



Chiropractic Imaging Form

Toll-free Line P 855.643.7226
Insurance Specialist Line P 425.250.1160
Medical Records Fax Line F 425.251.4307

- Auburn - Breast Imaging P 253.735.1991 F 253.735.8837
- Bellevue P 425.637.9729 F 425.462.8309
- Bellevue - Breast Imaging P 425.974.1044 F 425.974.1033
location formerly Belladonna Breast Imaging Center
- Bellingham P 360.671.3818 F 360.733.3833
- Everett P 425.740.5000 F 425.740.5010
- Federal Way - Breast Imaging.. P 253.735.1991 F 253.941.6941
- Federal Way ... P 253.942.7226 F 253.942.3517
- Kirkland P 425.821.3472 F 425.820.4115
- Lakewood P 253.682.1666 F 253.682.1667
- Puyallup P 253.286.2092 F 253.848.2161
- Renton P 425.228.4000 F 425.228.2789
- Seattle P 206.524.5599 F 206.524.5338

Appointment Date and Time		Check-in Time	
Patient Name (as shown on insurance card)		Primary Phone #	Secondary Phone #
Patient DOB	<input type="radio"/> M <input type="radio"/> F	Authorization #	Interpreter Needed (language)
Insurance		Insurance ID #	Claustrophobic Y N Sedation required* Y N <i>*All patients receiving sedation require a driver.</i>
<input type="radio"/> Auto <input type="radio"/> Workers' Comp <input type="radio"/> Commercial/Private <input type="radio"/> No Insurance		Date of Injury	Claim #
Attorney Name		Contact #	

(REQUIRED) Written Diagnosis/Reason/Symptom for Exam(s). Must include **specific** clinical indications (such as location, laterality, context and severity) to support medical necessity for each test.

Is the exam/procedure related to an injury? No Yes If yes, Initial, Subsequent or Sequela

MRI

Area of body _____

Laterality R L BIL

IV contrast as clinically indicated by radiologist OR No contrast

MRI

- High-field MRI
- 3T MRI
- Open MRI
- Angiogram
- Arthrogram (joint injection)

OPEN UPRIGHT MRI (Renton)

- Flexion
- Extension
- Standing
- Other _____

ULTRASOUND

Area of body _____

Doppler as clinically indicated by radiologist OR No doppler

CT

Area of body _____

Laterality R L BIL

IV contrast as clinically indicated by radiologist OR No contrast

3D recons as clinically indicated by radiologist OR No 3D recons

- Arthrogram (joint injection)
- Spine
 - Cervical Thoracic Lumbar
- Extremity _____
- Other _____

X-RAY

Laterality R L BIL

Views _____

- Spine
 - Cervical Thoracic Lumbar
- Shoulder
- Elbow
- Hip(s)
- Pelvis
- Knee
- Leg length
- Scoliosis screening
- Other _____

Available at Federal Way, Lakewood and Puyallup

DIAGNOSTIC AND THERAPEUTIC INJECTIONS

Consultation and Treat. Treatment may include:

- Epidural Steroid Injection/Epidurography
- SI Joint Injection
- Facet Nerve/Rhizotomy Work-up
- Rhizotomy
- Other _____

REGENERATIVE MEDICINE

- Bone Marrow Concentrate (BMC)
- Platelet Rich Plasma (PRP) Injection
- Other _____

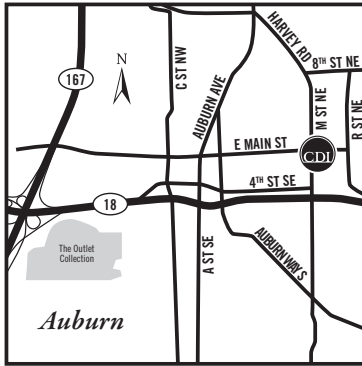
WOMEN'S IMAGING SERVICES

- Bone Density
 - Screening or Diagnostic
- History of pathological fracture? No Yes
- Age-related osteoporosis w/o current pathological fracture? No Yes
- Estrogen deficiency/clinical risk for osteoporosis? No Yes
- Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids?
 - No Yes
- Other _____

Lab Results Creatinine _____ BUN _____ Blood Draw Date _____ On-site Creatinine Testing Needed*
*Lab values may be needed within 30 days of the exam for IV contrast if the patient: 1) is diabetic, 2) is 60 years or older, 3) is on chemotherapy, 4) has history of kidney or liver disease or 5) has hypertension

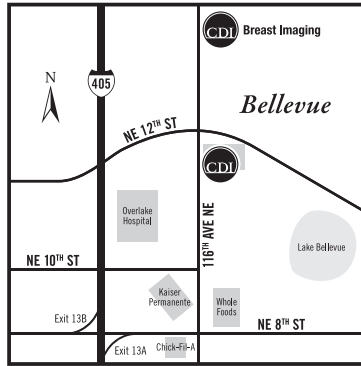
REPORTING METHOD:		
<input type="radio"/> Routine	<input type="radio"/> Next Day Follow-up	<input type="radio"/> Read & Call
<input type="radio"/> STAT	<input type="radio"/> CDI Web Portal	<input type="radio"/> Patient to Hand Carry
Report Only		
Fax report to:		
Provider Name (Print)	Provider Location	Phone
	City/Zip	
(REQUIRED) Provider Signature	Ordering Providers NPI #	Date
<i>Provider signature required. Do not use rubber stamp.</i>		

Visit myCDI.com/WA for detailed driving directions to our centers. Call us at 855.643.7226.



