

Kootenai Outpatient Imaging - Scheduling / Orders

Phone: 208.625.6300 Fax: 208.625.6301

Order date: _____

Check in Time: _____ am pm

Appointment date: _____ Time: _____ am pm

Insurance authorization #: _____ Scheduled by: _____ Taken by: _____

Patient name (print): _____ Birthdate: _____

Primary phone: _____ Secondary phone: _____

Previous related studies: Where performed? Kootenai Health Other (please specify): _____

Ordering/Referring Provider name (print): _____ CC Provider(s): _____

Provider Signature: _____ Date: _____

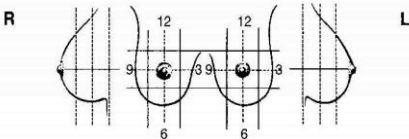
Report:
 Fax Report
 Immediate Fax Report

PATIENT INSTRUCTIONS
 1. Please follow preparation instructions on reverse side.
 2. Please refrain from wearing perfumes and scented lotions.
 3. Remember to verify insurance coverage for services to be rendered.

Exam Requested

Exam Requested

X-Ray (Non-Scheduled Studies)
 Abdomen
 KUB (1v.)
 Flat and Upright (2v.)
 Acute Abd. Series (3v.)
 Ankle: R / L
 Chest (2v.)
 Elbow: R / L
 Femur: R / L
 Foot: R / L
 Forearm: R / L
 Hand: R / L
 Hip(s)+ Pelvis: Bilateral / R / L
 Knee: R / L
 Leg Length
 Pelvis
 Ribs: R / L
 Scoliosis Study
 Shoulder: R / L
 Spine: Cervical Thoracic
 Lumbar
 Tibia & Fibula: R / L
 Wrist: R / L
 Other: _____

Mammography (Mark Area of Interest on Diagram)
 Screening Mammogram (with breast ultrasound and/or biopsy if Indicated)
 Diagnostic Mammogram: R / L / Bilat (with breast ultrasound and/or biopsy if Indicated)
 Breast Needle Localization
 Ductogram: R / L / Bilat
 Stereotactic Breast Biopsy: R / L / Bilat

 Clock location: _____

X-Ray (Scheduled Studies)
 BE Esophagram IVP SBFT UGI Hysterosalpingogram
 Bone Survey VCUG Other _____
Arthrogram (does not include MRI imaging) Wrist R / L Shoulder R / L
Arthrogram with MRI Imaging **Myelogram w/CT**
 Shoulder: R / L (upper extremity joint with contrast) Cervical
 Wrist: R / L (upper extremity joint with contrast) Thoracic
 Hip: R / L (lower extremity joint with contrast) Lumbar

Ultrasound
 AAA - Screening
 AAA - Retroperitoneal
 Abdomen Complete (liver, gall bladder, kidneys, spleen, etc.)
 Abdomen Limited (RUQ- liver, gallbladder. Also use for pylorus.)
 Elastography (includes Abdomen Ultrasound)
 Breast / Axilla: R / L / Bilat (with biopsy if indicated)
 (Mark Area of Interest on Breast Diagram above)
 Breast Biopsy / Aspiration: R / L Location: _____
 Breast Needle Localization
 Cerebral (Head)
 Kidney / Renal / Bladder
Doppler and Duplex Scans:
 Abdomen Duplex Ltd. & Kidney / Renal
 Abdomen Duplex Ltd. (Celiac, SMA, IVC, Liver, etc.)
 Aorta / IVC / Iliac Complete
 Aorta / Iliac Ltd.
 Ankle Brachial Index (ABI)
 Segmental pressure (non-stress)
 Arterial Lower Extremity (Duplex):
 Arterial Upper Extremity (Duplex):
 Carotid Art. Doppler Bilateral
 Hemodialysis Flow Study
 Venous Lower Extremity (Duplex):
 Venous Upper Extremity (Duplex):
 Venous Mapping: Lower R / L / Bilat
 Venous Mapping: Upper R / L / Bilat
 Extremity Nonvascular: R / L
 Hysterosonogram
 Infant Hips (Bilateral Hip X-ray if needed)
 Joint Aspiration / Injection - Joint:
 OB Complete (_____ weeks)
 OB Biophysical Profile (w/o stress)
 Paracentesis
 Pelvic Ltd.
 Pelvic (w/Transvaginal if needed)
 Soft Tissue Head / Neck
 Thyroid
 Cervical Lymph Nodes
 Testicular with Doppler
 Thoracentesis: R / L
 Thyroid FNA Location: _____
 (core BX if specifically requested)
 Lymph Node BX (Location: _____)
 (FNA if specifically requested)
 Other _____

Bone Density Study (DEXA)
 DEXA (most common)

