Trios Health Scheduling Center

CT and Interventional Radiology - Diagnostic Imaging

Phone: (509) 221-5441 Fax: (509) 221-7748

❑ Care Center at Southridge: 3730 Plaza Way, Kennewick ❑ Southridge Hospital: 3810 Plaza Way, Kennewick

1A

Please Bring ID and Insurance card with you to your appointment.

Patient's Name: ______________________ Date of Birth: ______________________

Home Phone: ______________ Other Phone: ______________ ❑ Call Patient to Schedule

Insurance/Payor: ______________ Appointment Date/Time: ______________ Scheduled by: __________

❑ Routine ❑ STAT ❑ Call Report – call # ______________ ❑ Hold Patient ❑ Pregnant ❑ Diabetic

❑ Allergies (specify) ______________________________

Symptoms/History ______________________________

(do not use follow-up, rule out, possible, evaluate or probable)

Physician (print name): ______________________________

Physician Signature/Date: ______________________________

CT SCAN **Please check appropriate prep on back of form.**

- ❑ Abdomen
- ❑ Abdomen and Pelvis
- ❑ Pelvis
- ❑ Urinary Tract with & without Contrast
- ❑ Kidney Stone Study without Contrast
- ❑ Prostate (for seed implant)
- ❑ Prostate (post seed implant)
- ❑ Liver (dual phase)
- ❑ Pancreas (dual phase)
- ❑ Appendicitis
- ❑ Spine ❑ C ❑ T ❑ L ❑ w/3D reconstructions
- ❑ Lower Ext ❑ L ❑ R ❑ w/3D reconstructions
- ❑ Upper Ext ❑ L ❑ R ❑ w/3D reconstructions
- ❑ Soft Tissue Neck
- ❑ Brain with & without Contrast
- ❑ Brain without Contrast
- ❑ Brain with Contrast at Radiologist discretion
- ❑ IAC Temporal Bones
- ❑ Facial Bones w/3D reconstructions
- ❑ Facial Bones
- ❑ Sinuses Complete
- ❑ Sinuses Limited
- ❑ Orbits
- ❑ Chest Pulmonary Embolism
- ❑ Chest with & without Contrast
- ❑ Chest with Contrast
- ❑ Chest without Contrast
- ❑ Chest High Resolution
- ❑ CT Angio: (specify) ______________
- ❑ Biopsy: (specify) ______________
- ❑ Needle Aspiration: (specify) ______________
- ❑ Drain Placement: (specify) ______________
- ❑ Selective Nerve Root Block: (specify) ______________
- ❑ Epidural Steroid injection: (specify) ______________
- ❑ Cryoblation
- ❑ Other: ______________

INTERVENTIONAL RADIOLOGY-Hospital Only

- ❑ Fistulagram: (specify) ______________
- ❑ IVC Filter
- ❑ Tunnel Catheter
- ❑ Port
- ❑ Ureteral Stent ❑ L ❑ R ❑ Bilateral
- ❑ Nephrostomy Tube: (specify) ______________
- ❑ Foreign Body Retrieval: (specify) ______________
- ❑ Vertebral Augmentation
- ❑ Percutaneous Transhepatic Cholangiogram
- ❑ Angiogram
  - ○ Aorta
  - ○ Upper Extremity
  - ○ Lower Extremity
  - ○ Mesenteric
  - ○ Renal
  - ○ Carotid
  - ○ Other ______________
- ❑ Venogram
- ❑ Other ______________

PLEASE FAX FORM TO US AT (509) 221-7748 AND GIVE COPY TO PATIENT TO BRING TO APPOINTMENT. THANK YOU.

Order, CT & IR

3ORD

Form # 1150 Rev Date 06/19

Trios Health

Patient ID

Patient Name: ______________

DOB: ______________

Physician Name: ______________

8702034789

Trios Health

Preparation for Computed Tomography (CT)

Please check appropriate prep for requested examination

___ Prep A: Upper and Lower Extremities, Facial/Sinus, IAC, Orbits, Cervical/ Thoracic/ Lumbar Spine, Kidney Stone and all examinations performed without contrast.
___ Prep B: Abdomen, Pelvis, Liver, Pancreas, Appendicitis
___ Prep C: Biopsy or Needle Aspiration

1. Patient Preps:

   Prep A: No preparation required. Patient may take normal medications and diet unless exam is with contrast and conditions of Steps 2 or 3 below apply.

   Prep B: Nothing to eat or drink four (4) hours prior to exam. Pick up two 15-oz. Bottles of liquid contrast from the Diagnostic Imaging Department any day before examination is to be performed. You will be asked to drink one bottle two (2) hours before exam time and the second bottle one (1) hour before exam time.

   Prep C: Stay off all over the counter medications such as aspirin one-week (1) prior to biopsy. Please check in one (1) hour prior to your appointment at the Admitting desk located in the Hospitals main entrance unless told otherwise when the appointment is scheduled. The Imaging nurse will complete all pre-procedure paperwork and necessary lab tests (PT, PTT and INR) prior to the procedure. Please be prepared to discuss your medication history with the nurse.

2. Diabetic patients, continue your usual diet and medications with the exception of– patients taking medication for diabetes like Glucophage, metformin, Glucovance, Metaglip, ActosPlus Met, Fortamet, Janumet Riomet or Avandamet you will be asked to stop these medications for 48 hours after the exam. Patient to continue checking their blood sugar routinely as before, if over 220 contact your care provider. You need to get prior approval from your care provider/physician to be off these medications or to change to different medication.

3. Some examinations may require the administration of an intravenous (IV) injection of contrast material. Rarely, an allergic reaction can occur but hospital personnel will closely monitor you. The CT Technologist will explain the use of IV contrast at the time of your exam. If you have any questions about this, please ask the CT Technologist at that time.

ENTRANCE "A" - Care Center at Southridge: 3730 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment in the Diagnostic Imaging department on the first floor of the Care Center unless told otherwise when the appointment is scheduled.

ENTRANCE "C" - Southridge Hospital: 3810 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment at the Diagnostic Imaging desk located in the hospital through entrance "C", unless told otherwise when the appointment is scheduled.

Inform the technologist of any allergies or possible pregnancy.

Scan times vary from 5 to 30 minutes but occasionally may be longer. Wear comfortable clothing. Do not wear jewelry or bring valuables with you to your appointment.

To schedule, cancel, or reschedule your appointment, call Trios Health Central Scheduling at (509) 221-5441. If you have any questions about your exam, please call (509) 221-7800.

B-1A
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