

X-RAY / FLUOROSCOPY

YOU MUST BRING THIS FORM WITH YOU FOR US TO PERFORM YOUR EXAM.

APPOINTMENT INFORMATION (Check Appropriate Site)

Appointment Date: _____

Check in Time: _____

Appointment Time: _____

 Cordata Parkway @ PeaceHealth Medical Group
 - 4545 Cordata Pkwy., Lower Level Ste. 4

 Squalicum Parkway - 2930 Squalicum Pkwy, Ste. 101

 Clock Tower Building - 3015 Squalicum Pkwy, Ste. 200

 Inside FCN Urgent Care - 3130 Squalicum Pkwy

 Lynden - 1610 Grover Street, Suite C-4

[See Location Maps On Back](#)
1 PATIENT INFORMATION (please print)

Name: _____

DOB: _____

Telephone(s): _____

Referring Provider: _____

CC: _____

Insurance Company (s): _____

Patient's Insurance ID #: _____

2A X-ray Exam Requested: (no appointment necessary)

 Patient to return with CD?

2B Fluoroscopy Exam Requested: (performed by appointment only at 2930 Squalicum Pkwy)
Preps required for all exams, please see back of form

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Esophagram | <input type="checkbox"/> Barium Enema |
| <input type="checkbox"/> Upper GI | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Small Bowel Series | |

[See Reverse For Exam Preps](#)
Therapeutic Steroid Joint Injections: (Indicate Side)

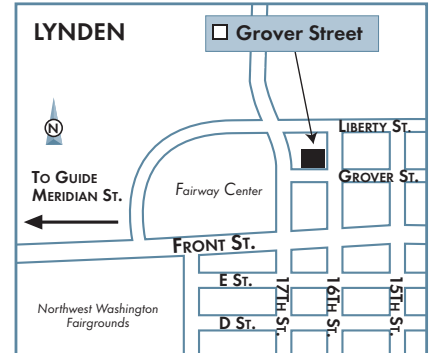
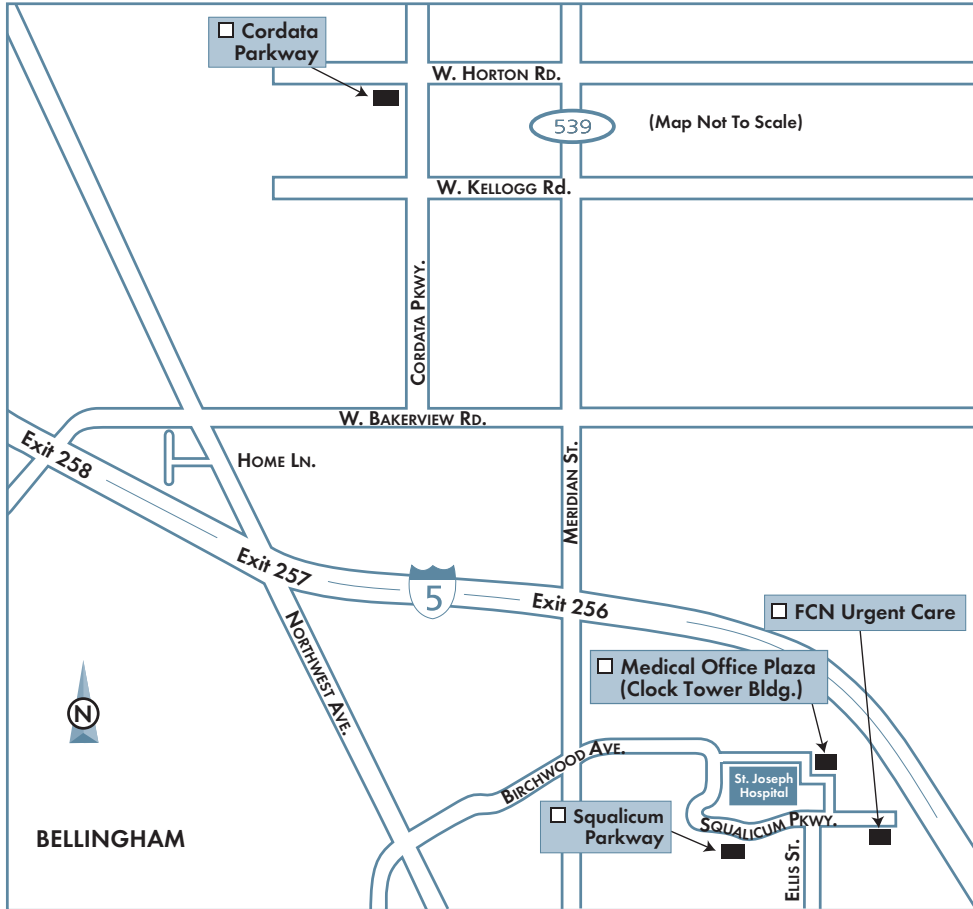
- | | | |
|-----------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Left | <input type="checkbox"/> Right | |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip | <input type="checkbox"/> Other: _____ |

3 SIGN / SYMPTOM / CLINICAL INDICATIONS - Required (No "rule out" or "suspected")
Diagnosis code/ICD9-10:
X PROVIDER SIGNATURE REQUIRED _____

Stat Report Desired (choose one)

-
- Fax Report (Fax number required) _____
-
-
- Call Report (Provider cell phone number required) _____

LOCATIONS MAPS



SPECIAL INSTRUCTIONS

if your examination is to be one of the following:

ESOPHAGRAM

1. Nothing to eat or drink by mouth (**including water**) after Midnight (12:00 a.m.) the night before examination.
2. Bring morning medications to be taken after exam.

UPPER GI (Gastro-intestinal Examination)
(Stomach, Esophagus):

1. Nothing to eat or drink by mouth (**including water**) after Midnight (12:00 a.m.) the night before examination.
2. Bring morning medications to be taken after exam.

SMALL BOWEL SERIES

Pick up prep kit at least 48 hours before your exam is scheduled.

BARIUM ENEMA / AIR CONTRAST COLON (Examination of Colon):

Pick up prep kit at least 48 hours before your exam is scheduled.

PLEASE BRING THIS SLIP WITH YOU