Please fill out completely and legibly

CALL TO SCHEDULE STUDY 206-598-7200
FAX ORDER TO: 206-598-7690

RRR Clinical Research UWMC RADIOLOGY

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

RRR Study Name: GGG, UW School of Dentistry

RRR Study Code(9 digits): GU1029151

CIRCLE EXAM(S) DESIRED: **CT MRI FLUORO RADIOLOGY ULTRASOUND INTERVENTIONAL NUCLEAR MEDICINE**

☒ **OUTPATIENT** CLINIC Dental

☐ **INPATIENT** UNIT _____

Today's Date:

Location:
☒ **UWMC Main**
☐ **Roosevelt Clinic**

☐ To be scheduled on:
Date:_____
☐ Clinic to call to schedule
☐ Patient will call to schedule
☐ Radiology to call patient to schedule

☐ **Interpreter Language**_____

EXAM REQUESTED: SPECIFIC ANATOMICAL AREA OF INTEREST

1) 1 view Abdom 2) PA CXR

Exam protocol approved by Radiology per Leigh Ann Russell

COMPARISON IMAGING STUDIES:
(type, where and when)

REASON FOR EXAM: DIAGNOSIS, SPECIFIC SIGNS/SYMPTOMS, RELEVANT HISTORY, AND PRIOR EXAMS

Evaluate for possible swallowed foreign body
* Cancell PA Chest if FB visualized on abdomen.

PLEASE *PRINT* ORDERING MD/PRACTIONER (FIRST / LAST NAME REQUIRED)_____

_____ **ORDERING**

MD/PRACTIONER *SIGNATURE*_____ **MED STAFF ID#**_____ **BEEPER#**_____

PRECAUTIONS: (Please mark all that apply)

PREGNANT ☐ **YES** ☐ **NO**

☐ **ALLERGIES**_____
☐ **WEIGHT**_____
☐ **Creatinine**_____

Contrast/Iodine Allergy	☐ Yes	☐ No
Abnormal Renal Function	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Dialysis	☐ Yes	☐ No
History of Renal Compromise	☐ Yes	☐ No

COMPLETE FOR MRI:

Cardiac Pacemaker	☐ Yes	☐ No
Neuro Stimulator	☐ Yes	☐ No
Aneurysm Clips	☐ Yes	☐ No
Metal Worker	☐ Yes	☐ No
Cochlear Implant	☐ Yes	☐ No
Sedation needed	☐ Yes	☐ No (If sedation is needed, please call MRI 598-4862 to coordinate)

COMPLETE FOR ULTRASOUND:
☐ Pregnant
Gravida_____
EDC_____by LMP of ___
_____ Prev US on_____
at weeks

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

RRR CLINICAL RESEARCH REQ ORDER

U2535

U2535

WHITE – MEDICAL RECORD

UH2535 REV JUL 10