CASCADE MEDICAL IMAGING

1531 N Canal Blvd.
Redmond, OR 97756
(541) 923-4202 Main Line

COMRI CENTRAL OREGON MAGNETIC RESONANCE IMAGING

SCHEDULE APPOINTMENT AT: (541) 382-9383
After Appointment Is Scheduled Please Fax This Order To: 382-6635

Patient Name _____ DOB ____/____/____ Referring Physician _____

Appointment Date ____/____/____ Appointment Time _____ am / pm (circle one) Patient has return visit on ____/____/____

Clinical Hx / Note to Radiologist / Tech: _____

_____

_____ **Physician's Signature (required)** X _____

X-RAY

PLEASE MARK EXAM(S) & EXAM TYPES

ABDOMEN
- ☐ Abdomen 1V (KUB)
- ☐ Abdomen 2V
- ☐ Abdomen 3V (W/Decubs)
- ☐ Abdomen 2V W/PA Chest

CHEST
- ☐ Chest 1V (PA)
- ☐ Chest 2V (PA / Lateral)
- ☐ Chest (Apical Lordotic & PA / Lateral)
- ☐ Chest (PA / Lateral & Obliques)
- ☐ Ribs Unilateral
- ☐ Ribs Bilateral
- ☐ Sternum

HEAD & NECK
- ☐ Eye (Detection Of Foreign Body)
- ☐ Mandible Complete (PA & Oblique)
- ☐ Facial 2V (PA / Lateral)
- ☐ Facial Complete (PA / Waters / Lateral)
- ☐ Nasal Bones
- ☐ Orbits (PA / Waters)
- ☐ Waters View 1V
- ☐ Sinus Series (PA / Waters / Lateral)
- ☐ Sella Turcica (Cone Down)
- ☐ Skull 2V (AP / Lateral)
- ☐ Skull Complete
- ☐ Neck For Soft Tissue (AP / Lateral)
- ☐ TMJ's
- ☐ Mastoids

ULTRASOUND
- ☐ Abdomen (Complete)
- ☐ Abdomen (Limited) ☐ AAA ☐ Kidneys
- ☐ Arterial Upper Extremities ☐ RT ☐ LT
- ☐ Arterial Lower Extremities
- ☐ Carotid
- ☐ Venous Extremity Unilateral ☐ RT ☐ LT
- ☐ Venous Extremity Bilateral
- ☐ Extremity (Non Doppler)
- ☐ Neo Natal Head
- ☐ Pelvic
- ☐ Obstetrical
- ☐ Biophysical Profile
- ☐ Obstetrical (Twins 1st Trimester)
- ☐ Obstetrical (Twins 2nd - 3rd Trimester)
- ☐ Fetal Positioning Only
- ☐ Scrotal / Testicular
- ☐ Soft Tissue (Head / Neck)
- ☐ Thyroid
- ☐ Other:

PLEASE MARK EXAM(S) & EXAM TYPES

UPPER EXTREMITIES
- ☐ Scapula (AP / Lateral)
- ☐ Clavicle (AP / Angle)
- ☐ Shoulder (Int / Ext)
- ☐ AC Joint (With & Without Weights)
- ☐ SC Joint (PA / Obliques)
- ☐ Humerus (AP / Lateral)
- ☐ Elbow 2V (AP / Lateral)
- ☐ Elbow 3+ V (AP / Lateral & Oblique)
- ☐ Forearm (AP / Lateral)
- ☐ Wrist 2V (PA / Lateral)
- ☐ Wrist 3+ V (PA / Lateral & Oblique)
- ☐ Hand 2V (PA / Lateral)
- ☐ Hand 3V (PA / Lateral & Oblique)
- ☐ Fingers (PA Hand / Lateral & Oblique)

LOWER EXTREMITIES
- ☐ Unilateral Hip 2V
- ☐ Bilateral Hip 2V (Including AP Pelvis)
- ☐ Femur 2V (AP / Lateral)
- ☐ Knees Bilateral AP Standing
- ☐ Knee 2V (AP / Lateral)
- ☐ Knee 3+ V (AP / Lateral & Oblique)
- ☐ Tibia & Fibula (AP / Lateral)
- ☐ Ankle 2V (AP / Lateral)
- ☐ Ankle 3+ V (AP / Lateral & Oblique)
- ☐ Foot 2V (AP / Lateral)
- ☐ Foot 3+ V (AP / Lateral & Oblique)
- ☐ Calcaneus (Angle / Lateral)
- ☐ Toes (AP Foot / Lateral & Oblique)

