The following pages have been provided to help you with the most up-to-date information to help you guide your patients and have handy tips and resources at your fingertips. It is our goal to add resources and update this binder regularly. We hope you find it helpful.

If you have questions, or would like additional referral coordinator binders or sheets, please contact: marketing@dinw.com or call (253) 583-8613.

For scheduling or referral questions contact: scheduling@dinw.com or call (253) 841-4353

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Diagnostic Imaging Northwest (DINW) is a collaborative alliance between TRA-MINW and MultiCare Health System. DINW provides diagnostic radiology services at five locations throughout the South Sound. Supported by a team of fellowship-trained radiologists with subspecialty training, DINW is able to provide exceptional care through a wide-range of services: MRI, CT, Ultrasound, Mammography, DEXA (bone density scan), Fluoroscopy and X-ray.

Diagnostic Imaging Northwest sites are all fully ACR accredited in US, CT, MRI, and Mammography. The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards, following a peer-review evaluation by board-certified physicians and medical physicists who are experts in the field. Image quality, personnel qualifications, adequacy of facility equipment, quality control procedures, and quality assurance programs are assessed. The findings are reported to the ACR Committee on Accreditation, which subsequently provides the practice with a comprehensive report they can use for continuous practice improvement.

The ACR is a national professional organization serving more than 36,000 diagnostic/interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists with programs focusing on the practice of medical imaging and radiation oncology and the delivery of comprehensive health care services.

MISSION

Diagnostic Imaging Northwest will earn the loyalty of the people we serve by providing high quality advanced imaging. We will strive to ensure our care and advice helps support treatment decisions made by our patients and referring healthcare providers.

VISION

To be the premier provider of quality imaging services
To meet the defined imaging needs of our defined community
To deliver service excellence
To develop a core group of radiologists
To be the best provider of radiology services for our service area
ACR accreditation is recognized as the gold standard in medical imaging. Diagnostic Imaging Northwest is committed to providing the safest and best quality care possible. In addition, Diagnostic Imaging Northwest is a designated Diagnostic Imaging Center of Excellence™ (DICOE) by the American College of Radiology (ACR).

**COMPUTED TOMOGRAPHY** The CT Accreditation Program involves submission of clinical and phantom images, dose measurements and scanning protocols. Accreditation is required for providers that bill for CT under part B of the MPFS.

**MRI** The MRI Accreditation Program evaluates staff qualifications, quality control, MR safety policies and image quality. Accreditation is required for providers that bill for CT under part B of the MPFS.

**ULTRASOUND** The Ultrasound Accreditation Program involves the acquisition of clinical images, submission of relevant physician reports corresponding to clinical images submitted, and quality control documentation.

**MAMMOGRAPHY** The Mammography Accreditation Program provides peer review and feedback on staff qualifications, equipment, quality control and assurance, image quality and dose. Accreditation is required for all U.S. facilities.

**BREAST IMAGING** The Breast Imaging Center of Excellence (BICOE) designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR’s voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.

**BREAST MRI** The Breast MRI Accreditation Program provides facilities with peer review and constructive feedback on staff qualifications, equipment, quality control, quality assurance, MR safety policies and image quality.

**BREAST ULTRASOUND** The Breast Ultrasound Accreditation Program provides peer review and constructive feedback on staff qualifications, equipment, quality control and assurance, accuracy of needle placement and image quality.

**STEREOTACTIC BREAST BIOPSY** The Stereotactic Breast Biopsy Accreditation Program provides facilities with peer review and constructive feedback on staff qualifications, equipment, quality control and assurance, accuracy of needle placement, image quality and dose.

Bonney Lake | Puyallup | Sunrise  
Phone: (253) 841-4353 | Fax: (253) 446-3973
Diagnostic Imaging Northwest has been designated a Diagnostic Imaging Center of Excellence™ (DICOE) by the American College of Radiology (ACR). The first in Washington State.

The DICOE program, which represents the pinnacle of medical imaging care, is an achievement that goes beyond accreditation to recognize best-quality imaging practices and diagnostic care. This includes a comprehensive assessment of the entire medical imaging enterprise, including structure and outcomes. The DICOE designation recognizes excellence at multiple levels – including the professional staff, the technology and the policies and procedures the organization follows – and superior patient care.

In order to receive this elite distinction, facilities must be accredited by the ACR in all modalities they provide, and in which the ACR offers an accreditation program. Another requirement is to participate in the Dose Index Registry® and General Radiology Improvement Database, as well as Image Wisely® and Image Gently®.

The ACR, founded in 1924, is one of the largest and most influential medical associations in the United States. The ACR devotes its resources to making imaging and radiation therapy safe, effective and accessible to those who need it. Its 36,000 members include radiologists, radiation oncologists, medical physicists, interventional radiologists and nuclear medicine physicians.

For more information about DICOE visit: www.acr.org/Quality-Safety/DICOE
OUR PLEDGE

DIAGNOSTIC IMAGING NORTHWEST
PLEDGES TO ENDORSE AND PROMOTE
THE GOALS OF IMAGE WISELY®

Image Wisely® is committed to raising awareness throughout the medical community of opportunities for eliminating unnecessary imaging exams and to lowering the amount of radiation used in necessary imaging exams to only that needed to capture optimal medical images.

ABOUT IMAGE WISELY®

The American College of Radiology and the Radiological Society of North America formed the Joint Task Force on Adult Radiation Protection to address concerns about the surge of public exposure to ionizing radiation from medical imaging. The Joint Task Force collaborated with the American Association of Physicists in Medicine and the American Society of Radiologic Technologists to create the Image Wisely® campaign with the objective of lowering the amount of radiation used in medically necessary imaging studies and eliminating unnecessary procedures.

For more information about Image Wisely® visit:
www.imagewisely.org

DIAGNOSTIC IMAGING NORTHWEST
PLEDGES TO ENDORSE AND PROMOTE
THE GOALS OF IMAGE GENTLY®

• To make the image gently message a priority in staff communications
• To review the protocol recommendations and, where necessary, implement adjustments to practice processes
• To respect and listen to suggestions from every member of the imaging team on ways to ensure changes are made
• To communicate openly with parents

ABOUT IMAGE GENTLY®

Radiologists play a key role as healthcare providers for children. Radiology and CT scanning is critical in diagnosing illness in children and impacting their treatment and improving patient outcomes.

It is the responsibility of radiologists and all members of the healthcare team to ensure that every imaging study in pediatric patients is thoughtful, appropriate and indicated for each and every child.

For more information about Image Gently® visit:
www.imagegently.org
PHONE TREE

Press 1  Physician or Healthcare Provider
Press 2  For Appointments
  Press 2  Healthcare Provider
  Press 3  Patients
    Press 1  Screening Mammogram
    Press 2  CT or MRI
    Press 3  All other studies
  Press #  To Repeat Message
NOTE: You may press 4 if you wish to leave a message in our voice mail system.
The prompt does not verbally say this.
Press 3  Fax / Mailing Address / Hours / Directions
  Press 1  Fax / Mailing Address
  Press 2  Hours
  Press 3  Directions to Puyallup
  Press 4  Directions to Sunrise
  Press 5  Directions to Bonney Lake
  Press 6  Directions to Bonney Lake Prairie Ridge
  Press 7  Directions to Good Samaritan Medical Office Building
  Press #  To Repeat Message
Press 4  File Room for Copy of Films
Press 5  Reports Faxed
Press 6  Billing
  Press 1  Provider
  Press 2  Patient
Press 0  All Others
Press *  At Any Time to Return to Main Menu for Options
BONNEY LAKE
IMAGING CENTER
(on Hwy. 410)
21110 SR 410 E, Ste 110
Bonney Lake, WA  98391-8457

SERVICES: MRI, CT, Ultrasound, DEXA, Digital Mammography, Creatinine Lab Services (No X-ray at this location)

Appointment Hours
Monday – Friday  8:00 am – 4:00 pm

Walk-in Non-Contrast CT
Monday – Friday  8:00 am – 4:00 pm

Walk-in Creatinine Lab Services
Monday – Friday  9:00 am – 4:00 pm

BONNEY LAKE
MEDICAL BUILDING
10004 204th Ave E, Ste 2600
Bonney Lake, WA  98391-6539

SERVICES: Walk-in X-ray ONLY

Walk-in X-ray
Monday – Friday  8:00 am – 12:00 pm / 1:00 pm – 5:00 pm

PUYALLUP
IMAGING CENTER
222 15th Ave SE
Puyallup, WA  98372-3754

SERVICES: MRI, CT, Ultrasound, X-ray, DEXA, Digital Mammography, Stereotactic Breast Biopsy, Breast MRI, Guided Biopsy (MRI or Ultrasound), Fluoroscopy, Creatinine Lab Services, IV Hydration for low GFR (CT) patients

Appointment Hours
Monday – Friday  7:00 am – 7:00 pm

Walk-in X-ray
Monday – Friday  8:00 am – 8:00 pm
Saturday – Sunday  8:00 am – 6:00 pm

Walk-in Non-Contrast CT
Monday – Friday  9:00 am – 4:00 pm

Walk-in Creatinine Lab Services
Monday – Friday  8:00 am – 7:00 pm

GOOD SAMARITAN
MEDICAL OFFICE BUILDING
1450 5th St SE, Ste 4600
Puyallup, WA  98372-4655

SERVICES: X-ray services for providers at this location

Walk-in X-ray
Monday – Friday  8:30 am – 4:30 pm

SUNRISE
IMAGING CENTER
11212 Sunrise Blvd E, Ste 200
Puyallup, WA  98374-8847

SERVICES: MRI, CT, Ultrasound, X-ray, Digital Mammography, DEXA, Creatinine Lab Services

Appointment Hours
Monday – Friday  7:30 am – 5:00 pm (ALL MODALITIES)
Saturday Appointments Available:
MRI (non-contrast) and Screening Mammogram
Saturday  8:00 am – 11:45 am / 12:45 pm – 4:15 pm

Walk-in X-ray
Monday – Friday  8:00 am – 5:00 pm
Saturday  8:00 am – 11:45 am / 12:45 pm – 4:15 pm

Walk-in Non-Contrast CT
Monday – Friday  9:00 am – 4:00 pm

Walk-in Creatinine Lab Services
Monday – Friday  9:00 am – 4:00 pm

*Hours are subject to change. We occasionally offer later appointments and/or weekend hours based on availability.

NOTE: Some walk-in CT exams require insurance pre-authorization – check with your insurance.

CENTRAL PHONE:  (253) 841-4353
CENTRAL FAX:  (253) 446-3973
SCHEDULING HOURS:  Monday – Friday: 7:00 am – 6:00 pm
# HANDY CONTACTS

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Location</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments (Scheduling)</td>
<td>All Locations</td>
<td>(253) 841-4353</td>
<td><a href="mailto:scheduling@dinw.com">scheduling@dinw.com</a></td>
</tr>
<tr>
<td>Billing Department</td>
<td>All Locations</td>
<td>(253) 581-2550 / (800) 229-4333</td>
<td></td>
</tr>
<tr>
<td>Billing Manager</td>
<td>Kirsten Maxwell</td>
<td>(253) 583-8620 / (253) 583-8621</td>
<td><a href="mailto:kmaxwell@dinw.com">kmaxwell@dinw.com</a> Epic# 45881</td>
</tr>
<tr>
<td>Creatinine Labs</td>
<td>All Locations</td>
<td>(253) 841-4353 x 6006</td>
<td></td>
</tr>
<tr>
<td>General Questions</td>
<td>All Locations</td>
<td>(253) 841-4353</td>
<td><a href="mailto:info@dinw.com">info@dinw.com</a> Epic# 18525</td>
</tr>
<tr>
<td>Imaging Site Managers</td>
<td>Dave Hulse</td>
<td>(253) 446-3990</td>
<td><a href="mailto:dhulse@dinw.com">dhulse@dinw.com</a></td>
</tr>
<tr>
<td>Bonney Lake &amp; Sunrise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puyallup &amp; Good Samaritan Medical Building</td>
<td>Salli Lohrengel</td>
<td>(253) 446-3970</td>
<td><a href="mailto:slohrengel@dinw.com">slohrengel@dinw.com</a></td>
</tr>
<tr>
<td>Marketing Manager</td>
<td>Rachael Costner</td>
<td>(253) 583-8613</td>
<td><a href="mailto:rcostner@dinw.com">rcostner@dinw.com</a></td>
</tr>
<tr>
<td>Musculoskeletal (MSK) Team Provider to Radiologist</td>
<td>Direct Line</td>
<td>(253) 446-3978</td>
<td></td>
</tr>
<tr>
<td>Neuroradiological Team Provider to Radiologist</td>
<td>Direct Line</td>
<td>(253) 446-3974</td>
<td></td>
</tr>
<tr>
<td>Operations Manager</td>
<td>Angie Eckroth</td>
<td>(253) 583-8650</td>
<td><a href="mailto:aeckroth@dinw.com">aeckroth@dinw.com</a></td>
</tr>
<tr>
<td>PACS</td>
<td></td>
<td>(253) 841-4353 x 3960</td>
<td><a href="mailto:pacs@dinw.com">pacs@dinw.com</a></td>
</tr>
<tr>
<td>Practice Liaison</td>
<td>Cal Mosher II</td>
<td>(253) 583-8614</td>
<td><a href="mailto:cmosher@dinw.com">cmosher@dinw.com</a></td>
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<td>Pre-Auth Group</td>
<td>All Locations</td>
<td>(253) 841-4353 x 6005</td>
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<tr>
<td>Referral Form Request</td>
<td>Marketing</td>
<td>(253) 583-8614</td>
<td><a href="mailto:marketing@dinw.com">marketing@dinw.com</a></td>
</tr>
<tr>
<td>Scheduling Manager</td>
<td>Cindy Peterson</td>
<td>(253) 583-8645</td>
<td><a href="mailto:cpeterson@dinw.com">cpeterson@dinw.com</a> Epic# 45881</td>
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# HELPFUL FAX NUMBERS

