

Everett **MRI** & *Diagnostic Center*

3331 Broadway, Everett, WA 98201

(425) 259-7900 phone / (800) 933-4411 toll free / (425) 252-6219 fax

www.everettmri.com

REFERRAL FORM

**NOTE
TO
PATIENT**

- You have an appointment on _____, ____/____/____ at ____:____ am
Day Date Time pm
- Please call (425) 259-7900 prior to arriving. We will ask you questions about your height, weight, medical condition, whether or not you are feeling any pain, etc. MRI, CT, and ultrasound exams may require you to lay flat on your back for up to an hour.

PATIENT INFORMATION

Name _____ SS# _____ DOB _____

Home Phone _____ Alt Phone _____

DIAGNOSTIC EXAMS: With Contrast Without Contrast Contrast at Radiologist's Discretion

Open MRI CT Ultrasound (US)

MRA of Brain X-ray

Specific Exam: _____

Clinical Diagnosis: _____

Comments/Clinical History _____

PHYSICIAN INFORMATION

Fax Report? Telephone Report? Copy of Films? Copy of CD?

Referring Physician/Provider _____

Phone _____ Fax _____

Referring Physician/Provider Signature _____

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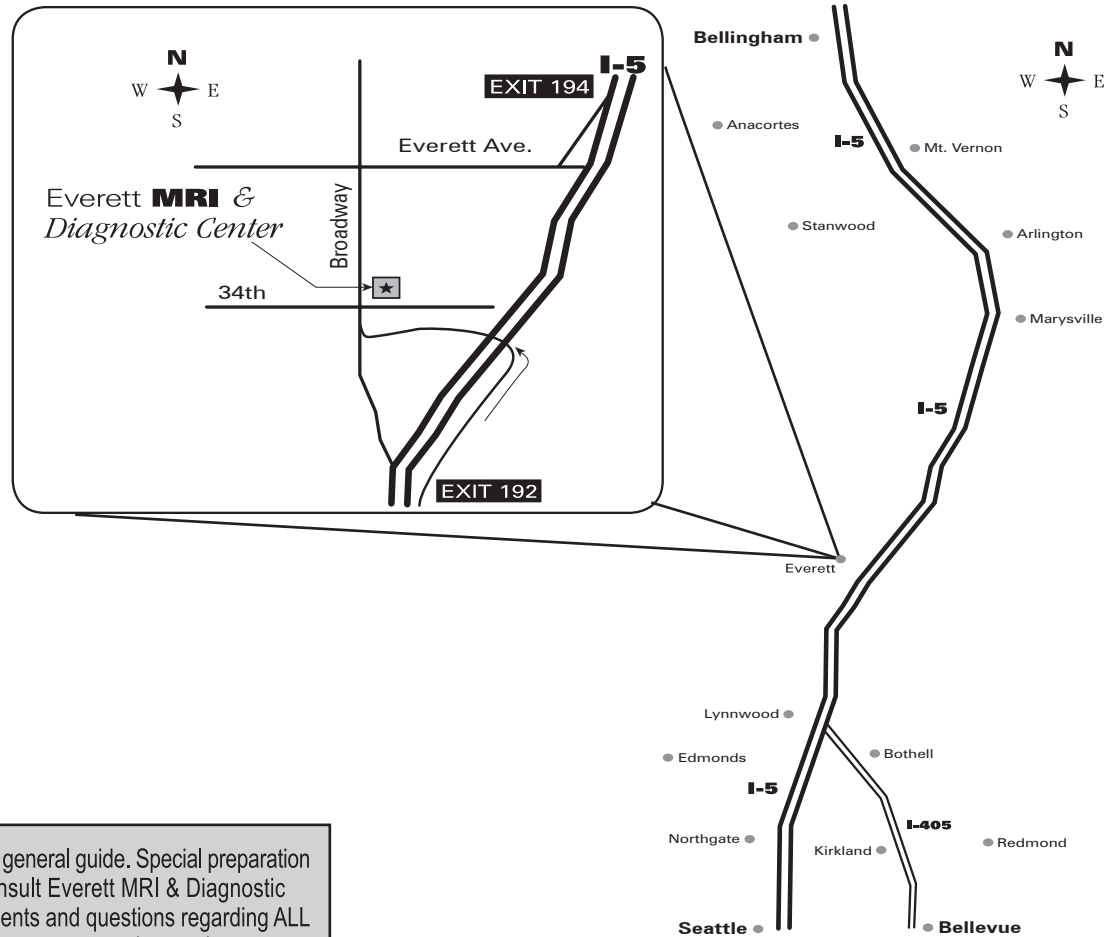
(425) 259-7900 phone / (800) 933-4411 toll free / (425) 252-6219 fax

FROM THE NORTH (If traveling I-5 South)

Take EXIT 194
Turn **RIGHT** onto Everett Ave.
Go to Broadway, turn **LEFT**
Go to Broadway & 34th
Building on the **LEFT**

FROM THE SOUTH (If traveling I-5 North)

Take EXIT 192 onto Broadway
Go to Broadway & 34th
Building on the **RIGHT**



The following tables should be used as a general guide. Special preparation may be needed in some instances. Consult Everett MRI & Diagnostic Center for specific preparation requirements and questions regarding ALL exams. Inform the office if you are pregnant or a nursing mother.

MRI and MRA Preparation- Check in 15 minutes prior to exam
Bring prior X-ray, CT and/or MRI films.

Do not eat or drink 2 hours prior to your exam if it requires IV contrast. Comfortable clothing without metal is recommended: gowns are available. You may bring a CD to listen to. Notify us prior to arrival if you could be pregnant, have had previous surgery on the anatomy being imaged, or if you have the following: Aneurysm Clips • Inner Ear Implants • Bone Growth or Neuro-Stimulators • Metal Fragments in your body or Eye(s) • Pacemaker • Artificial Heart Valves

CT Preparation- Check in 15 minutes prior to exam
Bring prior X-ray, CT and/or MRI CDs.

All exams that include Abdomen and/or Pelvis	No food or drink 6 hours prior to exam. Oral contrast and special preparation required. Consult center for complete instructions.
IAC, Excretory Urogram, Chest, IVP, Pituitary, Neck	No food or drink 3 hours prior to exam.
Sinus	No preparation required.
Head, All other exams	Consult center for instructions.

Ultrasound Preparation – Check in 15 minutes prior to exam

Pelvic, And / Or Pregnancy 10-14 weeks	Drink 32 oz of water 1 hour prior to exam. Do not urinate once you start drinking the water.
Abdomen, Gallbladder	No food or drink 8 hours prior to exam
Bladder Post Void	Drink 1 quart of water 1 hour prior to exam. Do not urinate once you start drinking the water
Extremity, Testicular, Soft Tissue Neck,	No preparation required.
All other exams	Consult center for instructions.