



BELLINGHAM
ADVANCED
MEDICAL
IMAGING

DIAGNOSTIC IMAGING ORDER FORM

1344 King St, Ste. 101
Bellingham, WA 98229

SCHEDULING
(360) 255-6330

FAX REFERRAL
(360) 255-6331

Patient Name: _____ Date of Referral: _____ / _____ / _____
 Date of Birth: _____ / _____ / _____ Gender: Female Male
 Phone: (_____) _____ - _____ Diabetic Pregnant Weight: _____
 Primary Insurance: _____ ID Number: _____
 Motor Vehicle Workers Compensation Authorization #: _____

Additional Information:

- Claustrophobia
 Sedation Disability
 Allergies: _____
 Language: _____
 Other: _____

CLINICAL INDICATORS Reason for exam to support medical necessity. No abbreviations. No "rule outs."

- Routine **STAT**
 Send With Patient (CD)
 Call Report: _____
 Fax Report: _____

ICD-10 Code(s): _____

REFERRING PROVIDER

Clinic/Location: _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____
 Provider Name: _____ Provider Signature: _____

ORIGINAL SIGNATURE REQUIRED. DO NOT USE STAMP.

MRI WITH CONTRAST RADIOLOGIST DISCRETION
 WITHOUT CONTRAST

- Abdomen MRA
 Protocol: Adrenal Enterography Hepatic MRCP
 Pancreas Renal
- Brain MRA MRV
 Protocol: IAC MS Pituitary Seizure Stroke
- Neck MRA
- Orbits
- Extremity - Lower LT RT Bilateral
 Ankle Femur Foot Hip Knee Pelvis Tibia/Fibula
 Arthrogram (Specify Joint): _____
- Extremity - Upper LT RT Bilateral
 Elbow Forearm Humerus Shoulder Wrist
 Arthrogram (Specify Joint): _____
 Finger (Specify Digit): _____
- Pelvis MRA Gynecological Sacroiliac Joint
- Spine Cervical Thoracic Lumbar
- Other: _____

CT WITH CONTRAST RADIOLOGIST DISCRETION
 WITHOUT CONTRAST

- Brain Pelvis
 Maxillofacial Spine Cervical Thoracic Lumbar
 Soft Tissue Neck Sinus
 Orbits Temporal Bones
- Routine Abdomen/Pelvis
 Protocol: IVP KUB Enterography
- Abdomen (Does Not Include the Pelvis)
 Protocol: Adrenal Hepatic Pancreas Renal
- Chest Chest/Abdomen Chest/Abdomen/Pelvis
- CT Angiography (CTA)
 Protocol: A/P Aneurysm Thoracic Aneurysm
 Brain Dissection
 Neck Peripheral Runoff Pulmonary Embolism
- Extremity - Upper / Lower LT RT Bilateral
 Specify Location: _____
 Arthrogram (Specify Joint): _____
- Other: _____

ULTRASOUND

- Abdomen With Limited Duplex of the Liver Vessels
- Extremity - Non-Vascular LT RT
 Specify Joint: _____
- Obstetric
 1st Trimester 1st Trimester - Twins
 Nuchal Translucency Screening
 2nd / 3rd Trimester 2nd / 3rd Trimester - Twins
 2nd / 3rd Trimester - Limited (Specify): _____
 Other: _____
- Pelvis (Endovaginal & Transabdominal) Transabdominal Only
- Pelvic Limited (Inguinal Hernia Check)
- Retroperitoneum Kidneys and Bladder Only
- Sonohysterogram
- Testicular With Limited Duplex
- Thyroid
- Other: _____