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<tr>
<td>Medical Records Fax</td>
<td>All Locations</td>
<td>(253) 845-3680</td>
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<tr>
<td>Marketing Fax</td>
<td>All Locations</td>
<td>(253) 583-8633</td>
</tr>
<tr>
<td>Scheduling Fax</td>
<td>All Locations</td>
<td>(253) 446-3973</td>
</tr>
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</table>
BONE DENSITOMETRY (DEXA)  Bone Densitometry uses low-dose X-rays to record measurements of the strength or “denseness” of the bones in specific areas in the body. The measurements are then used to help your physician/healthcare provider determine whether you may be at increased risk of fracture or in need of medical or dietary supplements and/or a specific exercise regimen to help strengthen your bones.

COMPUTED TOMOGRAPHY (CT)  CT or CAT scans use X-rays to view body tissues and organs from a series of different cross-sections and angles. CT is ordered to look for possible fractures, damage from bleeding/trauma, tumors, or to help guide needles for tissue biopsy.

CREATININE LAB SERVICES  Labs are required if patients are at risk of CIN (contrast induced neuropathy). *(see page 28 for more details on high risk patients)*

IV HYDRATION  Hydration for low GFR patients requiring CT IV contrast imaging prior to CT Imaging procedure (Puyallup location only).

MAGNETIC RESONANCE IMAGING (MRI)  MRI uses a combination of radio waves and magnetic fields to create images of internal organs and tissues. *(MRI does not use radiation.)* MRI is ordered for conditions where problems may be suspected in body organs (like the brain, liver or other organs), soft-tissues (like blood vessels and muscles) and/or boney tissues (like joints, bones and spine).

MAMMOGRAPHY (DIGITAL)  State of the art, digital mammography produces high-resolution images of breast tissue using low-dose X-rays. Screening mammography can help detect potential problems even before they are detectable by touch or by symptomatic complaint.

RADIOGRAPHY & FLUOROSCOPY  Radiography uses X-rays to help diagnosis a variety of health conditions. X-rays allow a Radiologist to view internal structures such as bones, joints, the lungs and heart. Sometimes radiography is ordered with fluoroscopy. During fluoroscopy the Radiologist often uses a contrast agent to help visualize a particular area of the body as it functions.

STEREOTACTIC BREAST BIOPSY  Stereotactic breast biopsy uses X-rays taken from multiple angles along with a special needle to sample breast tissue for closer analysis and observation. This procedure helps determine the nature of breast lumps or lesions, and assists in planning follow-up medical care.

ULTRASOUND  Ultrasound uses high-frequency sound waves to record and view real-time movement and images of internal body organs. *(Ultrasound does not use radiation.)* Ultrasound may be ordered to evaluate the possible cause of pain, swelling, or problems with internal tissues. Ultrasound is commonly used to provide a parent’s first moving image of their unborn child. These images may be captured in incredible detail with our 4-D ultrasound capabilities.

VASCULAR ULTRASOUND  Vascular ultrasound involves the scanning of arteries and veins in the body, either by traditional sonography or with Doppler ultrasound. It is used to assess whether blood vessels are open, narrowed or occluded such as with a blood clot.
# LIST OF PROCEDURES

## CT – WALK-IN NON-CONTRAST

<table>
<thead>
<tr>
<th>Procedural Areas</th>
<th>Weight Limit: 440lb</th>
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<tbody>
<tr>
<td>Brain</td>
<td></td>
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<tr>
<td>Extremities: Upper / Lower</td>
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<tr>
<td>Kidney / Bladder (KUB)</td>
<td></td>
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<tr>
<td>Neck, Soft Tissue</td>
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<tr>
<td>Spine</td>
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<tr>
<td>• Cervical</td>
<td></td>
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<tr>
<td>• Thoracic</td>
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<tr>
<td>• Lumbar</td>
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</table>

## CT – SCHEDULED

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<thead>
<tr>
<th>Procedural Areas</th>
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<tbody>
<tr>
<td>Abdomen</td>
<td>Foot</td>
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<tr>
<td>Ankle</td>
<td>Head</td>
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<tr>
<td>Appendix</td>
<td>Hip</td>
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<tr>
<td>Bone Length</td>
<td>Internal Auditory Canal / Temporal</td>
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<tr>
<td>Brain</td>
<td>Kidney / Bladder (KUB)</td>
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<tr>
<td>Chest</td>
<td>Knee</td>
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<tr>
<td>• High Resolution</td>
<td>Leg</td>
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<tr>
<td>Clavicle</td>
<td>Maxillo-Facial</td>
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<td>Extremities: Upper / Lower</td>
<td>Neck, Soft Tissue</td>
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<tr>
<td>Facial Bones</td>
<td>Orbits</td>
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<tr>
<td>Fistulogram</td>
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<td>Petrous Bone</td>
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<tr>
<td>Sacro-iliac Joint</td>
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<td>Sinuses</td>
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<tr>
<td>Spine</td>
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<tr>
<td>• Cervical</td>
<td></td>
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<tr>
<td>• Thoracic</td>
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<tr>
<td>• Lumbar</td>
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<tr>
<td>TMJ</td>
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<td>Triple Phase</td>
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<td>Upper Extremity</td>
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<td>Urogram (IVP)</td>
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## CT SPECIALS

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<tr>
<td>Abdomen Angiogram</td>
<td>Head / Brain Angiogram</td>
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<td>Aorta Angiogram</td>
<td>Hip Arteriography</td>
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<td>Chest Angiogram</td>
<td>Lower Extremity Angiogram</td>
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<td>Neck Angiogram</td>
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## DEXA SCAN (BONE DENSITY)

<table>
<thead>
<tr>
<th>Procedural Areas</th>
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</table>
| FLUOROSCOPY
| Arthrocentesis  | Barium Enema (ACBE) |
| • Small Joint   | • Colostomy         |
| • Intermediate Joint |             |
| • Major Joint  | Barium Swallow (Esophagram) |
| Arthrogram - Fluoroscopy only | Chest (Sniff test) |
| • Elbow         | • 2 or 4 Views     |
| • Hip           | Duodenography      |
| • Shoulder      | Enteroclysis       |
| • Wrist         | (Small Bowel Tube)  |
| Arthrogram with MRI / CT | Esophagram with UGI |
| • Ankle         | • Double contrast (Air & Barium) |
| • Hip           | • Single contrast (Barium) |
| • Knee          | Fistulogram / Abscessogram |
| • Shoulder      | Hysterosalpingogram (HSG) |
| • Wrist         | IVP (Excretory Urogram) |
| Pain Injection  | Lumbar Puncture    |
| • Marcaine      |                     |
| • Hip           |                     |
| • Shoulder      |                     |
| Sialography     |                     |
| Small Bowel Follow Through (SBFT) |       |
| Spine           |                     |
| T-Tube Cholangiogram |                 |
| Upper GI        |                     |
| • Double contrast (Air & Barium) |         |
| • Single contrast (Barium) |        |
**FLUOROSCOPY AT GOOD SAMARITAN HOSPITAL**

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<td>Barium Swallow (Modified)</td>
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<td>Pharyngeal Speech Evaluation</td>
<td>Pharyngogram</td>
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<tr>
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<td>Gastro Tube</td>
<td>Pharyngogram</td>
<td>Renal / Pelvic Catheter</td>
</tr>
<tr>
<td>Biopsy, Needle</td>
<td>Laryngography</td>
<td>Tomography (Allenmore)</td>
<td>Urography / Venography</td>
</tr>
<tr>
<td>Bronchography</td>
<td>Myelography</td>
<td></td>
<td>Voiding Cystourogram (VCUG)</td>
</tr>
<tr>
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**INTERVENTIONAL PROCEDURES AT ALLENMORE & GOOD SAMARITAN HOSPITAL**

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<td>Nephrostomy / Ureteral Stent</td>
<td>Paracentesis</td>
</tr>
<tr>
<td>Angiograms / Venograms</td>
<td>Fluoroscopy Procedures</td>
<td>Port Injections</td>
<td>Thoracentesis</td>
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<tr>
<td>Arterial Embolization</td>
<td>IVC Filter / Greenfield</td>
<td>Tube Injections</td>
<td></td>
</tr>
<tr>
<td>Biopsies*</td>
<td>Joint Aspiration</td>
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<tr>
<td>Mammogram</td>
<td>by Mammogram</td>
</tr>
<tr>
<td>• Screening</td>
<td>by Galactogram</td>
</tr>
<tr>
<td>• Diagnostic</td>
<td>Stereotactic Breast Biopsy</td>
</tr>
</tbody>
</table>

**MRI – OK**

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<tr>
<th>Procedure</th>
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<tbody>
<tr>
<td>Breast Expanders</td>
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**NO MRI**

<table>
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<tbody>
<tr>
<td>Abdomen</td>
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<tr>
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<td>Extremity: Upper / Lower</td>
</tr>
<tr>
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**FLUOROSCOPY AT GOOD SAMARITAN HOSPITAL**

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<td>Head</td>
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### MRA - ARTHROGRAM

<table>
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<tr>
<th>Abdominal</th>
<th>Hip</th>
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<tbody>
<tr>
<td>Elbow</td>
<td>Knee</td>
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### MRA - ARTHROGRAM AT GOOD SAMARITAN HOSPITAL

<table>
<thead>
<tr>
<th>Cardiac</th>
<th>Myocardium</th>
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</table>

### NUCLEAR MEDICINE AT GOOD SAMARITAN HOSPITAL

<table>
<thead>
<tr>
<th>Bone Scans</th>
<th>Meckel's Scan</th>
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<tbody>
<tr>
<td>HIDA / Biliary Scans</td>
<td>MUGA / Gated Blood Scan</td>
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<tr>
<td>GI Bleed Scans</td>
<td>Myocardial Perfusion Scan</td>
</tr>
<tr>
<td>Lymph Node Injection / Scan</td>
<td>Renal Scan</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Thyroid Uptake / Scan</th>
<th>Thyroid Ablation / Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treadmill Stress Test</td>
<td>VQ Lung Scan</td>
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### ULTRASOUND

<table>
<thead>
<tr>
<th>Abdominal</th>
<th>Head</th>
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</thead>
<tbody>
<tr>
<td>• Complete</td>
<td>Hysterosonogram (Saline Color Flow)</td>
</tr>
<tr>
<td>• Limited</td>
<td>Infant Hips</td>
</tr>
<tr>
<td>• Limited w/Kidneys</td>
<td>Lymph Node Biopsy</td>
</tr>
<tr>
<td>Abdominal Aorta</td>
<td>Neck, Soft Tissue</td>
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<tr>
<td>• Medicare Screen</td>
<td>Parotid Biopsy</td>
</tr>
<tr>
<td>Axilla / Breast</td>
<td>Pelvic</td>
</tr>
<tr>
<td>• Complete</td>
<td>• Complete</td>
</tr>
<tr>
<td>• Limited</td>
<td>• Limited</td>
</tr>
<tr>
<td>• Core Biopsy</td>
<td>• Trans-Vaginal &amp; Trans Abdominal</td>
</tr>
<tr>
<td>• Clip Placement</td>
<td>Pyloric Stenosis (Infants)</td>
</tr>
<tr>
<td>• Cyst Aspiration</td>
<td>Renal</td>
</tr>
<tr>
<td>• Wire Localization of Nodule</td>
<td>Soft Tissue</td>
</tr>
<tr>
<td>Chest</td>
<td>• Aspiration of Limb</td>
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<td>Extremity: Upper / Lower</td>
<td>Spinal Canal (Newborns)</td>
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<td>Fetal Doppler</td>
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### ULTRASOUND AT GOOD SAMARITAN HOSPITAL