BREAST IMAGING
- ☐ Mammography Routine
- ☐ Mammography Diagnostic
- ☐ Mammography Unilateral
- ☐ Breast Ultrasound To Compliment Mammo (unilat.)
- ☐ Breast Ultrasound To Compliment Mammo (bilat.)
- ☐ Breast Ultrasound (Unilat or Bilat W/O Mammogram)
- ☐ Additional Views To Complete Mammogram
- ☐ Needle Localization
- ☐ Cyst Aspiration
- ☐ Ultrasound Guided Core Biopsy
- ☐ Ductogram
- ☐ Other: _____

PLEASE MARK EXAM(S) & EXAM TYPES

SPINE & PELVIS
- ☐ Spine 1V ☐ Cervical ☐ Thoracic ☐ Lumbar
  Which View: _____
- ☐ Cervical 2V (AP / Lateral)
- ☐ Cervical Complete (AP / Lateral / OM / Obliques)
- ☐ Thoracic / Swimmers (AP / Lateral / Swimmers)
- ☐ Thoracic / Lumbar Junction (AP / Lateral)
- ☐ Lumbar 2V (AP / Lateral)
- ☐ Lumbar Minimum 4V (Bi Plane Bending Only)
- ☐ Lumbar Complete (AP / Lateral / Obliques / L5-S1 Spots)
- ☐ Pelvis 1V (AP)
- ☐ SI Joints
- ☐ Sacrum & Coccyx (AP / Lateral)
- ☐ Scoliosis 1V

MISCELLANEOUS
- ☐ Skeletal Survey
- ☐ Bone Age (PA - Bilateral Hands / Wrists)
- ☐ Scanogram (AP / Hips - Knees - Ankles)
- ☐ Other: _____

MRI / MRA

(PLEASE MARK EXAM(S) & EXAM TYPES)

BRAIN OR HEAD
☐ COMPLETE ☐ P. FOSSA ☐ IAC ☐ ORBIT ☐ FACIAL NERVES ☐ TMJ
- ☐ Contrast / Radiologist Discretion
- ☐ Without Contrast
- ☐ With & Without Contrast
- ☐ Include DWI (Diffusion Weighted Images)
- ☐ Brain With Stealth
- ☐ Stealth Protocol Only
- ☐ Brain With Head / Neck Angio
- ☐ Angio Head Only
- ☐ Angio Neck Only

SOFT TISSUE NECK
- ☐ Contrast / Radiologist Discretion
- ☐ Without Contrast
- ☐ With & Without Contrast

SPINE
☐ CERVICAL ☐ THORACIC ☐ LUMBAR
- ☐ Contrast / Radiologist Discretion
- ☐ Without Contrast
- ☐ With & Without Contrast

M.S. WORKUP
- ☐ Brain - Cervical - Thoracic (Complete With Contrast)
- ☐ Brain - Cervical - Thoracic (Complete Without Contrast)
- ☐ Limited to: _____

BRACHIAL PLEXUS
☐ RT ☐ LT ☐ Without Contrast ☐ With Contrast

CHEST
☐ MEDIASTINUM ☐ CHEST WALL
- ☐ Contrast / Radiologist Discretion
- ☐ Without Contrast
- ☐ With & Without Contrast

UPPER EXTREMITY
☐ SHOULDER ☐ ELBOW ☐ WRIST
☐ RT ☐ LT ☐ BILATERAL
- ☐ Contrast / Radiologist Discretion
- ☐ Include Joint Injection Under Fluoroscopy
- ☐ Soft Tissue: _____

LOWER EXTREMITY
☐ HIP ☐ KNEE ☐ ANKLE ☐ FOOT
☐ RT ☐ LT ☐ BILATERAL
- ☐ Contrast / Radiologist Discretion
- ☐ Include Joint Injection Under Fluoroscopy
- ☐ Soft Tissue: _____

(PLEASE MARK EXAM(S) & EXAM TYPES)

ABDOMEN - PELVIC AREAS
- ☐ Without Contrast
- ☐ With & Without Contrast
- ☐ Liver With & Without Contrast
- ☐ Pancreas With & Without Contrast
- ☐ MRCP Liver
- ☐ MRCP Pancreas With & Without Contrast
- ☐ Renal With & Without Contrast

☐ PELVIS ☐ PROSTATE ☐ UTERUS ☐ LUMBOSACRAL PLEXUS
- ☐ Contrast / Radiologist Discretion
- ☐ Without Contrast
- ☐ With & Without Contrast

