



Patient: _____ D.O.B. _____

Primary Phone: _____ Secondary Phone: _____

Is the exam related to an MVA or Work Injury? Yes ☐ No ☐ Claim # _____ Date of Injury: _____

Please attach patient demographics and insurance card.

Printed Name of Physician: _____ Phone: _____

Provider Signature (No Stamps): _____ Fax: _____

ICD-10:

Written Diagnosis or Reason for Exam(s): _____

MRI

Area of Body: _____

Laterality: Right ☐ Left ☐ Bilateral ☐

Contrast: WO ☐ WO & W ☐

MRA ☐

Contrast as clinically indicated by radiologist ☐

CT

Area of Body: _____

Laterality: Right ☐ Left ☐ Bilateral ☐

Contrast: WO ☐ W ☐ WO & W ☐

Contrast as clinically indicated by radiologist ☐

CTA ☐

3D recons as clinically indicated by radiologist ☐

No 3D Recons ☐

X-RAY

Area(s) of Body: _____

Laterality: Right ☐ Left ☐ Bilateral ☐

Walk in X-Rays Available: M, W, Th 8-3:15, F 8-2:15

US

Area(s) of Body: _____

Doppler if indicated ☐ Transvaginal if indicated ☐

Laterality: Right ☐ Left ☐ Bilateral ☐

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

Reporting Method:

Routine ☐ Stat ☐

Patient to take CD ☐

Radiologist cannot change order ☐

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.