

DIAGNOSTIC IMAGING ORDER FORM

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

1344 King St, Suite 101, Bellingham, WA 98229

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
- Low Dose Lung Screen
- 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: _____

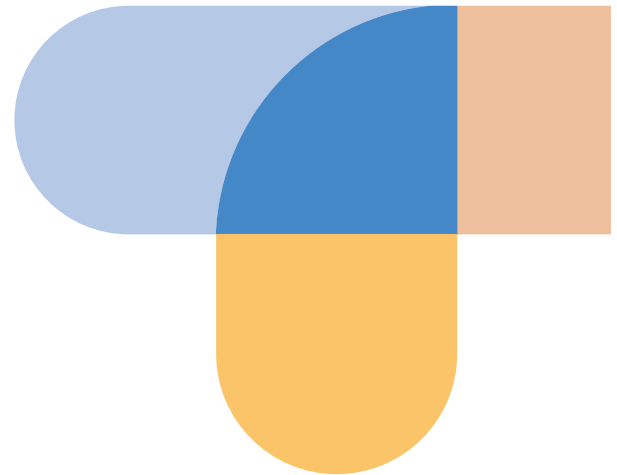
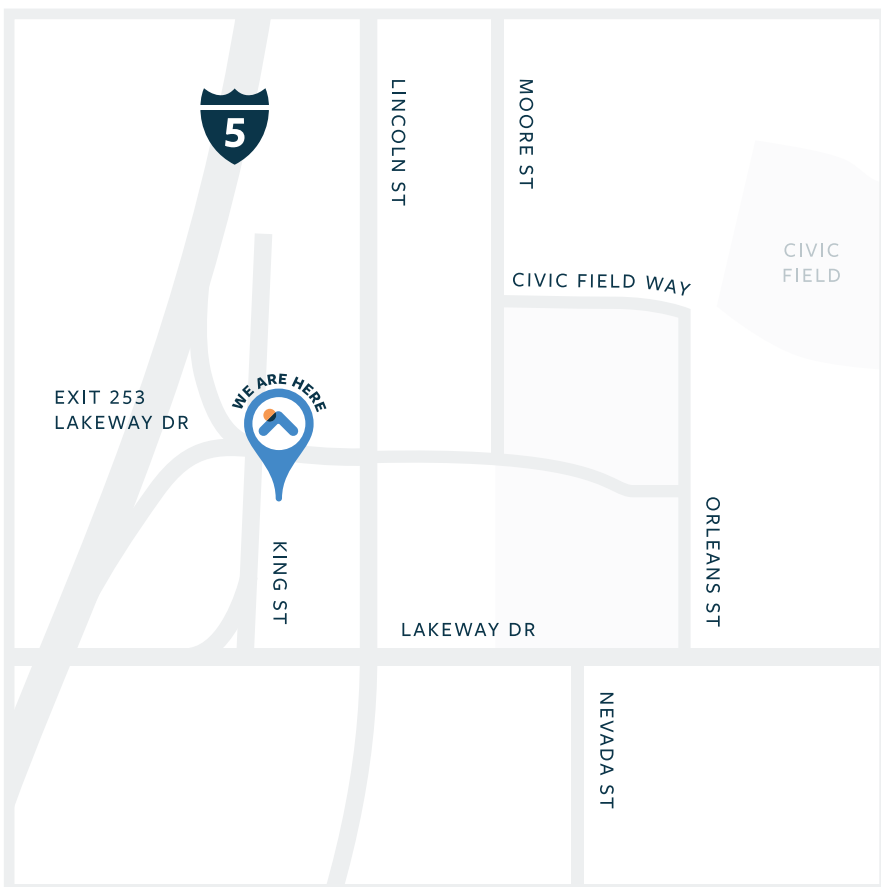
ULTRASOUND

- 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)

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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