

FAX SCHEDULING

Please fax this form to SRC at (503) 371-0777
and we will call the patient to schedule the exam.



Appt Date: _____ Appt Time: _____

Phone: (503) 399-1262

Patient: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Ordering Physician: _____ CC to: _____

Clinical Information / Diagnosis: _____

- URGENCY OF EXAM: ASAP 24-48 HOURS OTHER
- ROUTINE REPORT FAX REPORT WET READ

Phone Report To: _____ Fax Report To: _____

Insurance: _____ Authorization # _____

CT-64 SCAN (SPECIFY): _____

If patient is over 60 or diabetic and has creatinine lab values within the last 6 weeks performed at a lab other than the Salem Hospital, please fax lab report to 503.763-7477 otherwise SRC will obtain current creatinine lab values at our facility.

MRI/MRA (SPECIFY): _____

****HEART PACEMAKER **** Patients with a pacemaker **CAN NOT** have an MRI study

Ordering Physician: Please indicate any known contraindicators below to help ensure the patient's safety

TO BE COMPLETED BY SRC SCHEDULING STAFF WITH THE PATIENT

SRC's CT-64 scanner can accommodate patients up to 500 pounds

FOR IV CONTRAST STUDIES

| | | |
|----------------|-------|-------|
| | YES | NO |
| IODINE ALLERGY | _____ | _____ |
| ASTHMA | _____ | _____ |
| DIABETIC | _____ | _____ |

*If contrast, patient exam preparation is clear liquids only 2 hours prior to exam.

PLEASE IDENTIFY ALL CONTRAINDICATORS

| | YES | NO |
|---------------------------------|-------|-------|
| Pacemaker | _____ | _____ |
| Artificial Valves | _____ | _____ |
| Neurostimulator | _____ | _____ |
| Aneurysm Clips | _____ | _____ |
| Cochlear Implants | _____ | _____ |
| Surgically Implanted Metal | _____ | _____ |
| Metal in Eyes | _____ | _____ |
| Worked w/ metal lathes/grinders | _____ | _____ |
| History of welding | _____ | _____ |
| Claustrophobia | _____ | _____ |
| Previous Injury | | |
| When: _____ | | |
| How: _____ | | |
| Previous Surgery | | |
| Date: _____ | | |

Appointment Date: _____ Check-in Time: _____ Appointment Time: _____

PATIENT PREPARATION

IF YOU HAVE ANY QUESTIONS ABOUT YOUR EXAM PREP, PLEASE CALL THE CENTER 503.399.1262

CT WITHOUT CONTRAST (UNENHANCED)

NO PREPARATION IS NECESSARY

CT WITH CONTRAST (ENHANCED)

WATER OR CLEAR LIQUIDS, BUT NO SOLIDS FOR 2 HOURS PRIOR TO YOUR EXAM.

IF YOU WEIGH IN EXCESS OF 500 POUNDS OR HAVE EXPERIENCED A PRIOR ALLERGIC REACTION TO CONTRAST, PLEASE CONTACT THE CENTER PRIOR TO YOUR APPOINTMENT.

CT OF THE ABDOMEN OR PELVIS

THE PATIENT SHOULD NOT EAT OR DRINK FOR 2 HOURS PRIOR TO ARRIVING AT SRC FOR THEIR SCAN.

CTA CHEST WITH CORONARY/CARDIAC EVALUATION

PREP INSTRUCTION AVAILABLE AT
[HTTP://WWW.SALEMRADIOLOGY.COM/APPOINTMENT-PREPARE.HTM](http://www.salemradiology.com/appointment-prepare.htm) OR
BY CALLING THE FACILITY

MRI

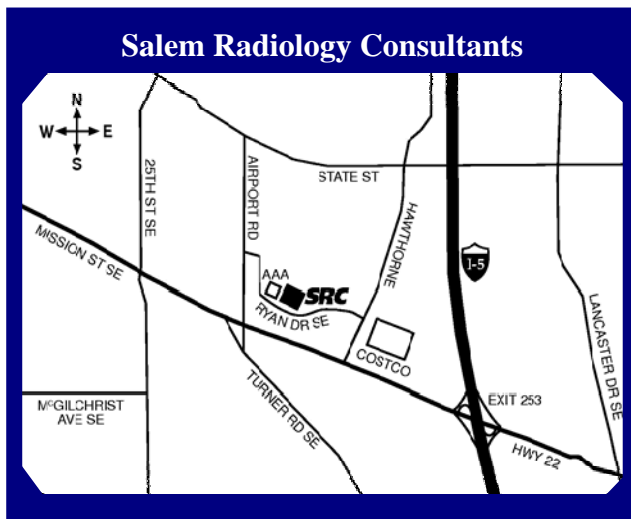
REMOVE JEWELRY, EYE MAKE-UP. WEAR LOOSE FITTING CLOTHING WITH NO METAL. SPORTS BRAS WITHOUT METAL CAN BE WORN.

ⓘ NOTE: PLEASE BRING THIS FORM & INSURANCE CARD WITH YOU TO YOUR EXAM

DIRECTIONS:

From I-5 take Exit 253 and turn west (right). Travel ¼ mile to Hawthorne, and then turn right. Proceed to the first intersection where Costco is on your right and Denny's will be on your left. Take the first left onto Ryan Drive. SRC is a few buildings north at 2925 Ryan Drive on the right side of the street.

From Mission Street turn left on Hawthorne like proceeding to Costco. Proceed to the first intersection where Costco is on your right and Denny's will be on your left. Take the first left onto Ryan Drive. SRC is a few buildings north at 2925 Ryan Drive on the right side of the street.



**We are located next to the
Automobile Association of
America (AAA) off of
Mission Street.**

**2925 Ryan Drive SE
Salem, OR 97303**