CT - Computed Tomography
CT Chest / ABD / Pelvis
 Abdomen (Diaphragm to Crest)
 Abdomen / Pelvis
 Pelvis (Crest to Perineum)
 Pelvis without (Bony Pelvis)
 IVP / Urogram (Abdomen / Pelvis With and Without IV Contrast)
 KUB (Kidney Stone)
 Chest
 Chest High Resolution (only for eval. of interstitial disease)
 Chest Screening (without contrast)
 CT Abdomen Triple Phase (Abd. w & w/o)
 CT Abdomen Triple Phase w/Pelvis (Abd. w & w/o & Pelvis with)
CT Head / Neck
 Facial Bones
 Head
 Orbital
 Parathyroid (with & without contrast)
 Pediatric Skull to R/O Craniosynostosis (with 3D recon.) (Head w/o)
 SI Joint Injection R / L
 Sinus
 Soft Tissue Neck
 Temporal / Mastoid / Ear
 Limited _____ (follow up)
 Other _____
CT Spine (w/o contrast) (includes 3D recons)
 C-Spine
 T-Spine
 L-Spine
 Globus Spine: specify level _____ (w/o contrast)
CT Extremities
 Extremity: _____ R / L
 Hip: R / L / Bilat
 Shoulder: R / L
 3D Reconstruction
CT Angio (All with & w/o IV contrast / no oral contrast)
 Angio Abdomen
 Angio Abdomen / Pelvis
 Angio Aortic Graft Protocol (stents)
 Angio Chest
 Angio Chest Gated / Pulmonary Vein
 Angio Head
 Angio Head / Neck
 Angio Neck (with IV contrast)
 Angio Pelvis
 Angio Pulmonary (to R/O PE)
 Angio Run-Off
PERFORM EXAM
 With IV Contrast
 Without IV Contrast
 Without ORAL BARIUM Contrast

Please Specify ICD-10 Code and Narrative Diagnosis:

Patient Identification - Write in or attach

patient label

Name:

MRN #:

CSN #:

DOB/Sex:



Referral Attachment

920035-010

Kootenai Outpatient Imaging - Scheduling / Orders

Appointment Information - Appointment or Exam Preparation Questions? Call: KOI (208) 625-6300

Kootenai Health
2003 Kootenai Health Way
Coeur d'Alene, ID 83814
T: 208-625-6380 • F: 208-625-6381

Kootenai Outpatient Imaging
700 Ironwood Drive • Suite 175 (West End)
Coeur d'Alene, ID 83814
T: 208-625-6300 • F: 208-625-6301
Hours: M-Th 7-6pm • F 7-5pm

Kootenai Outpatient Imaging
1919 Lincoln Way • Suite 111
Coeur d'Alene, ID 83814
T: 208-625-6350 • F: 208-625-6351
Hours: M-F 8:00 - 5:30 pm

Kootenai Outpatient Imaging
Kootenai Health Park
1300 E. Mullan • (North End) • Post Falls, ID 83854
T: 208-625-5564 • F: 208-625-5565
Hours: M-F 7:30-9pm • Sat & Sun 9-9pm

Pre-Exam Preparations:

❑ **CT - Computed Tomography**

For most CT exams, you are not to eat anything for two hours prior to the exam. You are encouraged to have clear fluids up to 1 hour prior to exam time. For abdomen and pelvis studies, you will be asked to drink a special liquid 60-90 minutes prior to exam. This can be picked up at KOI prior to your exam. If you are over 65 years old, or are diabetic, or have known renal disease, creatinine level must be documented within the last 30 days.

❑ **DEXA**

Exam should be scheduled at least 2 hours after IV contrast from a CT or IVP study, at least 1 week after an MRI study (if Gadolinium was used), at least 1 week after a Nuclear Medicine study, and at least 2 weeks after a study requiring oral barium contrast. Refrain from taking vitamins or calcium supplements within 24 hours prior to exam.

❑ **Fluoroscopy / BE / SBFT / UGI / IVP**

Nothing by mouth after midnight.
BE / IVP: Obtain Lo-So prep kit from Kootenai Outpatient Imaging.
SBFT: Exam may take from 1 to 4 hours. Varies by patient.

❑ **Hysterosalpingogram**

Exam should be scheduled 9-11 days after the start of the menstrual cycle. Please contact insurance company prior to exam to verify coverage. Abstain from intercourse from start of flow until after the exam is completed.

❑ **Mammography**

Before the exam, avoid the use of deodorant, powder, oils (tanning oil, sun tan oil, baby oil, etc.), perfume or cream on your breasts and underarms. You will be asked to disrobe from the waist up for this exam, and therefore it would be easier to wear a blouse or sweater rather than a dress.

❑ **Myelogram**

No solids after midnight, but may have clear liquids only after midnight. Then, nothing by mouth 1 hr prior to procedure. *NEED DRIVER* Vigorous hydration is encouraged pre and post procedure.

❑ **Ultrasound**

One to two immediate family members may be allowed in the exam room, subject to tech discretion. No unsupervised children under 10 years of age. We request that our patients refrain from bringing camera phones, video, or digital cameras. Our equipment does not include VCR capabilities, however, all patients are provided with still pictures upon request.

Abdomen - Nothing to eat or drink after midnight. IF PATIENT IS DIABETIC, 4 OZ. OF CLEAR JUICE PRIOR TO APPOINTMENT IS PERMITTED.

Pelvic/OB - Empty your bladder two hours prior to your appointment time. Drink 32 ounces of water, COMPLETED ONE HOUR PRIOR TO YOUR APPOINTMENT. DO NOT URINATE UNTIL STUDY IS COMPLETED.

Renal - Nothing to eat or drink after midnight. Drink 16 ounces of water 1 hour before exam. Do not urinate until study is completed.

