

Patient: _____ D.O.B. _____
 Primary Phone: _____ Secondary Phone: _____
 Is the exam related to an MVA or Work Injury? Yes No Claim # _____ Date of Injury: _____
 Insurance: _____ Insurance ID: _____ Auth #: _____

Printed Name of Physician: _____ Phone: _____
 Provider Signature (No Stamps): _____

ICD-10: _____
 Written Diagnosis or Reason for Exam (s): _____

MRI

Area of Body: _____
 Laterality: Right Left Bilateral Contrast: WO WO & W Arthrogram
 MRA Contrast as clinically indicated by radiologist

CT

Area of Body: _____
 Laterality: Right Left Bilateral Contrast: WO W WO & W Arthrogram
 Contrast as clinically indicated by radiologist
 CTA 3D recons as clinically indicated by radiologist No 3D Recons

X-RAY

Area of Body: _____
 Laterality: Right Left Bilateral

Lab Results: Creatinine: _____ Date Drawn: _____ Location Performed: _____

Reporting Method: _____ Call Report to: _____
 Routine Stat Read & Call Patient to take CD Fax Report to: _____
 Providers can view images and reports on the Community PACS (Picture Archiving System) or you may call or fax our office.

Western Washington Medical Group is known for high-quality care with your best interest in mind. Our highly-skilled technologists will do their best to make you feel comfortable during your time with us. The goal of the Imaging Center is to provide personalized, caring and professional service while delivering accurate and high-quality results.