

## Diagnostic Imaging Request

### Patient Information

Legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  M  F

Referring physician name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Brief case history: \_\_\_\_\_

Patient's appointment at UWS: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

### Insurance/Billing/Handling Information

ICD-9 code(s): \_\_\_\_\_ Insurance company: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Billing:  Medical insurance     Other ins.     Worker's comp.     Personal injury     Cash

### Preferred Reporting Methods

- Mail CD to office with report                       Have patient carry CD, report will be faxed/emailed  
 Fax report/Email report                               Immediate phone report needed

### Spine and Thorax

- Cervical: AP, OM, Lateral  
    add     Obliques  
    add     Flexion/Extension  
 Thoracic: AP, Lateral  
    add     Swimmer's (if needed)  
 Lumbar: AP, Lateral  
    add     Obliques  
    add     AP L5-S1 Spot  
    add     Lateral L5-S1 Spot  
    add     Flexion/Extension  
 Pelvis: AP Upright  
 Ribs 2V:  
     Upper                       Lower  
     Right                       Left  
 Abdomen:  AP Supine                       Upright  
 Other: \_\_\_\_\_

### Lower Extremity

- Mark Side:  Right     Left     Bilateral for comparison  
 Hip: AP, Frogleg  
 Femur: AP, Lateral  
 Knee: AP, Lateral  
    add     Tunnel  
    add     Sunrise  
    add     Obliques  
    add     AP Weight-bearing  
 Lower leg: AP, Lateral  
 Ankle: AP, Medial Oblique, Lateral  
 Foot: AP, Medial Oblique, Lateral  
 Toe: AP, Oblique, Lateral  
 Scanogram for leg length  
    add     Upright Pelvis  
 Other: \_\_\_\_\_

### Upper Extremity

- Mark Side:  Right     Left     Bilateral for comparison  
 Shoulder: AP Internal/External Rotation  
    add     Grashey  
    add     Outlet/"Y"  
    add     Axial  
 Scapula: AP, Lateral  
 Clavicle: AP, Axial  
 AC Joint: with/without weights  
 Humerus: AP, Lateral  
 Elbow: AP, Lateral  
    add     Radial Head  
 Forearm: AP, Lateral  
 Wrist: PA, Oblique, Lateral  
    add     Scaphoid  
    add     Clenched Fist  
 Hand: PA, Oblique, Lateral  
    add     Ball Catcher  
 Finger/Thumb: PA/AP, Oblique, Lateral  
 Other: \_\_\_\_\_

### Musculoskeletal Ultrasound

- Mark Side:  Right     Left     Bilateral for comparison  
 Shoulder  
 Elbow  
 Wrist  
 Knee  
 Ankle  
 Foot

## Directions:

From North or South take I-205 to I-84 East.

### **I-84 Eastbound (driving from downtown Portland)**

Take the 122nd Ave. exit (exit 10).

Turn left onto NE 122nd Ave.

Turn left onto NE San Rafael.

Turn left onto NE 132nd Ave.

Health Centers of UWS - Campus Health Center is located at the end of the street on the right, before NE 132nd Ave. turns left to become NE Morris Court.

### **I-84 Westbound (driving toward downtown Portland)**

Take the NE 181st Ave. exit (exit 13).

Turn left at the stop light onto NE 181st Ave.

Turn right onto Halsey St.

Travel 2.5 miles to the stop light on Halsey at NE 132nd Ave.

Turn right onto NE 132nd Ave.

Continue straight on 132nd at the stop sign on NE San Rafael St.

Health Centers of UWS - Campus Health Center is located at the end of the street on the right, before NE 132nd Ave. turns left to become NE Morris Court.

## **Map into Health Centers of UWS driveway and parking lot**

