



## Diagnostic Imaging Request

### Patient Information

Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Patient phone number: \_\_\_\_\_ ☐ M ☐ F ☐ trans M to F ☐ trans F to M ☐ other \_\_\_\_\_

Pronouns: ☐ she/her/hers ☐ he/him/his ☐ they/them/their ☐ name ☐ decline to answer

Referring physician name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office email (must be provided to set up LaraRad account): \_\_\_\_\_

Brief case history: \_\_\_\_\_

Patient's appointment at UWS: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

### Insurance/Billing/Handling Information

ICD-10 code(s): \_\_\_\_\_ Insurance company: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Billing: ☐ Medical insurance ☐ Other ins. ☐ Worker's comp. ☐ Personal injury ☐ Cash

### Preferred Reporting Methods (All reports will be available on our electronic diagnostic imaging platform, LaraRad.)

☐ Mail CD to office with written report

☐ Have patient carry CD, report will be faxed

☐ Fax written report ONLY

### Spine and Thorax

☐ Cervical series:

add ☐ Obliques

add ☐ Flexion/Extension

☐ Thoracic series:

add ☐ Swimmer's (if needed)

☐ Lumbar series:

add ☐ Obliques

add ☐ Lateral L5-S1 Spot

add ☐ Flexion/Extension

☐ Pelvis: AP Upright

☐ Ribs series:

☐ Upper

☐ Lower

☐ Right

☐ Left

☐ Chest series

☐ Other: \_\_\_\_\_

### Lower Extremity

Mark Side: ☐ Right ☐ Left ☐ Bilateral

☐ Hip series

☐ Femur series

☐ Knee series

add ☐ Tunnel

add ☐ Sunrise

add ☐ Obliques

add ☐ AP Weight-bearing

☐ Lower leg series

☐ Ankle series

☐ Foot series

☐ Toe series

☐ Scanogram for leg length

add ☐ Upright Pelvis

☐ Other: \_\_\_\_\_

### Upper Extremity

Mark Side: ☐ Right ☐ Left ☐ Bilateral

☐ Shoulder series:

add ☐ Outlet/"Y"

add ☐ Axial

☐ Scapula series

☐ Clavicle series

☐ AC Joint: with/without weights

☐ Humerus series

☐ Elbow series

add ☐ Radial Head

add ☐ Olecranon

☐ Forearm series

☐ Wrist series:

add ☐ Scaphoid

add ☐ Clenched Fist

☐ Hand series:

add ☐ Ball Catcher

☐ Finger/Thumb series

☐ Other: \_\_\_\_\_

Referring physician signature \_\_\_\_\_



## Map and Directions:

Located right off I-84, at the corner of NE 82nd Ave. and NE Tillamook St., inside University of Western States.

### **I-84 Eastbound (driving toward Mt. Hood)**

Take I-84 E/US-30 E

Take exit 5 toward OR-213/82nd Avenue

Turn right onto NE Multnomah St.

Turn right onto NE 82nd Ave.

Turn left onto NE Tillamook St.

### **I-84 Westbound (driving toward downtown Portland)**

Take I-84 W/US-30 W

Use the left 2 lanes to take exit 9 for Interstate 205 S toward Salem

Merge onto I-205 S

Take exit 21A for Glisan St toward Stark St.

Turn right onto NE Glisan St.

Turn right onto NE 82nd Ave.

Turn left onto NE Tillamook St.