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<tbody>
<tr>
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<td>Trans-Rectal</td>
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### VASCULAR SCANS

<table>
<thead>
<tr>
<th>Abdominal Aorto-iliac Duplex</th>
<th>Lower Extremity Venous Thrombosis Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Carotid Artery Duplex</td>
<td>Lower Extremity Venous Insufficiency Evaluation</td>
</tr>
<tr>
<td>Lower Extremity Arterial Duplex</td>
<td>Mesenteric-Splanchic Artery Duplex</td>
</tr>
<tr>
<td>Lower Extremity Segmental Eval / ABI's (PPG's)</td>
<td>Renal Artery Duplex</td>
</tr>
<tr>
<td></td>
<td>Upper Extremity Arterial Duplex</td>
</tr>
<tr>
<td></td>
<td>Upper Extremity Venous Duplex</td>
</tr>
</tbody>
</table>

### VASCULAR SCANS AT MULTICARE VASCULAR

| Hemodialysis Access Dopplers | Lower Extremity Arterial with Exercise |
| Intra-Cranial Duplex         | Penile Vessels Duplex |

### WEIGHT LIMIT:

- **ULTRASOUND AT GOOD SAMARITAN HOSPITAL**: 500 lb
- **VASCULAR SCANS**: 350 lb
ONLY SITES AND HOURS WHERE SERVICES ARE OFFERED ARE LISTED. Patients must understand that they may have to wait for the next available appointment. Due to some insurance restrictions, we may have to schedule the appointment on a different date.

WALK-IN NON-CONTRAST CT HOURS

<table>
<thead>
<tr>
<th>Imaging Center</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonney Lake Imaging Center</td>
<td>Monday – Friday</td>
<td>9:00 am – 4:00 pm</td>
</tr>
<tr>
<td>Puyallup Imaging Center</td>
<td>Monday – Friday</td>
<td>9:00 am – 4:00 pm</td>
</tr>
<tr>
<td>Sunrise Imaging Center</td>
<td>Monday – Friday</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>PT Non-Contrast Brain (cerebral / head)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Non-Contrast Kidney (KUB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Non-Contrast Lower Extremity (bone evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Non-Contrast Sinuses (complete / limited)</td>
</tr>
<tr>
<td></td>
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<td>PT Non-Contrast Cervical Spine</td>
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<td>PT Non-Contrast Lumbar Spine</td>
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<td>PT Non-Contrast Upper Extremity (bone evaluation)</td>
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</tbody>
</table>

Patients may elect to schedule any CT exam at any of our centers during normal business hours instead of using the walk-in method. Scheduling the exam guarantees a time slot for a quicker in-and-out process.

WALK-IN PLAIN FILM HOURS (X-RAY)

<table>
<thead>
<tr>
<th>Medical Building</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonney Lake Medical Building</td>
<td>Monday – Friday</td>
<td>8:30 am – Noon / 1:00 pm – 5:00 pm</td>
</tr>
<tr>
<td>Puyallup Imaging Center</td>
<td>Monday – Sunday</td>
<td>8:00 am – 8:00 pm</td>
</tr>
<tr>
<td></td>
<td>Saturday – Sunday</td>
<td>8:00 am – 6:00 pm</td>
</tr>
<tr>
<td>Sunrise Imaging Center</td>
<td>Monday – Friday</td>
<td>8:00 am – 5:00 pm</td>
</tr>
<tr>
<td></td>
<td>Saturday</td>
<td>8:00 am – 11:45 pm / 12:45 pm – 4:15 pm</td>
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WALK-IN CREATININE HOURS

<table>
<thead>
<tr>
<th>Imaging Center</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonney Lake Imaging Center</td>
<td>Monday – Friday</td>
<td>9:00 am – 4:00 pm</td>
</tr>
<tr>
<td>Puyallup Imaging Center</td>
<td>Monday – Friday</td>
<td>8:00 am – 7:00 pm</td>
</tr>
<tr>
<td>Sunrise Imaging Center</td>
<td>Monday – Friday</td>
<td>9:00 am – 4:00 pm</td>
</tr>
</tbody>
</table>
INSURANCE COVERAGE

While this list is not all-inclusive, it reflects the majority of the insurance plans we work with. If you have questions, or do not see your insurance plan listed, please feel free to contact us.

• A&I Benefits (First Choice)
• AARP / Medicare Complete-Secure Horizons
• Aetna
• Ameriben
• Amerigroup
• Anthem BCBS of CA
• APWU
• BCBS
• Benefit Planners (First Choice)
• Blue Card Plans
• Breast & Cervical Program
• Carpenter’s Trust (First Choice)
• Cement Masons & Plasterers Trust (First Choice)
• ChampVA
• Community Health Plan of Washington (CHPW)
• Cigna
• Coordinated Care*
• Definity
• Evercare HMO & PPO
• First Choice Health Admin (MultiCare)
• FISERVE Health
• GEHA (First Choice)
• Group Health-Options / Alliant Plus*
• H.E.R.E. Health Trust (First Choice)
• Health Comp (First Choice)
• Health Net Pearl-MedAdvantage
• Her Peace of Mind
• HMA - Healthcare Management
• Humana / GoldChoice MedAdvantage
• ILWU International Longshore & Warehouse Union (First Choice)
• KPS (First Choice)
• L&I (Worker’s Comp)
• LEOFF Health & Welfare Trust (First Choice)
• Loomis Benefits West (First Choice)
• Mail Handlers Benefit Plan (First Choice)
• Medicare
• Maintain Health (First Choice)
• Midwest National Life Insurance
• Molina Healthcare*
• Mountain States Administrative Services
• National Rural Electric Coop (First Choice)
• NPN (Northwest Physician’s Network)
• NW Administrators (Cigna)
• NW Iron Workers (First Choice)
• NW Laborers
• NW Plumbers & Pipe Fitters (First Choice)
• NW Roofers Trust (First Choice)
• NW Sheet Metal Workers (First Choice)
• ODS (First Choice)
• Operating Engineers (First Choice)
• OWCP - Federal Workers Compensation
• Pacific Source (First Health)
• Painters’ Trust (First Choice)
• PHCS
• Premera Blue Card - Out of State
• Premera*
• Principal Financial Group (First Choice)
• Providence Health (First Choice)
• Provider One
• Puget Sound Electrical Workers PSEW (First Choice)
• Puget Sound Health Partners (PSHP)
• Puget Sound Health Partners / Columbia United Providers
• Railroad Medicare
• RBMS
• Regence
• Regence MedAdvantage
• Retail Clerks (First Choice)
• Seattle Plumbers & Pipe Fitters (First Choice)
• Secure Horizon’s
• Sound Health & Wellness (Retail Clerks) (First Choice)
• Sound PATH Health
• Sterling Medicare
• Teamsters
• Trinest / Tricare
• Trusteed Plan TPSC (First Choice)
• UHC Community Plan
• Unicare (First Choice)
• United Employee’s Benefit Plan UEBT (First Choice)
• United Healthcare
• US Family Health
• WA Firefighter Commissioner Association (First Choice)
• WA Teamster’s / NW Administrators
• Western Benefits (First Choice)
• Worker’s Comp - Self Insured
• Zenith Administrators WA County Ins Pool (First Choice)

*Not all plans – please call for details.

SELF-PAY DISCOUNT POLICY

(No Insurance Coverage for DINW Services)

Pay in full at the time of service or within 30 days and receive a 40% discount.
Call our Billing Department at (253) 581-2550 for complete details.

FINANCIAL ASSISTANCE PROGRAM

Diagnostic Imaging Northwest provides financial assistance for balances $200 or more.
If you believe that you might qualify for financial assistance, please contact our billing office for more information at (253) 581-2550 ext. 6122
Due to ever changing insurance guidelines, the insurance guide is updated every 4-6 weeks and is available online at: dinw.com/provider-resources/referral-coordinator-guide

Please be sure to refer to the Provider Resources tab at dinw.com for the most current Insurance Guidelines.
## MRI Preauthorization Guide

**EXCEPTIONS**

<table>
<thead>
<tr>
<th>EXCEPTIONS</th>
<th>HX CANCER</th>
<th>HX OF SURGERY TO EXAM SITE</th>
<th>INFECTION / OSTEOMYELITIS / BONE TUMOR / INFLAMMATORY ARTHRITIS</th>
<th>NO SPECIFIED EXCEPTIONS</th>
<th>SOFT TISSUE MASS / LUMPS / NODULES / NEOPLASMS / NON-HEALING WOUNDS</th>
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<tbody>
<tr>
<td>Abdomen</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td>w+w/o</td>
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<tr>
<td>Brain</td>
<td>w+w/o**</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td>without</td>
<td>w+w/o</td>
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<tr>
<td>Breast</td>
<td>w+w/o</td>
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<td>w+w/o</td>
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<td>Cervical</td>
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<td>Enterography</td>
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<td>w+w/o</td>
<td>w+w/o</td>
<td>w+w/o</td>
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<tr>
<td>Thoracic</td>
<td>w+w/o**</td>
<td>w+w/o(&lt;8 yrs)</td>
<td>72158</td>
<td>w+w/o</td>
<td>w+w/o</td>
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<tr>
<td>Lumbar</td>
<td>w+w/o</td>
<td>w+w/o(&lt;8 yrs)</td>
<td>w+w/o</td>
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<td>Arm</td>
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<td>without</td>
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<tr>
<td>Elbows</td>
<td>without</td>
<td>without</td>
<td>w+w/o</td>
<td>without</td>
<td>w+w/o</td>
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<tr>
<td>Wrists</td>
<td>without</td>
<td>without</td>
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<tr>
<td>Hands</td>
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<td>Pelvis</td>
<td>w+w/o</td>
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<td>w+w/o</td>
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<tr>
<td>SI Joint or Boney Pelvis</td>
<td>w+w/o (Hx Bone CA only)</td>
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<td>without</td>
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<tr>
<td>Leg</td>
<td>without</td>
<td>without</td>
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<tr>
<td>Knees</td>
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<td>without</td>
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<td>without</td>
<td>w+w/o</td>
</tr>
<tr>
<td>Ankles</td>
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<td>without</td>
<td>w+w/o</td>
</tr>
<tr>
<td>Feet</td>
<td>without</td>
<td>without</td>
<td>w+w/o</td>
<td>without</td>
<td>w+w/o</td>
</tr>
</tbody>
</table>

**MS Protocol (Multiple Sclerosis)**

MRIs are “with & without contrast” or “without contrast.” Rarely “with contrast” only.

Hx Surgery Exam Site = History of surgery to exam site

Hx Cancer = All cancer except Basal Cell Skin Cancer
<table>
<thead>
<tr>
<th>Abdomen (w/oral contrast)</th>
<th>Pain / HxCA / Elevated LFT's / R/O Abdominal Wall or Umbilical Hernia</th>
<th>74150 R/O Abdominal Wall or Umbilical Hernia</th>
<th>Pain / Fracture / Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen+Pelvis (w/oral contrast)</td>
<td>Pain / HxCA / Diverticulitis / Boating / Constipation</td>
<td>74177 KUB (No Oral Contrast)</td>
<td>Pain / Fracture / Trauma</td>
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<tr>
<td>Appendix (last prep oral contrast)</td>
<td>R/O Epigastric Hernia</td>
<td>74160</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Brain</td>
<td>RIQ Pain / Fever</td>
<td>72193</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Chest</td>
<td>Mass / Infection</td>
<td>72195</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Chest-High Res</td>
<td>Extremities</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Foot</td>
<td>O/A C (V) Ankle Mass / Tumor</td>
<td>73701</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Hip</td>
<td>Infection</td>
<td>73701</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>IAC w/ Temporal</td>
<td>Tumor (VERY RARE)</td>
<td>70481</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>KUB</td>
<td>Leg</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Leg</td>
<td>Neck-Swallow</td>
<td>72193</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Neck-Soft Tissue</td>
<td>MRI is Exam of Choice</td>
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<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>O/R</td>
<td>Pelvis (w/oral contrast)</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Pelvis</td>
<td>Sinus</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Sinus</td>
<td>MRI is Exam of Choice</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Spine (Cervical, Thoracic, Lumbar)</td>
<td>Pain / Swelling</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Small Bowel</td>
<td>Abdominal Aneurysm (AAA) / Dissection = IV Contrast Only</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Spine</td>
<td>Pulmonary Embolism / Aortic Dissection = IV Contrast Only</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
<tr>
<td>Enterography</td>
<td>Abdominal+Pelvis</td>
<td>72196</td>
<td>Pain / Fracture / Trauma</td>
</tr>
</tbody>
</table>

CTS PREAUTHORIZATION GUIDE

An Alliance of TRA-MINW and MultiCare Health System
ABDOMINAL / PELVIC
A current clinical evaluation (within 60 days) is required before advanced imaging can be considered.

