

DIAGNOSTIC IMAGING ORDER FORM

SCHEDULING: (360) 255-6330 FAX REFERRAL: (360) 255-6331

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bamirad.com



BELLINGHAM
ADVANCED
MEDICAL
IMAGING

CT | DEXA | FLUOROSCOPY | MRI | ULTRASOUND | X-RAY

PATIENT INFORMATION

First Name: _____ Last Name: _____ Middle Initial(s): _____

Date of Birth: _____ Phone: _____ Gender: Male Female Other

Primary Insurance: _____ ID Number: _____ Weight: _____

Date of Injury: _____ Motor Vehicle Workers Compensation Authorization #: _____

Date of Referral: _____

CLINICAL INFORMATION

Clinical Indicators Reason for exam to support medical necessity. No abbreviations. No "rule outs."

ICD-10 Code(s): _____

IMAGES

Routine **STAT**

Send with Patient (CD)

Call Report: _____

Fax Report: _____

REFERRING PROVIDER INFORMATION

Clinic/Location: _____ Phone: _____ Fax: _____

Provider Name: _____ Provider Signature: _____

ORIGINAL SIGNATURE REQUIRED. DO NOT USE STAMP.

MRI

W/O Contrast W/ & W/O Contrast

Radiologist Discretion

- Choose above to apply to selection below -

Brain

Orbits

Orbits with Brain

IAC Screening

IAC Screening with Brain

Pituitary

Face/Neck

Temporomandibular Joint

Cervical Spine

Thoracic Spine

Lumbar Spine

Abdomen: _____

Pelvis: _____

Enterography

MRCP

MRA: _____

Extremity With Joint Arthrogram

Ankle L R

Elbow L R

Hip L R

Knee L R

Shoulder L R

Wrist L R

Other: _____

X-RAY

Side of Body: L R Bilateral

of Views: _____

Area(s) of Body: _____

CT

W/O Contrast W/ & W/O Contrast

W/ Contrast Radiologist Discretion

3D Recons (VRT) - 3D imaging visual aid for patient/provider procedural planning

60+ years - Creatinine Labs Needed

- Choose above to apply to selection below -

Brain

Soft Tissue Neck

Orbits

Maxillofacial

Sinus

Cervical Spine

Thoracic Spine

Lumbar Spine

Chest

Chest and Abdomen

Chest, Abdomen, and Pelvis

Abdomen

Abdomen and Pelvis

Pelvis

CTA A/P Aneurysm

CTA Brain

CTA Neck

CTA Thoracic Aneurysm

CTA Dissection

CTA Peripheral Runoff

CTA Pulmonary Embolism

Extremity With Joint Arthrogram

Ankle L R

Elbow L R

Hip L R

Knee L R

Shoulder L R

Wrist L R

Other: _____

ULTRASOUND

Abdomen w/ Ltd Duplex of Liver Vessels

Abdominal Aortic Aneurysm Screening (65 years and older)

Arterial Duplex L R Bilateral

Upper Lower

Carotid Duplex

Extremity - Non-Vascular L R

Specify Joint: _____

Obstetric Specify: _____

Pelvis - Endovaginal & Transabdominal

Pelvis - Transabdominal Only

Pelvic Limited (Inguinal Hernia Check)

Retroperitoneum

Kidneys and Bladder Only

Testicular with Limited Duplex W/O

Thyroid

Venous Duplex L R Bilateral

Upper Lower

Other: _____

DEXA

Bone Density Scan Complete

Appendicular Skeleton

Axial Skeleton (including vertebral fracture assessment)