



DIAGNOSTIC IMAGING®

# 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*
- 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

<b>Appointment Date and Time</b>		<b>Check-in Time</b>	
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

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MRI

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

OPEN UPRIGHT MRI (Renton)

- Flexion
- Extension
- Standing
- Other \_\_\_\_\_

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**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

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Arthrogram (joint injection)

Spine

- Cervical  Thoracic  Lumbar

Extremity \_\_\_\_\_

Other \_\_\_\_\_

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**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 \_\_\_\_\_

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**REGENERATIVE MEDICINE**

- Bone marrow concentrate (BMC)
- Platelet rich plasma (PRP) Injection
- Other \_\_\_\_\_

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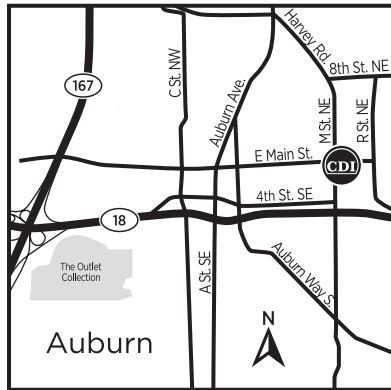
**WOMEN'S IMAGING SERVICES**

- 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 _____ <input type="radio"/> On-site Creatinine Testing Needed*	
<i>*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</i>	
<b>REPORTING METHOD:</b> <input type="radio"/> Routine <input type="radio"/> Next Day Follow-up <input type="radio"/> Read & Call <input type="radio"/> Patient to Hand Carry <input type="radio"/> Report Only <input type="radio"/> STAT <input type="radio"/> CDI Web Portal <input type="radio"/> Fax report to:	
Provider Name (Print)	Provider Location City/Zip Phone
Provider Signature (Required)	Ordering Providers NPI # (Required) Date

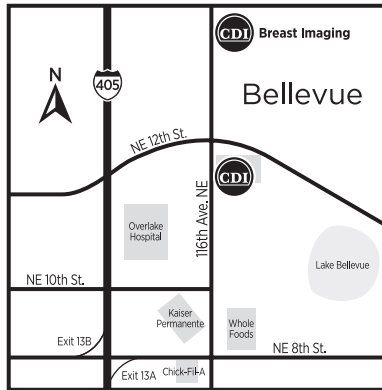
Do not use rubber stamp.

Visit [myCDI.com](http://myCDI.com) for detailed driving directions to our centers. Call us at 855.643.7226.



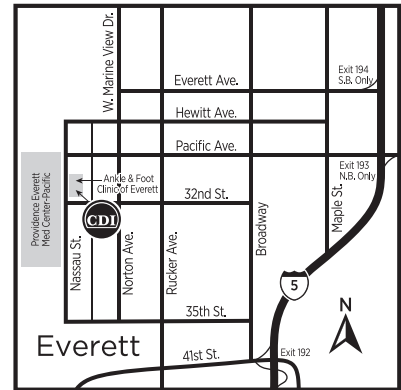
**Auburn - Breast Imaging**

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



**Bellevue**

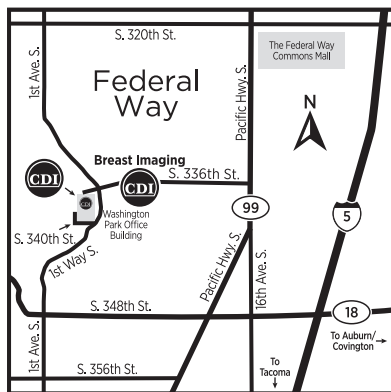
1310 116th Ave. NE, Suite E  
Bellevue, WA 98004



**Everett**

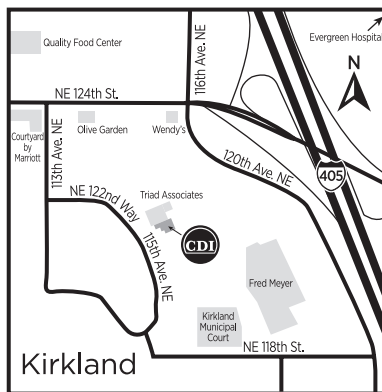
3131 Nassau St., Suite 102  
Everett, WA 98201

**Bellevue - Breast Imaging**  
*location formerly Belladonna Breast Imaging Center*  
1810 116th Ave. NE, Suite 101  
Bellevue, WA 98004



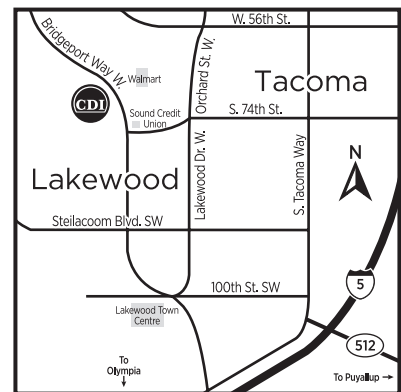
**Federal Way**

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



**Kirkland**

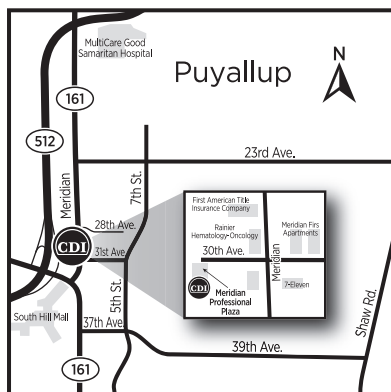
12112 115th Ave. NE, Suite B  
Kirkland, WA 98034



**Lakewood**

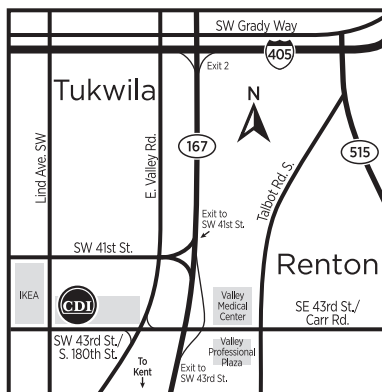
7308 Bridgeport Way W., Suite 101  
Lakewood, WA 98499

**Federal Way - Breast Imaging**  
909 S. 336th St., Suite B101  
Federal Way, WA 98003



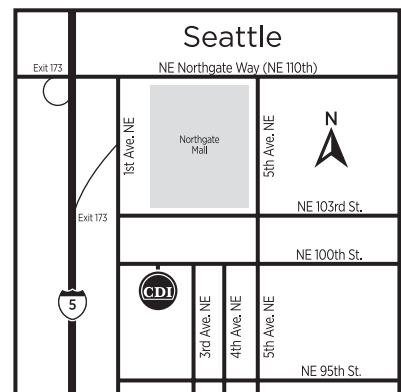
**Puyallup**

2930 S. Meridian, Suite 160  
Puyallup, WA 98373



**Renton**

220 SW 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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