Conservative treatment for abdominal pain can include (list is not exhaustive):
- Anti-secretory or H. Pylori medications
- Non-steroidal or opiate analgesia
- Plain abdominal radiography
- Ultrasound is generally required
- Diet modification
- promotility or antimotility agents

Abdominal imaging begins at the diaphragm and extends to the umbilicus crest.

Pelvic imaging begins at the umbilicus and extends to the pubis.

CHEST
A current clinical evaluation (within 60 days), and appropriate laboratory studies and non-advanced imaging modalities, such as plain X-ray or ultrasound, are required prior to considering advanced imaging.

HEAD
A current clinical evaluation (within 60 days), neurological exam and appropriate laboratory studies and non-advanced imaging modalities, such as plain X-ray or ultrasound, are required prior to considering advanced imaging.

MRI is preferable to CT for most indications, except:
- Urgent/emergent settings due to availability and speed of CT
- Trauma
- Recent hemorrhage, whether traumatic or spontaneous
- Boney structures of the head evaluations
- Hydrocephalus evaluation and follow-up
- Prior to lumbar puncture in patients with cranial complaints without contrast (CPT 70450)

MRI, with contrast (CPT 70552) should not be ordered except to follow-up on a very recent non-contrast study (within two weeks).

Head CT without contrast (CPT 70450) in nearly all cases, to show:
- Mass effect
- Blood/blood products
- Abnormal tissue
- MRI without and with contrast may be performed to follow-up abnormalities seen on CT without contrast when a mass, lesion, or infection is found
- MRI without contrast may be performed to follow-up abnormalities seen on CT without contrast when there is suspected Multiple Sclerosis or other demyelinating disease

RED FLAG SIGNS AND SYMPTOMS
In “red flag” situations, the imaging indications may vary from the usual imaging pathway.

A red flag situation is described as the following:
- Persistent abdominal pain and at least one of the following:
  - Failure of conservative treatment for 4 weeks
  - Cancer history
  - Fever (101 degrees or greater)
  - Mass
  - GI bleeding
  - Moderate to severe abdominal tenderness
  - Guarding, rebound tenderness, or other peritoneal signs
  - WBC 10,000 or above
- Please note, that when any one red flag is present with abdominal pain, the initial ultrasound is not required.

GENERAL PREAUTHORIZATION GUIDELINES FOR ADVANCED IMAGING
MUSCULOSKELETAL

A clinical evaluation within 60 days is required before advanced imaging can be considered and should include appropriate laboratory studies, and non-advanced imaging modalities.

• A “clinical diagnosis” for many musculoskeletal bone, joint and soft tissue pain, and injury disorders are based on a relevant history, physical examination and plain X-ray.

Prior to advanced imaging consideration, an X-ray must be performed after the current episode of symptoms started or changed for all musculoskeletal conditions.

Physician-directed non-surgical care may include R.I.C.E (rest, ice, compression, and elevation), NSAIDs (non-steroidal anti-inflammatory drugs), narcotic and non-narcotic analgesic medications, oral or injectable corticosteroids, viscosupplementation injections; a physician directed home exercise program, cross-training, and/or physical medicine, or immobilization by splinting/casting/bracing.

Plain X-ray
Should be done prior to advanced imaging in most musculoskeletal conditions/disorders to rule out those situations that do not often require advanced imaging, such as osteoarthritis, acute/healing fracture, dislocation, osteomyelitis, acquired/congenital deformities, and tumors of bone amenable to biopsy or radiation therapy (in known metastatic disease), etc.

MRI or CT
• MRI is often the preferred advanced imaging modality in musculoskeletal conditions because it is superior in imaging the soft tissues and can also define physiological processes in some instances, e.g. edema, loss of circulation (AVN), and increased vascularity (tumors).
• CT is better at imaging bone and joint anatomy; thus, it is useful for studying complex fractures (particularly of the joints), dislocations, and assessing delayed union or non-union of fractures if plain X-rays are equivocal. CT may be the procedure of choice in patients who cannot have MRI, such as those with pacemakers.

NECK

A current clinical evaluation (within 60 days), which includes appropriate laboratory studies and non-advanced imaging modalities, such as plain X-ray or ultrasound, are required prior to considering advanced imaging.

Advanced imaging of the neck covers the following areas:
• Skull base, nasopharynx, and upper oral cavity to the head of the clavicle
• Parotid glands and the supraclavicular region
• Skull base

Ultrasound of the soft tissues of the neck including thyroid, parathyroid, parotid and other salivary glands, lymph nodes, cysts, etc. is coded as CPT 76536. This can be helpful in more ill-defined masses or fullness and differentiating adenopathy from mass or cyst, to define further advanced imaging.

Neck MRI is used less frequently than neck CT. Neck MRI without and with contrast (CPT 70543) is appropriate if CT suggests the need for further imaging or if ultrasound or CT suggests any of the following:
• Neurogenic tumor (schwannoma, neurofibroma, glomus tumor; etc.)
• Vascular malformations
• Deep neck masses
• Angiofibromas

SPINE

An initial clinical evaluation within 60 days is required before advanced diagnostic imaging can be considered and should include a detailed neurological examination, appropriate laboratory studies, non-advanced imaging modalities, results of manual motor testing, the specific dermatomal distribution of altered sensation, reflex examination, and nerve root tension signs (Lasegue’s Test).
• For those spinal conditions/disorders in which the Spine Imaging Guidelines require a plain X-ray of the spine prior to consideration of an advanced imaging study, the plain X-ray must be performed after the current episode of symptoms started or changed.

• Clinical re-evaluation: Failure of significant clinical improvement after a recent (within 3 months) six week trial of physician directed treatment / observation and documentation of a relevant history and physical examination (including a detailed neurological examination). A clinical re-evaluation is required documenting:
  o Physician-directed treatment may include education, activity modification, NSAIDs (non-steroidal anti-inflammatory drugs), narcotic and non-narcotic analgesic medications, oral or injectable corticosteroids, a physician-directed home exercise/stretching program, cross-training, avoidance of aggravating activities, physical/occupational therapy, spinal manipulation, interventional pain procedures and other pain management techniques.
  o Any bowel/bladder abnormalities or emergent or urgent indications should be documented at the time of the initial clinical evaluation and clinical re-evaluation.

• Motor deficits (weakness) should be defined by the specific myotomal distribution (for example, weakness of toe flexion/extension, knee flexion/extension, ankle dorsiflexion/plantar flexion, wrist dorsiflexion/palmar flexion) and gradation of muscle testing should be documented.

• Altered sensation to pressure, pain, and temperature should be documented by the specific anatomic distribution (for example, dermatomal and stocking/glove).

• Pathological reflexes (e.g., positive Hoffman’s, Babinski, Chaddock Sign), asymmetric reflexes and reflex examination should be documented.

• Advanced diagnostic imaging may be indicated if serious underlying spinal and/or non-spinal disease is suggested by the presence of certain patient factors referred to as “red flags.”

WHEN CHOOSING THE APPROPRIATE CT SCAN

• Look down first column for the area involved

• Look across the row for signs or symptoms

• If you don’t find what you are ruling out – please feel free to consult a Radiologist (253) 841-4353, Option 1

WHEN CHOOSING THE APPROPRIATE MRI SCAN

• You will need to know the patient’s history, what you are ruling out, area involved

• History of Cancer [except Basal Cell Carcinoma] – Yes or No
  o If yes – use first column of the MRI Preauthorization Guide on page 17

• History of Surgery to the exam site
  o If yes – use second column of the MRI Preauthorization Guide on page 17.

• Are you looking for Infection, Osteomyelitis, Bone tumor, Inflammatory Arthritis?
  o If yes – use third column of the MRI Preauthorization Guide on page 17.

• Are you looking for Soft tissue mass/lump, Neoplasms, or non-healing wounds?
  o If yes – use fourth column of the MRI Preauthorization Guide on page 17.

• If none of the above criteria - use the column titled ‘No specified exceptions’

• Osteomyelitis needs a plain X-ray within 2 weeks of MRI

• Boney & Soft tissue mass needs a plain X-ray within 4 weeks of MRI
  o Not required for Soft Tissue neck, Baker/Ganglion cyst, or prior CT

• If you don’t find what you are ruling out – please feel free to consult a Radiologist (253) 841-4353, Option 1

RED FLAG SIGNS AND SYMPTOMS

Red Flag Indications are intended to represent the potential for life or limb threatening conditions. Red Flag Indications are clinical situations in which localized spine pain and associated neurological features are likely to reflect serious underlying spinal and/or non-spinal disease. Advanced diagnostic imaging of the symptomatic level is appropriate and/or work-up for a non-spinal source of spine pain for Red Flag Indications.

Red Flag Indications include:

• Aortic Aneurysm or Dissection
• Cancer
• Infection
• Cauda Equina Syndrome
• Fracture
• Motor Weakness
GENERAL STUDY PREPARATIONS

CT SCAN WITHOUT ANY CONTRAST

No prep.
Fistulogram – No solid foods 4 hours prior to exam, Clear liquids only 2 hours prior to exam.

CT SCAN WITH IV CONTRAST

No solid foods 4 hours prior to exam. Clear liquids only 2 hours prior to exam.
Creatinine level may be required.

CT SCAN WITH IV AND ORAL CONTRAST (ABDOMEN, APPENDIX, AND / OR PELVIC)

Pick up Oral contrast the day prior to exam at any imaging center.
No solid foods after ingesting first bottle of contrast. Clear liquids only 2 hours prior to exam.
Creatinine level may be required.
*Fast acting oral contrast prep is available for STAT appendix exams. Patients must arrive 90 minutes prior to exam.

CT ENTEROGRAPHY

Clear liquids only 12 hours prior to exam. NPO 4 hours prior to exam.
Arrive 90 minutes prior to appointment time to drink oral contrast (Volumen).
Creatinine level may be required.

CTA – ANGIOGRAMS

No solid foods 4 hours prior to exam. Clear liquids only 2 hours prior to exam.
Creatinine level may be required.

CT Lab Protocol  [ Any “Yes” requires creatinine level within the last 4 weeks ]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Required Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over Age 59 (60+)</td>
<td>GFR = 45+ OK for contrast study</td>
</tr>
<tr>
<td>Diabetic</td>
<td>GFR = 30 - 44 IV Hydration required</td>
</tr>
<tr>
<td>Renal / Kidney Disease (Dialysis, Kidney CA, Single or Transplanted Kidney)</td>
<td>GFR = Below 30 – schedule without contrast</td>
</tr>
<tr>
<td>Currently on Metformin containing drugs</td>
<td></td>
</tr>
<tr>
<td>Hypertension requiring medication</td>
<td></td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td></td>
</tr>
</tbody>
</table>

ARTHROGRAMS USING FLUOROSCOPY FOLLOWED BY CT OR MRI

By MRI: Scout Films may be required.
If on blood thinners – need to stop 4 days prior to exam. PT / INR morning of exam.
Comfortable clothing without metal, no jewelry.

DEXA SCAN

No calcium or supplements containing calcium 24 hours prior to exam.
No metal on clothing.
Bring a complete list of medication(s) including prescription, over-the-counter and vitamins. Must wait one week after contrast exam.
FLUOROSCOPY

Arthrocentesis
If on blood thinners – need to stop 4 days prior to exam. PT / INR morning of exam.

Barium Enema
Two day prep. Call for instructions (253) 841-4353.

Hysterosalpingogram - HSG
Bathe and douche morning of exam - No unprotected intercourse from start of period until after exam. (We don’t want to risk a viable pregnancy with radiation.)
Skip meal prior to exam.

IVP by Fluoro
Clear liquids only 24 hours prior to exam, then no liquids or solids 2 hours prior to exam.
If on blood thinners – need to stop 4 days prior to exam. PT / INR morning of exam.