ANGIO - MISCELLANEOUS
- ☐ Angio - Arch / Carotids With Contrast
- ☐ Angio - Chest With or Without Contrast
- ☐ Angio - Abdomen With Renal Arteries
- ☐ Angio - Abdomen With Runoffs
- ☐ Other: _____

CMI CASCADE MEDICAL IMAGING

1531 N CANAL BLVD.
REDMOND, OREGON 97756
(541) 382-9383 Scheduling, (541) 923-4202 Main Line

COMRI CENTRAL OREGON MAGNETIC RESONANCE IMAGING

Patient Name _____ DOB ____/____/____ Referring Physician _____

Appointment Date ____/____/____ Appointment Time _____ am / pm (circle one) Patient has return visit on ____/____/____

PATIENT - If your doctor's office has given you x-rays, please bring them with you to your appointment! See location map on back
If you have any questions about your exam or prep, please call our scheduling department at the above phone number

REFERRING OFFICE - *Please check the appropriate exam prep for your patient.*

X-RAY

❑ ***MAMMOGRAM***

1. Bathe or otherwise carefully cleanse your breasts and underarms before your exam. Be careful to remove all deodorant, perfume, powders or preparation of any sort in the underarm areas of your breasts.
2. You will find it more convenient to wear a blouse with slacks or a skirt, rather than a dress.
3. If you have had a mammogram at another facility please bring it with you or request that it be sent to us.
4. Allow approximately 45 minutes for your exam.

❑ ***ROUTINE X-RAY(s)***

There is no preparation for this exam. Allow approximately 45 minutes for your exam.

BREAST NEEDLE LOCALIZATION PROCEDURE

Your doctor has asked for our assistance in localizing the area in your breast, which needs to be biopsied. The procedure involves taking x-rays of your breast and placing a needle and wire exactly into the area in question.

THE PROCEDURE:

- You will be seated in a chair at the mammographic unit. Your breast will be placed on the plate and compressed with a special paddle, which has an opening and a grid pattern around the border. We will take an x-ray to see if the area to be localized is within the paddle opening.
- We will cleanse the necessary area of your breast with an antiseptic and the radiologist will administer a local anesthetic. S/he will insert a needle into your breast and we will take an x-ray to check the position of the needle. If the radiologist determines that the needle is in the correct position we will take another x-ray in a different position to confirm this. If the needle is not in the correct position it will be repositioned and new x-rays taken. We will continue in this manner until the needle is in the appropriate position.
- Once the needle is in the area to be biopsied the radiologist will thread a thin wire down the center of the needle into the breast. The needle will be removed and the wire will remain in place. A final set of three x-rays will be taken which you will take with you to surgery.
- We will place a bandage over the wire and ask that you not wear your bra. It would be most convenient for you to wear a blouse, which buttons up the front with slacks or a skirt. Even though the wire is anchored in place you still need to protect its position. We ask that you keep your shoulder and arm movement to a minimum.
- We will do our best to keep you comfortable during this procedure as it is absolutely imperative that you not change your position at all from the time we begin until we take our final x-rays. There is no way for us to predict how long this procedure will take. You should plan on being in our office from one to two hours.

We understand this is a very anxious time for you. We are here to assist your physician and to make this as easy as possible for you. If you have any questions before or during the procedure please do not hesitate to call (541) 923-4202 or ask us.

ULTRASOUND

❑ ***PELVIS or OB***
Your bladder must be full to obtain a thorough exam. Drink 16 ounces of water approximately 1 hour before your appointment time and ***DO NOT*** empty your bladder. Allow approximately 1 hour for your exam.

❑ ***UPPER ABDOMEN and GALLBLADDER***
Nothing to eat or drink for at least 10 hours before your exam. Allow approximately 1 hour for your exam.

❑ ***RENAL / KIDNEY***
Your bladder must be full to obtain a thorough exam. Drink 16 ounces of water approximately 1 hour before your appointment time and DO NOT empty your bladder. Allow approximately 1 hour for your exam.

❑ ***ARTERIAL LEGS***
Do not eat or drink anything for 4 hours prior to your exam. Allow approximately 90 minutes for your exam.

❑ ***US BREAST CORE BIOPSY***
Please do not take any aspirin or blood thinners for 10 days prior to your appointment. Allow approximately 1 hour for your exam. Plan to take it easy the day of and the day after your biopsy.

❑ ***ALL OTHER ULTRASOUND EXAMS***
There is no preparation. Allow approximately 1 hour for your exam.

