

REPORTING INSTRUCTIONS (REQUIRED):		TODAY'S DATE (REQUIRED):	
FAX REPORT TO: () -		STAT FAX REPORT TO: () -	
PATIENT LAST NAME (REQUIRED)		FIRST	M
PHONE () -		ALTERNATE PHONE () -	
SEX (REQUIRED)		PREGNANT? (REQUIRED)	
MALE FEMALE		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 _____

Extremity # 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
 Abdomen with Elastography
 Liver/Hepatoma Screen
 RUQ
 Renal
 Pelvic
 OB
 Scrotum

Thyroid
 Soft Tissue Lump (Neck)
 Extremity Non-Vascular
 Carotid
 DVT
 Other _____

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