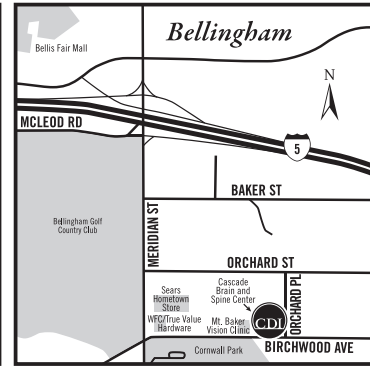
Auburn - Breast Imaging

1268 E. Main St., Suite 1
Auburn, WA 98002



Bellevue

1310 116th Ave. N.E., Suite E
Bellevue, WA 98004

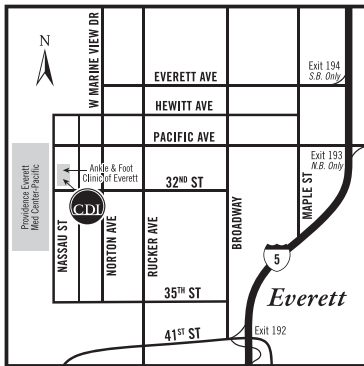


Bellingham

710 Birchwood Ave., Suite 102
Bellingham, WA 98226

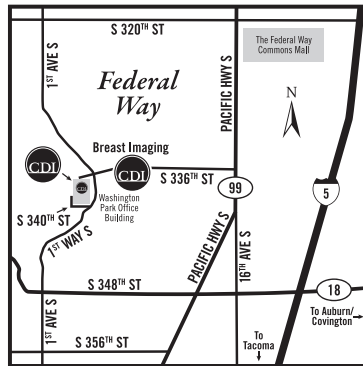
Bellevue - Breast Imaging

location formerly Belladonna Breast Imaging Center
1810 116th Ave. N.E., Suite 101
Bellevue, WA 98004



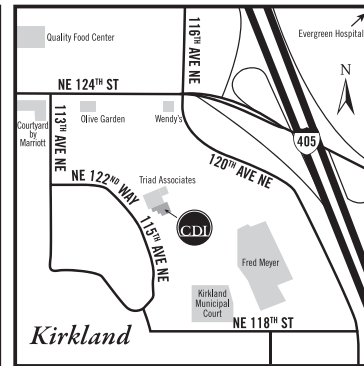
Everett

3131 Nassau St., Suite 102
Everett, WA 98201



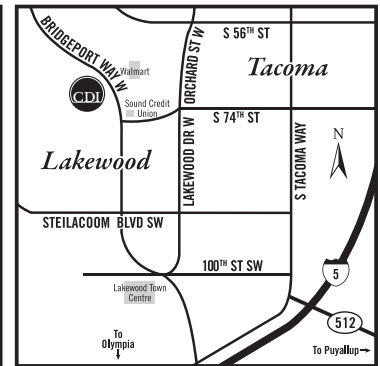
Federal Way

33801 First Way S., Suite 101
Federal Way, WA 98003



Kirkland

12112 115th Ave. N.E., Suite B
Kirkland, WA 98034

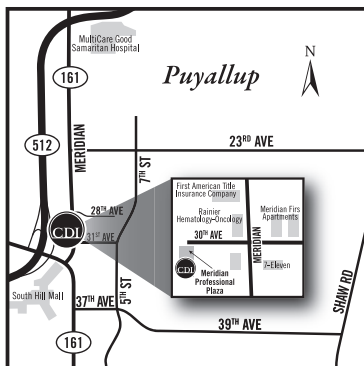


Lakewood

7308 Bridgeport Way W., Suite 101
Lakewood, WA 98499

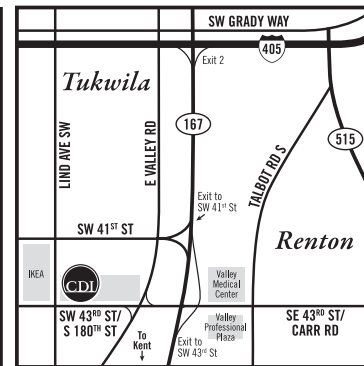
Federal Way - Breast Imaging

909 S. 336th St., Suite B101
Federal Way, WA 98003



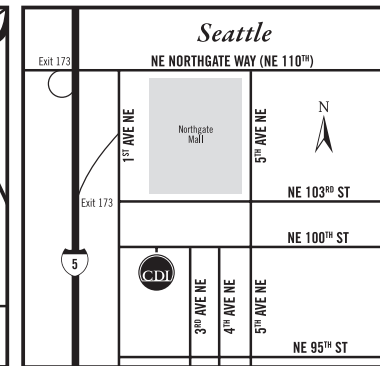
Puyallup

2930 S. Meridian, Suite 160
Puyallup, WA 98373



Renton

220 S.W. 43rd St.
Renton, WA 98057



Seattle

115 N.E. 100th St., Suite 101
Seattle, WA 98125

Physician services provided by Medical Scanning Consultants, PA and Radiology Consultants of Washington, Inc., PS.

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