MRI SCANS - IMPORTANT INFORMATION

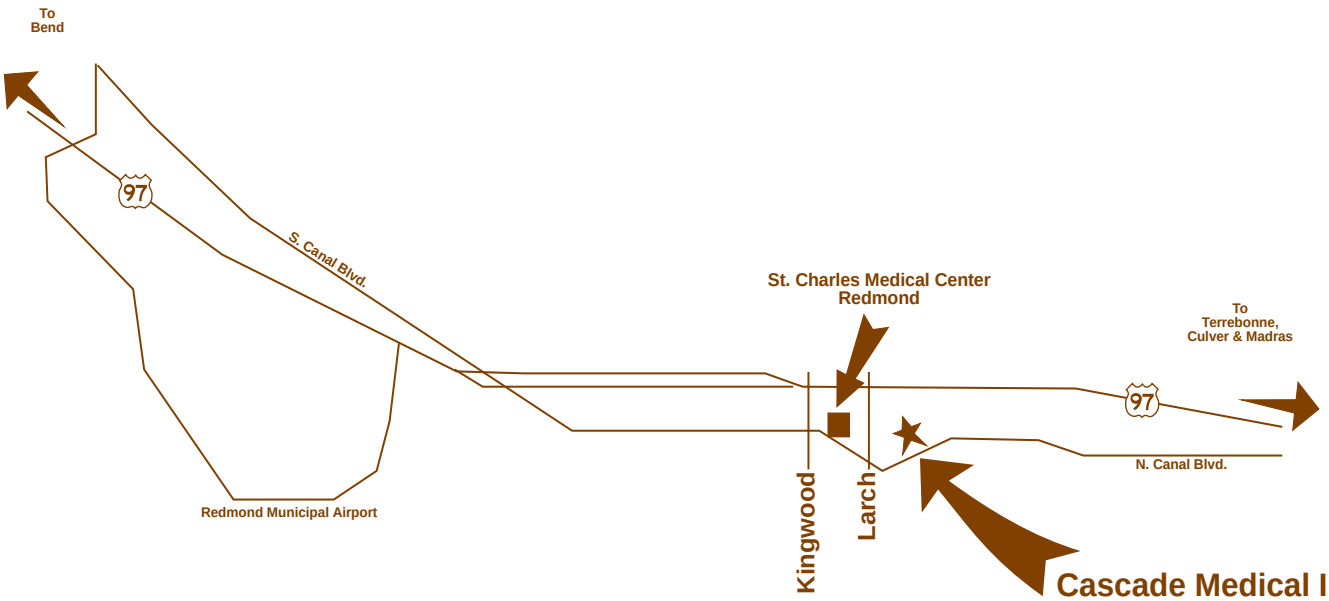
There is no preparation for most MRI scans unless you are claustrophobic, in which case you need to arrange for someone to drive you home after your scan. If you are scheduled for an MRCP study please have nothing to eat or drink for four hours prior to your exam. If you are pregnant, weigh over 300 pounds, have a pacemaker, aneurysm clip, vascular clip, pumps, stimulators, internal hearing aid, middle ear implant, filters or stents, electronic, mechanical or magnetic implant, have had any injury by metal, shrapnel, or bullet please call our office and ask to speak to an MRI tech. For pediatric patients - call our office for special instructions.

You will be asked to thoroughly complete our MRI pre screening form and change into a gown before entering the exam room. You will not be able to bring any valuables (watch, wallet, credit cards, etc.) into the scan room. After you enter the exam room, the radiographer will position you on a special table. The area to be scanned will be moved into the machine. You will hear some knocking noise during your scan. It is important that you hold very still during your exam. The radiographer will control the scanner and monitor the progress of the exam from an adjacent room where she/he is able to see and hear you.

It is important to remember that every patient and exam is different. Consequently some scans will take longer or be more involved than others. Allow anywhere from 1 to 2 hours for completion of your scan. A radiologist will interpret your scan and send a report to your physician within 48 hours. Please contact our office and ask to speak with an MRI tech if you have any questions regarding your scan.

Michael J. Donley, M.D.
James E. Johnson, M.D.
Laurie A. Martin, M.D.
David A. Krieves, M.D.
Patrick B. Brown, M.D.
Steven D. Kjobech, M.D.
Ronald D. Hanson, M.D.
Jeffrey Drutman, M.D.
Dean J. Busby, M.D.
Thomas E. Jett, M.D.
Traci Clautice-Engle, M.D.
Thomas F. Koehler, M.D.

REDMOND LOCATION



Cascade Medical Imaging
1531 N. CANAL BLVD
PHONE: (541) 923-4202