Lumbar Puncture – LP
No liquids or solids 4 hours prior to exam.
Morning meds may be taken with a sip of water only.
If on blood thinners – need to stop 4 days prior to exam. PT / INR morning of exam.

Pain Injection – Marcaine Injection
If on blood thinners – need to stop 4 days prior to exam. PT / INR morning of exam.

Sialography
Clear liquids only 2 hours prior to exam.

Barium Swallow
Duodenography
Enteroclysis
Esophogram
Fistulogram
Spine
Upper GI
SBFT- Small Bowel Follow Thru
No fluids or solids 8 hours prior.
Morning meds may be taken with a sip of water only.
No gum, mints or cigarettes.

MAMMOGRAMS (SCREENING & DIAGNOSTIC)
No deodorant, perfume or powder. Wear two piece outfit.

GALACTOGRAM
No deodorant, perfume or powder. Wear two piece outfit.

NEEDLE LOC BY MAMMOGRAM
Light meal prior to exam.
No deodorant, perfume or powder. Wear two piece outfit.

STEREOTACTIC BREAST BIOPSY (MUST HAVE ALL PRIOR SCANS AVAILABLE AT TIME OF BIOPSY)
Light meal prior to exam.
No deodorant, perfume or powder. Wear two piece outfit.
If on blood thinners – need to stop 4 days prior to exam. PT / INR morning of exam.
Wear old bra or sports bra – will be leaving with ice packs.

MRI SCAN WITH OR WITHOUT GADOLINIUM (A MEDICAL GOWN WILL BE PROVIDED FOR PATIENT)
Scout films required if patient had previous eye injury from working with metal, grinding or welding equipment and sought medical attention. Performed day before MRI (no Saturdays).
No pacemakers, Surgical clips in head or Neuro-stimulators.
No metal, no jewelry, remove piercing(s).
Creatinine level may be required (see below).

MRI Lab Protocol [Any “Yes” – requires creatinine level within the last 4 weeks]

<table>
<thead>
<tr>
<th>Over Age 59 (60+)</th>
<th>Renal / Kidney Disease (Dialysis, Kidney CA, Single or Transplanted Kidney)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic</td>
<td>Currently on Metformain containing drugs</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>Hypertension requiring medication</td>
</tr>
<tr>
<td>GFR = 30+ OK for contrast study</td>
<td>GFR = Below 30 schedule without contrast</td>
</tr>
<tr>
<td>Procedure</td>
<td>Instructions</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| **MRI SCAN – BILIARY TREE** | No metal, no jewelry, remove piercing(s).  
Creatinine level, scout films may be required. |
| **MR ANGIOGRAM (ABDOMEN AND MRCP)** | No metal, no jewelry, remove piercing(s).  
Creatinine level, scout films may be required. |
| **MR ANGIOGRAM (EXCEPT ABDOMEN OR MRCP)** | Scout films may be required. |
| **MRI ENTEROGRAPHY** | No liquids for solids 6-8 hours prior to exam.  
Arrive 90 minutes prior to exam to drink oral contrast.  
No metal on clothing.  
Bring a complete list of medication(s) including prescription, over-the-counter and vitamins.  
Must wait one week after contrast exam. |
| **MRI SCAN – BREAST BIOPSY** | Light meal prior to exam.  
If on blood thinners – need to stop 4 days prior to exam.  
PT / INR morning of exam.  
Wear old bra.  
No metal, no jewelry, remove piercing(s).  
Scout films may be required. |
| **ULTRASOUND** | **Abdomen**  
Fat free meal prior to exam.  
List of Fat Free Foods - see page 25.  
No liquids or solids after midnight (or 6 hours minimum). |
| **Breast** | No prep required. |
| **Breast Biopsy, Breast Needle Locs** | If on blood thinners – need to stop 4 days prior to exam.  
PT / INR morning of exam.  
Wear loose fitting bra.  
No prep required. |
| **Hysterosonogram** | Bathe and douche morning of exam.  
No unprotected intercourse from start of period until after exam. (We don’t want to risk a viable pregnancy with radiation.) |
| **Pelvic** | If over age 18 – we will do abdominal and transvaginal exam (if medically indicated).  
32 oz of water – one hour prior to exam and hold bladder.  
Patient will be able to empty bladder prior to transvaginal portion. |
| **Pregnancy (complete, follow-up or limited)** | 1st Trimester – 32 oz of water – one hour prior to exam and hold bladder.  
2nd Trimester – 8 oz of water – 30 minutes prior to exam and hold bladder.  
3rd Trimester – None.  
Must be minimum of 18 weeks for fetal survey.  
LMP and EDC on all patients.  
HCG level required if ruling out ectopic pregnancy. |
| **Renal** | 16 oz of water – 30 to 45 minutes prior to exam and hold bladder. |
| **VASCULAR ULTRASOUND** | **Carotid, Upper & Lower Extremity Arterial & Venous Scans** | No prep required. |
| **Renal, Mesenteric-Splanchnic, Abdominal Aorto-iliac Arterial Scans** | No solid foods after midnight.  
No gum or smoking after midnight. |

*If your exam is not listed, please call (253) 841-4353 to confirm. Many other routine exams require no prep.*

*To order additional General Study Prep sheets, schedule an appointment or any referral questions, call (253) 841-4353.*
ABDOMEN ULTRASOUND PREP

Fat-free diet day prior to appointment | Nothing to eat or drink after midnight | No gum, mints or cigarettes

FAT FREE FOODS

VEGETABLES  Most vegetables contain little fat. The types with only trace amounts include alfalfa sprouts, artichokes, asparagus, beets, cabbage, eggplant, mushrooms, potatoes, pumpkin and tomatoes. Other essentially fat-free vegetables include cauliflower with just .3 g of fat per ½-cup serving, carrots with .5 g of fat per 3.5 oz. serving and broccoli with .3 g per ½-cup serving. NO BUTTER – try lemon for seasoning.

FRUITS  Oranges, prunes, peaches and grapefruit are essentially fat-free. Most fruit juices and applesauce are also fat-free. Other fruits, such as bananas, melon, grapes, strawberries, pineapple and pears contain just minuscule amounts of fat.

PROTEIN  Egg whites are fat-free as all the fat in the egg is contained in the yolk. Whey protein powder is another fat-free protein, but check containers to make sure you choose a brand with no additives that may raise the fat content. Beans, specifically black, lima and lentils, contain essentially no fat per serving.

DAIRY  Non-fat dairy products contain no fat. Skim milk, non-fat yogurt, non-fat cottage cheese and non-fat kefir offer satiating protein and bone-building calcium.

SHELLFISH  Clams, lobster, scallops, shrimp are low in fat. (NO BUTTER – try lemon for seasoning).

GRAINS  Puffed wheat and rice cereals with no additional ingredients contain no fat. Rice noodles are another fat-free option that may be added to Asian soups and salads. Enjoy air-popped popcorn as a fat-free snack.

LIQUIDS  Water, coffee and tea contain no fat. Sodas and fruit drinks are also free of fat, but still provide considerable calories while offering little in the way of nutrients.

CONDIMENTS & SPICES  Fat-free labeled dressings (salad, mayonnaise, sour cream), catsup, salsa, honey, mustard, garlic, bouillons, steak and hot sauces (read label), most spices.

Resources:  http://whatscookingamerica.net/NutritionalChart.htm; fatfree.com; livestrong.com
**Note:** Some products, such as Excedrin, are combination drugs (Excedrin is acetaminophen, aspirin and caffeine).

**Note:** Acetaminophen (Paracetamol; Tylenol) is not on this list. Acetaminophen belongs to a class of drugs called analgesics (pain relievers) and antipyretics (fever reducers). The exact mechanism of action of acetaminophen is not known. Acetaminophen relieves pain by elevating the pain threshold, that is, by requiring a greater amount of pain to develop before it is felt by a person. It reduces fever through its action on the heat-regulating center of the brain. Specifically, it tells the center to lower the body’s temperature when the temperature is elevated. Acetaminophen relieves pain in mild arthritis but has no effect on the underlying inflammation, redness and swelling of the joint.

Paracetamol, unlike other common analgesics such as aspirin and ibuprofen, has no anti-inflammatory properties, and so it is not a member of the class of drugs known as non-steroidal anti-inflammatory drugs or NSAIDs.

* * Naproxen Sodium

** Naprelan contains naproxen sodium, a member of the arylacetic acid group of nonsteroidal anti-inflammatory drugs (NSAIDs)."

"The chemical name for naproxen sodium is 2-naphthaleneacetic acid, 6-methoxy-a-methyl-sodium salt, (S)."
# LIST OF WATER PILLS / DIURETICS

| A | Abbolactone  
|  | Acelat  
|  | Acetamox  
|  | Aldace  
|  | Aldactide  
|  | Aldactone  
|  | Aldactone A  
|  | Aldactazide  
|  | Alderon  
|  | Aldopur  
|  | Aldoril  
|  | Aldospirone  
|  | Almatol  
|  | Altex  
|  | Anicar  
|  | Apo-Hydro  
|  | Aquareduct  

| B | Bumetanide  
|  | Bumex  

| C | Canephron  
|  | Capozide  
|  | Crinuryl  

| D | Dehydratin  
|  | Demadex  
|  | Deverol  
|  | Diacarb  
|  | Diamox  
|  | Diatensec  
|  | Dichlotride  
|  | Diamox  
|  | Diluran  
|  | Dira  
|  | Diuramid  
|  | Duraspiro  
|  | Dyazide  

| E | Edecril  
|  | Edecrin  
|  | Edecrina  
|  | Ederen  
|  | Elodrine  
|  | Endecril  
|  | Endural  
|  | Errolon  
|  | Esidrix  
|  | Eumicton  
|  | Euteberol  
|  | Eutensin  
|  | Extur  

| F | Farsix  
|  | Finuret  
|  | Fludex  
|  | Fluidrol  
|  | Fluss  
|  | Fonurit  
|  | Franyl  
|  | Froop  
|  | Frumex  
|  | Frumide  
|  | Frusedan  
|  | Frusehaxal (Hexal)  
|  | Frusema  
|  | Frusol  
|  | Furosemide  

| G | Glaucomide  
|  | Glaucanox  
|  | Glaupan  

| H | Hidromedini  
|  | Hydrochlorothiazide  
|  | HydroDIURIL  
|  | Hydromedin  
|  | HydroSaluric  
|  | Hypothiazid  

| I | Indaflex  
|  | Indap  
|  | Indapamide Arifon  
|  | Inderide  
|  | Ipamix  

| L | Lactalmin  
|  | Ladene  
|  | Laractone  
|  | Lasix  
|  | Lediamox  
|  | Lo-Aqua  
|  | Lopressor HCT  
|  | Lorvas  
|  | Lozol  

| M | Maxzide  
|  | Melarcon  
|  | Metindamide  
|  | Metolazone  
|  | Microzide  
|  | Mingit  
|  | Moduretic  

| N | Natrilix  
|  | Natrionex  
|  | Nefurofan  
|  | Nephramid  

| O | Oretic  
|  | Otacril  

| R | Renamid  
|  | Reomax  

| S | Servier  
|  | Spirinolactone  
|  | Sulfaduriune  

| T | Taladren  
|  | Tandix  
|  | Timolide  
|  | Triampur  
|  | Torsemide  

| U | Ureget  
|  | Uregyt  

| V | Vaseretic  

| Z | Zaroxolyn  

IV HYDRATION FOR LOW GFR PATIENTS REQUIRING CT IMAGING WITH IV CONTRAST

As an added convenience to the medical community and for patient ease, Diagnostic Imaging Northwest is proud to offer IV hydration for low GFR patients requiring CT IV contrast imaging at the Puyallup office near Good Samaritan Hospital.