VASCULAR ULTRASOUND

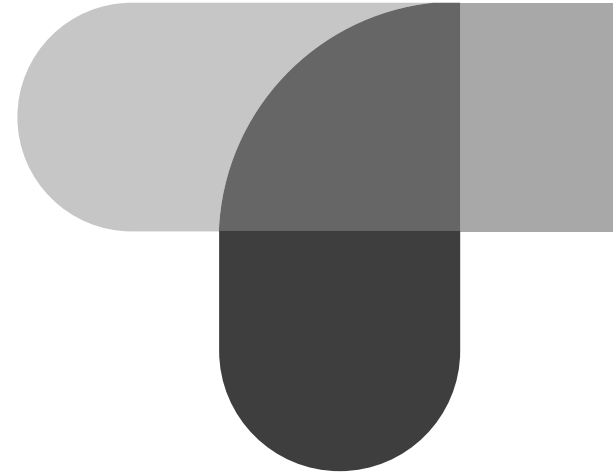
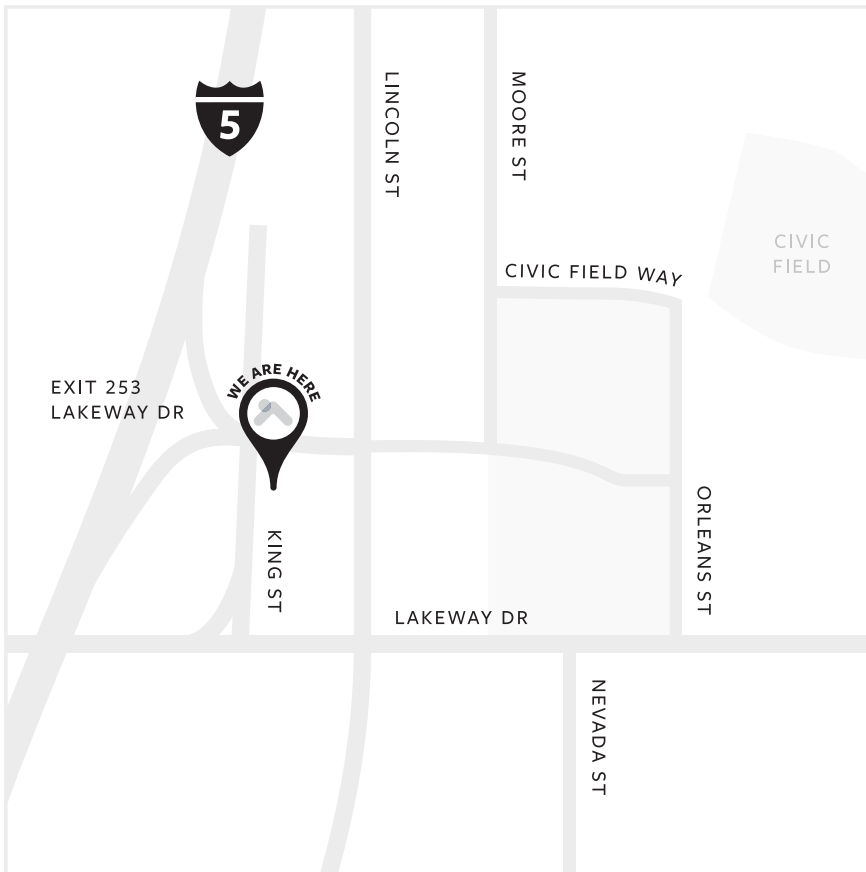
- Abdominal Aortic Aneurysm Screening
- Arterial Duplex LT RT Bilateral
 Upper Extremity Lower Extremity
- Carotid Duplex
- Vascular Screening
- Venous Duplex LT RT Bilateral
 Upper Extremity Lower Extremity
- Other: _____

FLUOROSCOPY

- Lumbar Puncture Lab Name/Location _____
 Hysterosalpinogram

X-RAY LT RT
 Bilateral # of Views: _____
 Area(s) of Body: _____

Map & Directions



Address

1344 King Street, Suite 101
Bellingham, WA 98229

Phone

(360) 255-6330

Fax

(360) 255-6331

Hours

Monday–Friday: 8 AM–5 PM

Directions

DRIVING NORTH ON INTERSTATE 5

Follow I-5 north and use the right lane to take the Lakeway Drive ramp (Exit 253). At the stop sign, continue straight onto Potter Street. Street parking is available on the right in addition to multiple parking spots in our parking lot located directly in front of the clinic.

DRIVING SOUTH ON INTERSTATE 5

Follow I-5 south and use the middle lane to take the Lakeway Drive ramp (Exit 253). At the stoplight, turn left onto Lakeway Drive and drive for 0.1 miles. Turn left at the King Street stoplight. Turn right at the first cross street, onto Potter Street. Street parking is available on the right in addition to multiple parking spots in our parking lot located directly in front of the clinic.

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