 Brain/Pituitary  
 Brain/Orbit  
 Brain/Facial Nerve  
 Soft Tissue Neck  
 Cervical Spine  
 Thoracic Spine  
 Lumbar Spine  
 Other \_\_\_\_\_

**Musculoskeletal**

Shoulder	RT	LT
Elbow	RT	LT
Wrist	RT	LT
Hand	RT	LT
Knee	RT	LT
Ankle	RT	LT
Pelvis (Bony)		
Extremity other		

**Body**

Dynamic Liver  
 MRCP  
 Dynamic Liver/MRCP  
 Dynamic Abdomen (Pancreas)  
 Dynamic Abdomen (Kidney)  
 Enterography  
 Pelvis (Female)  
 Pelvis (Rectal CA)  
 Pelvis (Anal Canal Fistula)  
 Body other \_\_\_\_\_

**MR Angio**

MRA Brain (Circle of Willis)  
 MRV Brain  
 MRA Carotid  
 MRA Renal  
 MRA Mesenteric

**DIGITAL X-RAY**

Chest PA/Lat  
 Chest PA  
 Ribs  
 KUB  
 Skull  
 Sinus Series  
 Facial Bones  
 Abdomen (Flat/Erect)  
 Other \_\_\_\_\_

<b>Extremity</b>	# Views	RT	LT
Hand	_____		
Finger	_____		
Wrist	_____		
Forearm	_____		
Elbow	_____		
Humerus	_____		
Shoulder	_____		
Knee	_____		
Foot	_____		
Toes	_____		
Ankle	_____		

**Spine**

C-Spine (2 V) Flexion/Extension  
 C-Spine (3 V) AP/LAT  
 C-Spine (5 V) AP/LAT/Obliques  
 C-Spine (7) AP/LAT/Obliques  
 T-Spine (3) AP/LAT  
 L-Spine (3 V) AP/LAT  
 L-Spine (5 V) AP/LAT/Obliques  
 L-Spine (7 V) AP/LAT/Obliques  
 L-Spine (2) Flexion/Extension  
 Sacrum (2 V)  
 Other \_\_\_\_\_

Standing Exam	Yes	No
Tib-Fib	_____	
Femur	_____	
Hip	_____	
Pelvis	_____	
Other	_____	

**ULTRASOUND**

Abdomen	Thyroid
Abdomen with Elastography	Soft Tissue Lump (Neck)
Liver/Hepatoma Screen	Extremity Non-Vascular
RUQ	Carotid
Renal	DVT
Pelvic	Other _____
OB	_____
Scrotum	_____

**CT SCAN PREP INSTRUCTIONS – PLEASE HAND THESE INSTRUCTIONS TO THE PATIENT**

*If you are Diabetic, eat a light breakfast 3 hours prior to your exam.*

*You may also take your daily medications with a small amount of water.*

*Non-Diabetic Patients: For four hours before your appointment, please do not eat or drink anything except for the following:*

**CT Abdomen (Pancreas/Liver/Kidney)**

On the day of your exam, begin drinking 1 quart of water 1 hour before your appointment time. You should finish the water just when the exam is scheduled to begin. You do not need to hold your bladder.

**CT Abdomen/Pelvis:**

On the day of your exam, begin drinking 2 quarts of water 2 hours before your appointment time. You should finish the water just when the exam is scheduled to begin. You do not need to hold your bladder.

**CT Renal Colic (KUB):**

On the day of your exam, begin drinking 1 quart of water 1 hour before your appointment time. You should finish the water just when the exam is scheduled to begin. Hold bladder last half hour prior to CT scan.

**CT Urogram:**

On the day of your exam, begin drinking 1 quart of water 1 hour before your appointment time. You should finish the water just when the exam is scheduled to begin. You do not need to hold your bladder.

**CT Enterography:**

On the day of your exam, do not eat or drink anything 4 hours before your CT appointment time.

Upon arrival you will be asked to drink a special oral contrast that allows us to see the digestive system. Your exam will start approximately 2 hours after you start drinking the oral contrast. Please arrive with any necessary pain/nausea medication as needed.

**MRI EXAM PREP INSTRUCTIONS – PLEASE HAND THESE INSTRUCTIONS TO THE PATIENT**

*If you are Diabetic, eat a light breakfast 3 hours prior to your exam.*

*You may also take your daily medications with a small amount of water.*

*Non-Diabetic Patients: For four hours before your appointment, please do not eat or drink anything except for the following:*

**MRI Dynamic Liver, MRCP, MRI ABD, MRI PELVIS:**

On the day of your exam, do not eat or drink anything 4 hours before your appointment time.

**MR Enterography:**

On the day of your exam, do not eat or drink anything 4 hours before your MRI exam.

Upon arrival you will be asked to drink a special oral contrast that allows us to see the digestive system. Your exam will start approximately 2 hours after you start drinking the oral contrast. Please arrive with any necessary pain/nausea medication as needed.

**ULTRASOUND PREP INSTRUCTIONS – PLEASE HAND THESE INSTRUCTIONS TO THE PATIENT**

*If you are Diabetic, if needed any time prior to your exam, you may have a light snack consisting of clear non-carbonated beverages (such as clear tea, apple juice, or water) and/or regular Jell-O. Please do not eat any butter, dairy or fatty foods.*

**Ultrasound Abdomen Elastography**

Nothing by mouth 8 hours prior and no alcohol 12 hours prior to exam.

**Ultrasound of Abdomen**

Nothing by mouth 8 hours prior to exam.

**Ultrasound Mesenteric Doppler**

Nothing by mouth 12 hours prior to exam. Take Mylanta gas tablets or Gas-X two days prior as directed on label.

**Ultrasound Renal (Kidney)**

MUST drink 32 ounces of water or clear liquid 1 hour prior to exam. Do not empty bladder.

**Ultrasound Pelvis/OB with or w/o Transvaginal:**

MUST drink 32 ounces of water 1 hour prior to exam. Do not empty bladder.

**Ultrasound Liver/Hepatoma**

No Prep required

**Our Location**

**DIAGNOSTIC IMAGING**

1111 NE 99th Avenue  
Portland, OR 97220

Phone: (503) 963-2990  
Fax: (503) 963-2982

**M–F 7:30AM–5:00PM**

**From 1-205 North or Southbound**

- Take Glisan Street exit
- Head east
- Turn left at 99th

**From 1-84 Eastbound**

- Take Exit 7
- Turn right just after The Oregon Clinic sign

**From 1-84 Westbound**

- Take Exit 9 for 205 South to Salem
- From 205 South, take Exit 21A for Glisan Street
- Continue east to 99th Ave
- Head north on 99th Ave to The Oregon Clinic