RISK FACTORS FOR CONTRAST-INDUCED NEPHROPATHY (CIN) INCLUDE:

- Over Age 59 (60+)
- History of contrast-induced nephropathy
- Hypertension requiring medication
- Kidney / Renal cancer
- Kidney / Renal transplant
- Kidney / Renal disease
- On dialysis
- Diabetes
- IV contrast in past 72 hours
- High volume of intravenous contrast (> 2mL / kg)
- Calculated glomerular filtration rate (GFR) < 45mL / min.
- Currently taking Metformin containing drug

ALL CT PATIENTS CAN BE ACCOMMODATED AT OUR PUYALLUP IMAGING CENTER EXCEPT IN THE CASE OF:

- Known difficult venous access (tough sticks)
- Mild – moderate contrast reaction patients (unless pre-meds are provided)
- Severe contrast reaction patients (unless exam is changed to without contrast)

APPOINTMENTS MAY BE SCHEDULED THROUGH OUR CENTRAL PHONE: (253) 841-4353
SCHEDULING HOURS: Monday – Friday: 7:00 am – 6:00 pm
CENTRAL FAX: (253) 446-3973

IV HYDRATION SERVICES OFFERED AT:
Puyallup Imaging Center | 222 15th Ave SE, Puyallup, WA 98372-3754
## LAB PROTOCOL ON CONTRAST EXAMS IF ANY BELOW:

- Over Age 59 (60+)
- Diabetic
- Renal / Kidney Disease (Dialysis, Kidney CA, Single or Transplanted Kidney)
- Currently on Metformin containing drugs
- Hypertension requiring medication
- Multiple Myeloma

> If yes to above – need Creatinine level within last 4 weeks

- Estimated GFR = 30+ Contrast is given
- Estimated GFR = -30 No contrast given

## **MS PROTOCOL (MULTIPLE SCLEROSIS)**

Exam should be done with + without contrast

## *OSTEOMYELITIS = XR WITHIN 2 WEEKS OF MRI*

Boney / Soft Tissue Mass = XR within 4 weeks of MRI

**EXCEPTIONS:** No XR Required for Soft Tissue Neck, Baker or Ganglian Cyst or prior CT scan of area

## GENERAL INFORMATION

MRI’s are typically scheduled with and without or without contrast. Only on a rare occasion will you schedule with contrast only.

- Hx Sx Exam Site = History of surgery to exam site
- Hx Cancer = all cancer except Basal Cell Skin Cancer
- Enterography = MRI abdomen + pelvis with + without contrast

## MRI ORDERING GUIDELINES

Guideline only – exceptions always exist

<table>
<thead>
<tr>
<th>IF PATIENT HAS &gt;&gt;</th>
<th>HX CANCER</th>
<th>HX SURGERY TO EXAM SITE</th>
<th>INFECTION, OSTEOMYELITIS, BONE TUMOR, INFLAMMATORY ARTHRITIS</th>
<th>SOFT TISSUE MASS, NODULES, NEOPLASMS</th>
<th>NO SPECIFIED EXCEPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td>w+w/o</td>
</tr>
<tr>
<td>Brain</td>
<td>w+w/o**</td>
<td>w+w/o</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Breast w/Limited Chest</td>
<td>w+w/o</td>
<td>w+w/o</td>
<td></td>
<td>w+w/o</td>
<td>w+w/o</td>
</tr>
<tr>
<td>Cervical</td>
<td>w+w/o**</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Thoracic</td>
<td>w+w/o**</td>
<td>w+w/o(&lt;8 yrs)</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Lumbar</td>
<td>w+w/o</td>
<td>w+w/o(&lt;8 yrs)</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Shoulders</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Elbows</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Wrists</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Hands</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Pelvis / SI Joint</td>
<td>w+w/o</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Hips</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Knees</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Ankles</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
<tr>
<td>Feet</td>
<td>without</td>
<td>without</td>
<td></td>
<td>w+w/o</td>
<td>without</td>
</tr>
</tbody>
</table>

*OSTEOMYELITIS = XR WITHIN 2 WEEKS OF MRI*
<table>
<thead>
<tr>
<th>CTS</th>
<th>WITH IV (Lab Protocol May Apply)</th>
<th>WITHOUT IV</th>
<th>W+W/O (Lab Protocol May Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>*Abdominal Pain / HxCA / Elevated LFT’s / R/O Epigastric Hernia</td>
<td>R/O Abdominal Wall or Umbilical Hernia</td>
<td>Triple Phase / Pancreatic Protocol</td>
</tr>
<tr>
<td>Abdomen and Pelvis</td>
<td>*Abdominal and Pelvis Pain / HxCA / Diverticulitis / Bloating / Diarrhea / Constipation / Enterography (Volumen Contrast Only - Given at Time of Appointment)</td>
<td>KUB (No Oral Contrast for KUB)</td>
<td>IVP (No Oral Contrast for IVP)</td>
</tr>
<tr>
<td>Appendix</td>
<td>*Appendix Pain / Fever (Fast Prep Oral Contrast Only - Given at Time of Appointment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>Brain MRI is Exam of Choice</td>
<td>CVA / Trauma / Headache / Seizures</td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td>Chest MRI is Exam of Choice</td>
<td>Pulmonary Nodule F/U</td>
<td></td>
</tr>
<tr>
<td>Chest-High Res</td>
<td>Extremities / Joints</td>
<td>Interstitial Lung (ILD) / Fibrosis</td>
<td></td>
</tr>
<tr>
<td>*Enterography</td>
<td>*Enterography Small Bowel Disorders (Volumen Contrast Only - Given at Time of Appointment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities / Joints</td>
<td>Mass / Infection / Tumor (MRI is Exam of Choice)</td>
<td>Pain / Fracture / Trauma</td>
<td>MRI is Exam of Choice for Hematoma / Cellulitis / Osteomyelitis / Soft Tissue Mass / Stress Fx / Muscle or Tendon Injury</td>
</tr>
<tr>
<td>Facial Bones</td>
<td>Facial Bones Mass / Infection / Tumor (MRI is Exam of Choice)</td>
<td>Trauma / Fracture</td>
<td>MRI is Exam of Choice for TMJ</td>
</tr>
<tr>
<td>IAC w/ Temporal</td>
<td>Mass / Tumor (Rare)</td>
<td>Inner Ear / Mastoids</td>
<td>Pain / Mass / Tumor (MRI is Exam of Choice)</td>
</tr>
<tr>
<td>IVP / Urogram</td>
<td></td>
<td></td>
<td>Hematuria (Typically Ordered by Urologist)</td>
</tr>
<tr>
<td>KUB</td>
<td>KUB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck Soft Tissue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orbits</td>
<td>Orbits Mass / Swelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Pelvis</td>
<td>*Pelvis Mass / Infection / Non-Bone Pain</td>
<td>R/O Inguinal / Obturator / Spigelian Hernia Bone Pain / Fracture / Trauma. (No Oral Contrast)</td>
<td></td>
</tr>
<tr>
<td>Pituitary</td>
<td>Pituitary MRI is Exam of Choice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinus</td>
<td>Sinus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine (C, T, L)</td>
<td>Spine Mass / Infection (MRI is Exam of Choice)</td>
<td>Pain / Fracture</td>
<td></td>
</tr>
</tbody>
</table>

**CTAs:**
- Abdomen / Pelvis: Abd Aortic Aneurysm (AAA) / Dissection
- Chest: Aortic Dissection / Pulmonary Embolism

**NOTES:**
- * Oral contrast with these studies unless otherwise indicated
• 70470 Brain (Head) w/ & w/o contrast
• 70486 Sinus, Limited Maxillofacial
• 70488 Face / Maxilla / Mand. w/ & w/o contrast
• 70492 Neck, Soft Tissue w/ & w/o contrast
• 70496 Angio, Head
• 70498 Angio, Neck

• 71270 Chest w/ & w/o contrast
• 71275 Angio, Chest
• 72130 Thoracic Spine w/ & w/o contrast

• 73202 Upper Extremity w/ & w/o contrast
• 73206 Angio, Upper Extremity

ABDOMEN STUDY
includes upper quadrants only
• 74170 Abdomen w/ w/o contrast
• 74175 Angio, Abdomen (renal)
• 72133 Lumbar Spine w/ & w/o contrast
• 74178 Abdomen Pelvis w/ w/o contrast

DEXA SCAN
• 76070 Bone Density Study

ANGIOGRAPHY
• 70496 CT A Head
• 70489 CT A Neck
• 71275 CT A Chest
• 73206 CT A Upper Extremity
• 74175 CT A Abdomen
• 72191 CT A Pelvis
• 73706 CT A Lower Extremity

ARTHROGRAMS
(Fluoroscopy Injection & CT)
• 21116 & 70487 TMJ
• 23350 & 73201 Shoulder
• 24220 & 73201 Elbow
• 25246 & 73201 Wrist
• 27096 & 73701 SI Joint
• 27093 & 73701 Hip
• 27370 & 73701 Knee
• 27648 & 73701 Ankle

PELVIS STUDY
includes lower quadrants only
• 71270 Chest w/ w/o contrast
• 71275 Angio, Chest
• 72130 Thoracic Spine w/ w/o contrast

• 73702 Lower Extremity w/ w/o contrast
• 73706 Angio, Lower Extremities

Bonney Lake | Puyallup | Sunrise
Phone: (253) 841-4353 | Fax: (253) 446-3973

An Alliance of TRA-MINW and MultiCare Health System
### CORE REQUIREMENTS FOR ALL OB ULTRASOUNDS

- Fetal position
- Fetal movement
- Fetal cardiac activity
- Amniotic Fluid – subjective
- Placenta position
- Maternal cervix

### OB US <14 WEEKS =

Number of fetuses, gestational age (size & dates), threatened AB, placental structure, maternal uterus.

### COMPLETE INITIAL OB US

**INCLUDES:**
- Anatomic survey and dating +
- Core images – see above +
- Maternal adnexa +
- Estimated gestational age +
- Estimated fetal weight +

### OB US > / =14 WEEKS = FETAL SURVEY

Number of fetuses, gestational age (size & dates), intracranial / spinal / abdominal anatomy, heart, umbilical cord, placental structure, amniotic fluid, maternal adnexa.

Fetal anatomic survey (if less than 18 weeks a complete OB US does not usually include a fetal anatomic survey but is still considered complete if it’s the patients first examination).

### OB US, FOLLOW-UP

Used to re-assess interval growth (small for dates, large for dates, high risk) or if the original fetal anatomic survey was incomplete.

**INCLUDES:**
- Core images – see above +
- Estimated gestational age +
- Estimated fetal weight +
- Missing items from fetal anatomic survey

### OB US, LIMITED

Quick “look” exam to assess one area only (pt will have had a complete exam prior to this exam). Only obtained for a requested single item.

**INCLUDES:**
- Core images + one
- Specific item requested ie: cervix, placenta, AFI, fetal position.

### OB US – TRANSVAGINAL

Requested for OB patients <14 weeks.

Transabdominal and/or Transvaginal as clinically indicated for fetal visualization.

---

**NOTE:** DINW does NOT perform OB Ultrasounds solely for the purpose of obtaining fetal face picture (Keepsake Ultrasound). There must be a medical indication for the exam. This would violate federal regulations and could jeopardize our accreditation.
ARterial Duplex
- 93880 Carotid Artery, bilateral
- 93882 Carotid Artery, unilateral
- 93930 Upper Extremity Arterial, bilateral
- 93931 Upper Extremity Arterial, unilateral
- 93975 Mesenteric-Renal-Splanchnic Artery
- 93978 Abdominal Aorto-iliac
- 93925 Lower Extremity Artery, bilateral
- 93926 Lower Extremity Artery, unilateral
- 93923 Lower Extremity, segmental (ABI)

Ob Ultrasound
- 76801 + 76817 Under 14 Weeks
- 76802 + 76817 Under 14 Weeks, Twins
- 76805 Over 14 Weeks
- 76810 Over 14 Weeks, Twins
- 76815 Limited
- 76816 Follow-Up
- 76817 Transvaginal
- 76818 Biophysical Profile

Abdomen Study
- 76536 Head & Neck, Soft Tissue

Pelvis Study
- 76604 Chest
- 76641 Breast, complete
- 76642 Breast, limited
- 76880 Upper Extremity
- 76700 Abdominal
- 76705 Abdominal, Limited

Venous Duplex
- 93970 Extremity Venous, Bilateral
- 93971 Extremity Venous, Unilateral
- 93970 + 93965 Lower Extremity Venous Insufficiency Evaluation, Bilateral
- 93971 + 93965 Lower Extremity Venous Insufficiency Evaluation, Unilateral

Bonney Lake | Puyallup | Sunrise
Phone: (253) 841-4353 | Fax: (253) 446-3973
**BREAST IMAGING GUIDE**

Guideline only – exceptions always exist

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**Diagnostic Imaging Northwest**

