



Optum Care Washington, PLLC

Diagnostic imaging

Phone: 425-317-3400 Fax: 425-339-4297

Exam/procedure order form

LAST		FIRST	
Cell/Home Phone		DOB	MRN#
Weight/Height	Allergies	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Exam:			
Reason for Exam:			

EXAM

	EXAM/CPT CODE (S)
<input type="checkbox"/> MRI	
<input type="checkbox"/> CT	
<input type="checkbox"/> X-Ray	
<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Nuc Med (Non-Cardiac)	
<input type="checkbox"/> Screening Mammogram	
<input type="checkbox"/> Fluoro Injection/Aspiration	
<input type="checkbox"/> Bone Density/DEXA	
<input type="checkbox"/> Other:	
	<input type="checkbox"/> Left <input type="checkbox"/> Right

CONTRAST

<input type="checkbox"/> With	
<input type="checkbox"/> Without	
<input type="checkbox"/> As indicated by Radiologist	
<input type="checkbox"/> Arthrogram (Pre-MRI & CT)	

CONTRAST INFORMATION

<input type="checkbox"/> Allergic to Iodinated Contrast
<input type="checkbox"/> Allergic to Gadolinium
<i>If allergic, call 425-317-3400 for premed instructions</i>
Will Need Creatinine (<30 days) IF:
<input type="checkbox"/> Renal Insufficiency/Nephrectomy
<input type="checkbox"/> Diabetic
<input type="checkbox"/> >60 Years Old
<input type="checkbox"/> Dialysis (additional instructions apply)
<input type="checkbox"/> Creatinine Level:
<input type="checkbox"/> Date Drawn:

PRIOR/COMPARISON

Please list date and facility if there are any relevant prior imaging studies:

Please have patient call our scheduling line if they have not received a phone call after 48 hours of submitting this order.

DIAGNOSIS CODE(S)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Authorization is required prior to scheduling for all CT, MRI, and Nuclear Medicine exams.

AUTHORIZATION NUMBER: _____

AUTHORIZATION DATES: _____

CLINICAL DECISION SUPPORT

Decision Support Number: _____

Decision Support Vendor: _____

Decision Support Score: _____

MRI SAFETY SCREENING

<input type="checkbox"/> Claustrophobic
<input type="checkbox"/> Any implanted/attached devices or metal to include: Pacemaker, neurostimulator, defibrillator, vascular stents, aneurysm clips, diabetic glucose monitor or any other metal from surgery or injury
<input type="checkbox"/> Specify

REPORT/IMAGE REQUEST

<input type="checkbox"/> Routine
<input type="checkbox"/> Stat Call Report Phone:
<input type="checkbox"/> Give Patient CD
<input type="checkbox"/> Push to PACS

REFERRING PROVIDER/NPI#:

Name: _____

Facility: _____

Phone: _____

Physician Signature: _____

NPI #: _____



Optum Care Washington, PLLC

Arlington

4011 172nd St. NE
Arlington, WA 98223
 X-Ray

Eastside

1200 112th Ave NE Bellevue, WA
98004
 X-Ray
 Screening
 Mammography
 DEXA

Edmonds

21401 72nd Avenue West Edmonds,
WA 98026
 Ultrasound
 Screening
Mammography
 X-Ray
 CT
 MRI

Everett Campus Founders

Building 3901 Hoyt Avenue
Everett, WA 98201
 X-Ray
 Screening
Mammography
 DEXA
 Nuclear Medicine

Everett Campus Gunderson

Building 3927 Rucker Ave
Everett, WA 98201
 X-Ray
 CT MRI
 Ultrasound

Harbour Pointe

4410 106th St. SW Mukilteo
WA 98275
 X-Ray

Marysville

4420 76th St. NE
Marysville, WA 98270
 X-Ray

Mill Creek

15418 Main Street Mill Creek,
WA 98012
 X-Ray
 Screening
Mammography

Shoreline

1201 N 175th Street
Shoreline, WA 98133
 X-Ray

Silver Lake

1818 121st St. SE
Silver Lake, WA 98208
 X-Ray

Smokey Point

2901 174th St.
NE Marysville, WA 98271
 X-Ray
 CT
 MRI
 Screening
Mammography
 DEXA
 Ultrasound

Snohomish

401 Second St.
Snohomish, WA 98290
 X-Ray

Soper Hill

8923 Soper Hill Rd
Marysville, WA 98270
 X-Ray

Stanwood

7205 265th St. NW
Stanwood, WA 98292
 X-Ray

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PROCEDURE	PATIENT INSTRUCTIONS
CT with IV Contrast	No solid foods for 4 hours prior to your appointment time. You may drink liquids.
CT Abdomen and/or Pelvis	No solid foods for 4 hours prior to your appointment time. Please drink 16oz of water one hour prior to your appointment time. You may be asked to drink additional water once you arrive.
CT IVP	Nothing to eat 4 hours prior to exam. You may drink liquids.
MRI Abdomen (includes MRI Abdomen, MRI Abdomen and Pelvis, MRI Enterography, MRI MRCP)	You cannot have anything to eat or drink for 6 hours prior to your appointment.
Ultrasound Abdomen	<ul style="list-style-type: none"> No foods or liquids should be taken 10 hours prior to the appointment time. If you take medications, please take with a small amount of water. Since air or gas may interfere with the examination, you should avoid chewing gum the morning of the test.
Ultrasound Abdomen and Pelvis on the same day	<ul style="list-style-type: none"> Same as the abdominal prep except you must drink 32 ounces of water 45 minutes prior to exam. Do not empty bladder.
Ultrasound Renal	<ul style="list-style-type: none"> Drink 32 ounces of water 45 minutes prior to exam. Do not empty bladder.
Ultrasound Obstetric or Pelvis	<ul style="list-style-type: none"> You must complete drinking 32 ounces of water 45 minutes prior to the exam (no coffee, tea or pop). Do not empty bladder. If you are more than 13 weeks pregnant, you do not need to drink water and have a full bladder for the test. Food may be eaten as long as the required amount of liquid is taken. No videotaping is allowed during the procedure. This exam may involve a vaginal scan.

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The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call 1-206-329-1777, TTY 711. ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas sin cargo, a su disposición. Llame al 1-206-329-1777, TTY 711. 請注意：如果您說中文，我們免費為您提供語言協助服務。請致電：1-206-329-1777, TTY 711.

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