Xray-598-6201 Xray Fax-598-7690

UNIT / CLINIC_________ Inpatient Outpatient	**STAT** **URGENT** (within 4 hrs) CALL DEPARTMENT TO SCHEDULE	TODAY	TO BE SCHEDULED ON: Date:________________ Inpatient Outpatient

Portable Walk Wheelchair Stretcher

PRECAUTIONS:

Pregnant: YES:___ NO:___ **ALLERGIES**________________________________

Fall Risk Mental Status Changes____________________ Isolation___________________

May remove immobilizing device during procedure

May discontinue **Telemetry** for transport and during procedure Other:

RADIOLOGY **NUCLEAR MEDICINE** **ULTRASOUND**	**INTERVENTIONAL RADIOLOGY**	**CT**	**MRI**
Check all boxes that apply PREGNANT: EDC_____by LMP of_____ Prev US on____at____wks TRANSPLANT: Type:_______________ Date of TX___________	WEIGHT_________(required) Creatinine________(required) *Check all boxes that apply* ABNL RENAL FUNC. OTHER ____________	WEIGHT_________(required) Creatinine________(required) *Check all boxes that apply* DIABETES ABNL RENAL FUNC. B/P MEDS RECENT BARIUM STUDY____________ Date	WEIGHT____________(required) *Check all boxes that apply* PACEMAKER or DEFIBULATOR NEURO STIMULATOR METAL WORKER ANEURSYM CLIPS **MRI SEDATION** ANXIOLYSIS to be administered prior to MRI (only if pt. ≤ 65, >50 kg & low risk) LORAZEPAM 0.5–1.0 mg IV or DIAZEPAM 2.5–5.0 mg IV **If PO anxiolytics are to be given to an inpatient, order on the floor order form.** Moderate sedation needed (pt to be scheduled for procedural sedation with radiology RN).

EXAM REQUESTED: ANATOMICAL AREA OF INTEREST	CPT CODE

SIGNS AND SYMPTOMS: MEDICAL NECESSITY/ SIGNS AND SYMPTOMS	ICD9 CODE

RELEVANT HISTORICAL DATA: ADMITTING DIAGNOSIS:

Surgery: Lab, X-Ray

DATE:___________ TIME:___________ ATTENDING **PHYSICIAN** (required)________________________________

ORDERING **MD SIGNATURE:**__________________________ UWP #______________ BEEPER #______________

PLEASE PRINT NAME Alexander Bertelsen PA-C

FOR RADIOLOGY USE ONLY

TECHNOLOGIST COMMENTS:

FILM USED				
14X17	14X14	11X14	10X12	9X9
8X10	CONTRAST USED			

OF

PLACE EXAM FORM HERE

PT.NO

NAME

DOB

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

RADIOLOGY PHYSICIAN ORDERS

U0809

U0809

UH0809 REV APR 04

WHITE – MEDICAL RECORD
CANARY – PROCEDURE AREA/ CHART
PINK - NURSING

PHYSICIAN ORDER — **YELLOW**