An Alliance of TRA-MINW and MultiCare Health System

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<table>
<thead>
<tr>
<th>IF</th>
<th>FEMALE</th>
<th>FEMALE</th>
<th>FEMALE</th>
<th>FEMALE</th>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNDER 25 YEARS OLD</td>
<td>25-29 YEARS OLD</td>
<td>30+ YEARS OLD AND LAST MAMMOGRAM WITHIN 6 MONTHS</td>
<td>30+ YEARS OLD AND LAST MAMMOGRAM 6-12 MONTHS AGO</td>
<td>30+ YEARS OLD AND LAST MAMMOGRAM MORE THAN 365 DAYS</td>
<td>40+ YEARS OLD AND LAST MAMMOGRAM MORE THAN 365 DAYS</td>
</tr>
<tr>
<td>No Symptoms</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A***</td>
<td>Screening</td>
</tr>
<tr>
<td>Personal Hx of Breast CA (No active dx)</td>
<td>N/A</td>
<td>Bilateral Dx or screening at PCP discretion</td>
<td>N/A</td>
<td>N/A</td>
<td>Bilateral Dx or Screening at PCP discretion</td>
<td>Bilateral Dx or Screening at PCP discretion</td>
</tr>
<tr>
<td>Defuse Pain</td>
<td>US in affected Breast</td>
<td>US in affected Breast</td>
<td>US in affected Breast</td>
<td>Unilateral Dx only</td>
<td>Bilateral Dx only</td>
<td>Bilateral Dx only</td>
</tr>
<tr>
<td>Focal Pain</td>
<td>US in affected Breast</td>
<td>US in affected Breast</td>
<td>US in affected Breast</td>
<td>Unilateral Dx only</td>
<td>Bilateral Dx only</td>
<td>Bilateral Dx only</td>
</tr>
<tr>
<td>3 / 6 Month Follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leaking Implants</td>
<td>Breast MRI</td>
<td>Breast MRI</td>
<td>Breast MRI</td>
<td>Breast MRI</td>
<td>Bilateral Dx</td>
<td>Bilateral Dx</td>
</tr>
<tr>
<td>Patients with Pain / Lump and Breast Feeding within the last 6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Per Rad Recommendation</td>
<td></td>
</tr>
<tr>
<td>Patient had recent screening mammogram and radiologist recommends additional imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Refer to screening mammogram report for radiologist recommendation - additional imaging, with or without ultrasound</td>
<td></td>
</tr>
<tr>
<td><strong>IF PATIENT'S MOTHER HAS A HISTORY OF BREAST CANCER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine screening should begin at mother's age of diagnosis minus 10 years or age 40 (whichever is earlier).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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We encourage patients to check with their insurance carriers for benefits on all screening exams.
The following are insurance guidelines for DEXA coverage. Medicare (and most other insurances) have very specific guidelines for coverage. If a patient’s referral does not indicate a potentially covered diagnosis we will be asking your patient to sign a payment waiver for this study. For your convenience, below is a general list of covered diagnoses. Your patient may wish to contact their insurance carrier for any coverage concerns.

Please feel free to contact our office should you have any questions at (253) 841-4353.

**EXAMPLES OF MEDICARE COVERED DIAGNOSES FOR STUDIES MORE OFTEN THAN EVERY 24 MONTHS**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Fx</td>
<td>S12+</td>
</tr>
<tr>
<td>Cervical Injury</td>
<td>S14+</td>
</tr>
<tr>
<td>Corticoadrenal Over-activity</td>
<td>E24+</td>
</tr>
<tr>
<td>Current Long Term Hormonal Contraceptives</td>
<td>Z79.3</td>
</tr>
<tr>
<td>Current Long Term Inhaled Steroids</td>
<td>Z79.51/52</td>
</tr>
<tr>
<td>Current Long Term Bisphosphonates</td>
<td>Z79.83</td>
</tr>
<tr>
<td>Cushing Syndrome</td>
<td>E24+</td>
</tr>
<tr>
<td>Disorder of bone density, unspecified</td>
<td>M85.9</td>
</tr>
<tr>
<td>Disorder of bone, unspecified</td>
<td>M89.9</td>
</tr>
<tr>
<td>Disorder of cartilage, unspecified</td>
<td>M94.9</td>
</tr>
<tr>
<td>Ectopic Hormone Secretion</td>
<td>E34.2</td>
</tr>
<tr>
<td>Hyperparathyroid</td>
<td>E21.0/3</td>
</tr>
<tr>
<td>Hypopituitarism</td>
<td>E23.0</td>
</tr>
<tr>
<td>Lumbar Fx</td>
<td>S32+</td>
</tr>
<tr>
<td>Lumbar Injury</td>
<td>S34+</td>
</tr>
<tr>
<td>Osteoporosis with current Fx</td>
<td>M80+</td>
</tr>
<tr>
<td>Osteoporosis w/o current FX</td>
<td>M81.0/6/8</td>
</tr>
<tr>
<td>Other Ovarian Failure</td>
<td>E28.39</td>
</tr>
<tr>
<td>Personal Hx of Osteoporosis Fx, healed</td>
<td>Z87.310</td>
</tr>
<tr>
<td>Post-ablative Ovarian Failure</td>
<td>E89.40/41</td>
</tr>
<tr>
<td>Postmenopausal Status, asymptomatic</td>
<td>Z78.0</td>
</tr>
<tr>
<td>Premature Menopause, symptomatic</td>
<td>E28.310</td>
</tr>
<tr>
<td>Premature Menopause, asymptomatic</td>
<td>E28.319</td>
</tr>
<tr>
<td>Premenopausal Disorders</td>
<td>N95.8/9</td>
</tr>
<tr>
<td>Thoracic Injury</td>
<td>S24+</td>
</tr>
<tr>
<td>Thoracic Fx</td>
<td>S22+</td>
</tr>
<tr>
<td>Vertebral Fx, current</td>
<td>M48+</td>
</tr>
<tr>
<td>Unspecified disorder of Bone/Cartilage (Osteopenia)</td>
<td>M85.8+</td>
</tr>
</tbody>
</table>

**NOTE:** CANCER is NOT a covered Diagnosis under Medicare, however if they are on medications/therapy that could affect their bone density, this would be a diagnostic DEXA and be covered more than every 24 months.
Diagnostic Imaging Northwest strives to meet the needs of our patients and to provide a high quality of medical care. All patients are required to give legal consent to treat and to establish a guarantor of charges. Diagnostic Imaging Northwest requires that all minors (under the legal age of 18) be accompanied by a parent or legal guardian. Patients under the age of 18 that qualify as a Mature Minor may consent on their own behalf and do not require a parent or guardian.

**CLARIFICATION OF THE MATURE MINOR RULE FOR INFORMATION ONLY:**

Medical treatment that can be provided without parental consent (regardless of age):

- Family Planning Services
- Pregnancy Care (including Prenatal Care)
- Minor who is married to someone 18 years or older
- Emergency Services (if it is impractical to obtain consent first if needed)
- Court Order: For legally emancipated minors (very uncommon)
- Treatment requested for a suspected STD
- Emancipated Minor (rare)
- Mental Health issues to someone 13 years or older

**STEP 1** When minors are referred to our centers or are walk-ins, we will request the parent or legal guardian sign the consent to treatment and guarantor of charges. Parent or guardian(s) must provide signed consent in person prior to the procedure being performed.

**STEP 2** For non-procedure/non-contrast studies (such as plain films or ultrasounds), the parent or guardian may sign in advance for a specific date of procedure and is not required to be on-site for the duration of the study. With extended hours at our Puyallup Imaging Center there are more options available for parents to come in and sign the consent forms.

**STEP 3** Walk-in plain films where the patient arrives without a parent and/or legal guardian, the front desk may obtain a verbal consent over the phone, however, this is not the preferred method.

**STEP 4** In the event a procedure requires an injection (such as contrast, biopsies, etc), medication for sedation or other factors to radiate, we must have the parent(s) or guardian onsite, aware and consenting for the procedure for the duration of the study.

**STEP 5** One of the following consent forms must be completed, signed and scanned into the patient account for every visit to the Imaging Center:

If you have questions or concerns, feel free to contact the Compliance Officer at (253) 583-8607.
DECLARATION OF RESPONSIBILITY FOR A MINOR’S HEALTH CARE

I DECLARE THAT:

Minor’s Information:

1. I consent to health care for the child:

2. The child’s date of birth is: ___________________________ Age: ___________________________

3. Date of Procedure:* ___________________________

Parent / Guardian Information:

4. My name is: ____________________________
   (Print Name)

5. My home address is: ____________________________
   ____________________________

6. My date of birth is: ____________________________ Phone: ____________________________

7. I am the ____________________________ of the above named minor.
   (Relationship: e.g. parent or legal guardian, etc.)

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

Signature of Parent: ____________________________ Date: ____________________________

*This declaration is ONLY valid for the study date listed above.

GENERAL NOTICE:

1. A health care provider may, but is not required to, request additional documentation of a person’s claimed status as being a relative responsible for the health care of the minor patient.

2. A healthcare provider or a health care facility where services are rendered shall be immune from suit in any action, civil or criminal, or from professional or other disciplinary action, when a health care provider or health care facility relies upon a declaration signed under penalty of perjury pursuant to RCW 9A.72.085 stating that the adult person is a relative responsible for the health care of the minor patient. RCW 7.70.065(2)(d).

3. A “health care facility” is defined as a hospital, clinic, nursing home, laboratory, office or similar place where a health care provider provides health care to patients. RCW 70.02.010(5). A “health care provider” is a person who is licensed, certified, registered, or otherwise authorized by law of this state to provide health care in the ordinary course of business or practice of a profession. RCW 70.02.010(8)
DECLARATION OF RESPONSIBILITY FOR A MINOR’S HEALTH CARE
VERBAL AUTHORIZATION

I DECLARE THAT:

Minor’s Information:
1. I consent to health care for the child: ________________________________
2. The child’s date of birth is: ___________________________ Age: _______________________
3. Date of Procedure:* ________________________________

Parent / Guardian Information:
4. My name is: ________________________________ (Print Name)
5. My home address is: ________________________________
6. My date of birth is: ___________________________ Phone: _______________________
7. I am the ________________________________ (Relationship: e.g. parent or legal guardian, etc.) of the above named minor.

Verbal authorization was obtained in the absence of a parent or guardian. I declare under penalty of perjury under the laws of the State of Washington that I spoke to the above and is true and correct.

Date: ___________________________ Time: ___________________________ Witness: ________________________________

Signature of Staff: ________________________________

*This declaration is ONLY valid for the study date listed above.
To provide clarification on computer generated orders, specifically EPIC and Clarity orders where an indication that “Radiologist can change = YES” is on the order; DINW is allowed to change things like, number of views and contrast status. We cannot change modality or body part or add additional exams unless all of the following apply (which is only on a rare occasion):

DINW performs the original diagnostic test ordered by the treating physician / practitioner;
The DINW Radiologist determines and documents that, because of the abnormal result of the diagnostic test performed, an additional diagnostic test is medically necessary;
Delaying the additional diagnostic test would have an adverse effect on the care of the patient;
The result of the test is communicated to and is used by the treating physician / practitioner in the treatment of the patient; and the DINW Radiologist documents in his / her report why additional testing was done.

**SOME EXAMPLES**

When the referring provider has ordered and given permission to change by checking “Radiologist can Change = YES.”

**Q:** If we have an order for a Transabdominal Pelvic US and we need to also do a Transvaginal (TV) for visualization — is this okay to add? Or is an additional order required?

**A:** New / updated order is needed, because a TV is a different CPT code, it falls in the added test category.

**Q:** We have an order for OB US, <14 weeks, can we add the Transvaginal for visualization without an additional order?

**A:** New / updated order is needed, because a TV is a different CPT code, it falls in the added test category.

**Q:** We have an order for complete OB US, and it should really be a limited or follow-up OB US, is this okay to change?

**A:** New / updated order is needed, because exam is a different CPT code, it falls in the added test category.

**Q:** What if we have an order for abdomen / pelvis CT and only need the pelvis? Is this okay without notifying referring office?

**A:** Do not need a new order.

**Q:** Order received for shoulder X-ray, 2 views and we need 3 views to complete the diagnosis.

**A:** We can change the number of views as long as the order states it is okay for Radiologist to Change = YES.

**Q:** Order received for CT Abdomen for diverticulitis. CT Pelvis is the appropriate exam for this diagnosis.

**A:** New / updated order for the CT Pelvis is required. This is an added test (different CPT code).

**FOR QUESTIONS, PLEASE FEEL FREE TO CONTACT**

**CINDY PETERSON, SCHEDULING MANAGER: (253) 583-8645**
# Specialty Exams

This form is part of the patient's medical record and must be completed for referral.

**Date of Referral** ______________  **Referring Provider Name** ____________________________

**Patient Name (First, MI, Last)** ____________________________  **DOB** ______________

**Patient Home Phone** ____________________________  **Cell** ____________________________

**SSN** ____________________________  Translator Needed (language) ____________________________

Written Diagnosis/Reason/Symptom for Exam(s) **REQUIRED**

---

**ICD-10 CODE: _________________________**  **ICD-10 CODE: _________________________**

---

**Height:** ______________  **Weight:** ______________  **Allergies:** ____________________________

**Creatinine / GFR** ______________ / ______________  **Date drawn:** ______________

**LABS REQUIRED FOR IV CONTRAST STUDIES**

- [ ] I authorize on-site creatinine if needed

---

**CT Scan**

- [ ] No Contrast  - [ ] Contrast at radiologist discretion
- [ ] Head
- [ ] Neck
- [ ] C-spine
- [ ] T-spine
- [ ] L-spine
- [ ] Scoliosis
- [ ] Ltd. Sinus
- [ ] Chest
- [ ] Abdomen
- [ ] Pelvis
- [ ] Abdomen & Pelvis
- [ ] CT KUB
- [ ] CT Enterography
- [ ] CTA Head
- [ ] CTA Neck
- [ ] CTA Chest
- [ ] CTA Abdomen
- [ ] CTA Abdomen & Pelvis
- [ ] CTA Pelvis
- [ ] Other (Specify) ______________

---

**MRI EXAM**

- [ ] No Contrast  - [ ] Contrast at radiologist discretion
- [ ] Patient has a Pacemaker / or implanted device
- [ ] Patient may have metal in eye
- [ ] Brain
- [ ] Orbits w/ Brain
- [ ] Face/Neck
- [ ] C-spine
- [ ] L-spine  - [ ] T-spine
- [ ] Other (Specify)
- [ ] Abdomen
- [ ] Pelvis
- [ ] Enterography
- [ ] MRCP
- [ ] MRA (Specify)
- [ ] CTA Head
- [ ] CTA Neck
- [ ] CTA Chest
- [ ] CTA Abdomen
- [ ] CTA Abdomen & Pelvis
- [ ] CTA Pelvis
- [ ] Other (Specify) ______________

---

**Extremity**

- [ ] w / joint arthrogram
- [ ] lt  - [ ] rt
- [ ] Hand
- [ ] Wrist
- [ ] Elbow
- [ ] Shoulder
- [ ] Hip
- [ ] Knee
- [ ] Ankle
- [ ] Foot
- [ ] Other (Specify) ______________

---

**INJECTIONS & PROCEDURES**

- [ ] Diagnostic & Therapeutic Injection (Specify) ____________________________
- [ ] Interventional Procedure (Specify) ____________________________

---

**REFERRING PROVIDER SIGNATURE**

---

**PRIOR EXAMS**

**Date of Service** ______________  **Facility Location** ____________________________

**Other last name:** ____________________________

**Appointment:**

**Date** ______________  **Check-in Time** ______________

**Appointment Time** ______________

- [ ] Call patient to schedule
- [ ] Patient will call to schedule

**Reports:**

- [ ] Call STAT
- [ ] Fax STAT
- [ ] Fax Routine

**Images:**

- [ ] CD ROM
- [ ] Web PACS

- [ ] Send with patient
- [ ] Send to provider

**Additional Reports to PCP:**

---

**Insurance(s):** ____________________________

**Pre-Authorization #** ____________________________

**Injury Date** ______________  **Claim #** ____________________________

---

**CT Scan Scheduling:** 253-841-4353  **FAX:** 253-446-3973

**Locations:** (See maps on back)

---

To order more forms please contact (253) 841-4353 or visit dinw.com/provider-resources
COMMON EXAMS
This form is part of the patient’s medical record and must be completed for referral

Date of Referral ____________________ Referring Provider Name _________________________________________________________

Patient Name (First, MI, Last) ____________________ DOB __________________

Patient Home Phone ____________________ Cell __________________

SSN ____________________ Translator Needed (language) ____________________

Written Diagnosis/Reason/Symptom for Exam(s) REQUIRED

ICD-10 CODE: ________________________ ICD-10 CODE: ________________________

X-RAY
specify additional views:

☐ Chest
☐ Sinuses
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Scoliosis
☐ KUB
☐ Abdomen Series
☐ Pelvis only
☐ Pelvis w/Lateral Hip  lt  rt  bilat
☐ Hips  lt  rt  bilat
☐ Shoulder  lt  rt  bilat
☐ Ribs  lt  rt  bilat
☐ Elbow  lt  rt  bilat
☐ Forearm  lt  rt  bilat
☐ Wrist  lt  rt  bilat
☐ Hand  lt  rt  bilat
☐ Finger  lt  rt  bilat
☐ Knee  lt  rt  bilat
☐ Tib/Fib  lt  rt  bilat
☐ Ankle  lt  rt  bilat
☐ Foot  lt  rt  bilat
☐ Toe  lt  rt  bilat
☐ Other__________________________ lt  rt  bilat

BONE DENSITOMETRY (DEXA)

☐ Spine & Femur
☐ Other (Specify) ____________________

MAMMOGRAPHY

PLEASE USE THE BREAST IMAGING ORDER FORM

ULTRASOUND

☐ Vascular (Specify) ____________________

☐ Arterial  ☐ Venous
☐ AAA Screen (Medicare IPPE exam)
☐ Abdomen - Complete
☐ Abdomen - Limited  (Area of interest?)

☐ Superficial Soft Tissue (Area of interest?)

☐ Extremity lt  rt  (Specify)____________________

☐ Renal
☐ Pelvic  (transabdominal &/or transvaginal as needed for diagnostic visualization)

☐ Pelvic - Limited (Specify)____________________

☐ Pelvic - Transvaginal only

☐ OB  ___Multiple  ___ High Risk

Follow-up  ____ Limited

☐ < 14 weeks complete  (transvaginal as needed for visualization)

☐ > 14 weeks complete

☐ Biophysical Profile
☐ Thyroid / Neck
☐ Testicular / Doppler
☐ Other (Specify) ____________________

REFERRING PROVIDER SIGNATURE ____________________________________________________________

ICD-10 CODE: ________________________ ICD-10 CODE: ________________________

X-RAY
specify additional views:

☐ Chest
☐ Sinuses
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Scoliosis
☐ KUB
☐ Abdomen Series
☐ Pelvis only
☐ Pelvis w/Lateral Hip  lt  rt  bilat
☐ Hips  lt  rt  bilat
☐ Shoulder  lt  rt  bilat
☐ Ribs  lt  rt  bilat
☐ Elbow  lt  rt  bilat
☐ Forearm  lt  rt  bilat
☐ Wrist  lt  rt  bilat
☐ Hand  lt  rt  bilat
☐ Finger  lt  rt  bilat
☐ Knee  lt  rt  bilat
☐ Tib/Fib  lt  rt  bilat
☐ Ankle  lt  rt  bilat
☐ Foot  lt  rt  bilat
☐ Toe  lt  rt  bilat
☐ Other__________________________ lt  rt  bilat

BONE DENSITOMETRY (DEXA)

☐ Spine & Femur
☐ Other (Specify) ____________________

MAMMOGRAPHY

PLEASE USE THE BREAST IMAGING ORDER FORM

ULTRASOUND

☐ Vascular (Specify) ____________________

☐ Arterial  ☐ Venous
☐ AAA Screen (Medicare IPPE exam)
☐ Abdomen - Complete
☐ Abdomen - Limited  (Area of interest?)

☐ Superficial Soft Tissue (Area of interest?)

☐ Extremity lt  rt  (Specify)____________________

☐ Renal
☐ Pelvic  (transabdominal &/or transvaginal as needed for diagnostic visualization)

☐ Pelvic - Limited (Specify)____________________

☐ Pelvic - Transvaginal only

☐ OB  ___Multiple  ___ High Risk

Follow-up  ____ Limited

☐ < 14 weeks complete  (transvaginal as needed for visualization)

☐ > 14 weeks complete

☐ Biophysical Profile
☐ Thyroid / Neck
☐ Testicular / Doppler
☐ Other (Specify) ____________________

REFERRING PROVIDER SIGNATURE ____________________________________________________________

To order more forms please contact (253) 841-4353 or visit dinw.com/provider-resources
BREAST IMAGING & BONE DENSITY

This form is part of the patient's medical record and must be completed for referral

Date of Referral ____________________ Referring Provider Name _________________________________________________________

Patient Name (First, MI, Last) ____________________ DOB ____________________

Patient Home Phone ____________________ Cell ____________________

SSN ____________________ Translator Needed (language) ____________________

Written Diagnosis/Reason/Symptom for Exam(s) **REQUIRED**

| ICD-10 CODE: ____________________ | ICD-10 CODE: ____________________ |
|____________________________|____________________________|

Breast cancer history It rt Mastectomy history lt rt Implants Y N

SCREENING SERVICES

Mammography

- Screening Mammogram (no symptoms)
  - lt rt bilat
- Needle Biopsy if indicated

Bone Densitometry (DEXA)

- Spine & Femur
- Other (Specify)

DIAGNOSTIC SERVICES

- Diagnostic Mammogram lt rt bilat (Ultrasound if clinically indicated)
- Needle Biopsy if indicated
- Needle Loc / Placement lt rt bilat
- Stereotactic Breast Biopsy lt rt bilat
- Galactogram lt rt bilat
- Ultrasound
  - Breast Limited lt rt bilat
  - Breast Complete lt rt bilat
  - Breast Cyst Aspiration lt rt bilat
  - Guided Breast Biopsy lt rt bilat

MRI EXAM

- Creatinine / GFR _______ / _______ Date drawn: _________
- Contrast at radiologist discretion
- I authorize on-site creatinine if needed
- Patient has a Pacemaker / or implanted device
- Breast MRI bilat with contrast
  (Limited Chest MRI if indicated)

Indicate area of concern:

RIGHT LEFT

Appointment:

Date ______ Check-in Time ________

- Call patient to schedule
- Patient will call to schedule

Reports:

- Call STAT
- Fax STAT
- Fax Routine

Images:
- CD ROM
- Web PACS

- Send with patient
- Send to provider

Additional Reports to PCP:

Insurance(s): ____________________

Pre-Authorization # ____________________

Injury Date __________ Claim # __________

REFERRING PROVIDER SIGNATURE

To order more forms please contact (253) 841-4353 or visit dinw.com/provider-resources
PUYALLUP IMAGING CENTER
222 15th Avenue SE  |  Puyallup, WA 98372

SERVICES AT THIS LOCATION: MRI, CT, Ultrasound, X-ray, DEXA (Bone Density Scan), Mammography, Stereotactic Breast Biopsy, Breast MRI, Guided Biopsy, Fluoroscopy, Creatinine Lab Services; and IV Hydration for low GFR patients requiring CT IV contrast imaging.

GOOD SAMARITAN MEDICAL BUILDING
1450 5th St. SE, Suite 4600  |  Puyallup, WA 98372

SERVICES AT THIS LOCATION: X-ray

BONNEY LAKE IMAGING CENTER
21110 SR 410 E, Suite 110  |  Bonney Lake, WA 98391

SERVICES AT THIS LOCATION: MRI, CT, Ultrasound, Mammography, DEXA (Bone Density Scan), and Creatinine Lab Services (NO X-RAY AT THIS LOCATION)

BONNEY LAKE MEDICAL BUILDING
10004 204th Avenue E, Suite 2600  |  Bonney Lake, WA 98391

SERVICES AT THIS LOCATION: X-ray

SUNRISE IMAGING CENTER
11212 Sunrise Blvd. E, Suite 200  |  Puyallup, WA 98374

SERVICES AT THIS LOCATION: MRI, CT, Ultrasound, X-ray, Digital Mammography, DEXA (Bone Density Scan), and Creatinine Lab Services

Patient's Appt. Date: ____________________________
Time: ____________________________
Scheduling and Information: (253) 841-4353
Scheduling Fax: (253) 446-3973
BONNEY LAKE IMAGING CENTER (on Hwy. 410)
21110 SR 410 E, Ste 110  |  Bonney Lake, WA  98391-8457

BONNEY LAKE MEDICAL BUILDING (just off of S. Prairie Rd.)
10004 204th Ave E, Ste 2600  |  Bonney Lake, WA  98391-6539

PUYALLUP IMAGING CENTER
222 15th Ave SE  |  Puyallup, WA  98372-3754

GOOD SAMARITAN MEDICAL OFFICE BUILDING
1450 5th St SE, Ste 4600  |  Puyallup, WA  98372-4655

SUNRISE IMAGING CENTER
11212 Sunrise Blvd E, Ste 200  |  Puyallup, WA  98374-8847

DOWNLOADABLE FORMS AVAILABLE AT:
dinw.com/provider-resources

Scheduling Phone:  (253) 841-4353  |  Fax:  (253) 446-3973  
diw.com