



DIAGNOSTIC IMAGING®

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

Chiropractic Imaging Form

Email orders to: PSScheduling@cdirad.com

☐ 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

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

<p align="center">MRI</p> <p>Area of body _____</p> <p>Laterality <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL</p> <p><input type="radio"/> IV contrast as clinically indicated by radiologist OR <input type="radio"/> No contrast</p> <hr/> <p><input type="radio"/> MRI</p> <p><input type="radio"/> High-field MRI</p> <p><input type="radio"/> 3T MRI</p> <p><input type="radio"/> Open MRI</p> <p><input type="radio"/> Angiogram</p> <p><input type="radio"/> Arthrogram (joint injection)</p> <p><input type="radio"/> OPEN UPRIGHT MRI (Renton)</p> <p><input type="radio"/> Flexion</p> <p><input type="radio"/> Extension</p> <p><input type="radio"/> Standing</p> <p><input type="radio"/> Other _____</p>
<p align="center">ULTRASOUND</p> <p>Area of Body _____</p> <p>Doppler as clinically indicated by radiologist OR <input type="radio"/> No doppler</p>

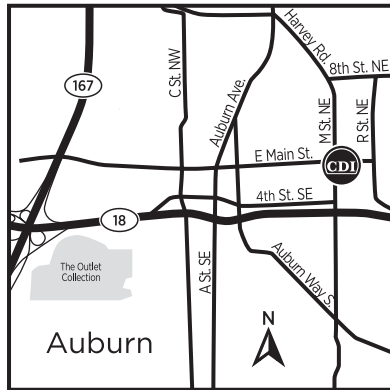
<p align="center"><input type="radio"/> CT</p> <p>Area of body _____</p> <p>Laterality <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL</p> <p><input type="radio"/> IV contrast as clinically indicated by radiologist OR <input type="radio"/> No contrast</p> <p><input type="radio"/> 3D recons as clinically indicated by radiologist OR <input type="radio"/> No 3D recons</p> <hr/> <p><input type="radio"/> Arthrogram (joint injection)</p> <p><input type="radio"/> Spine</p> <p><input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar</p> <p><input type="radio"/> Extremity _____</p> <p><input type="radio"/> Other _____</p>
<p align="center">X-RAY</p> <p>Laterality <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL</p> <p>Views _____</p> <p><input type="radio"/> Spine</p> <p><input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar</p> <p><input type="radio"/> Shoulder</p> <p><input type="radio"/> Elbow</p> <p><input type="radio"/> Hip(s)</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Knee</p> <p><input type="radio"/> Leg length</p> <p><input type="radio"/> Scoliosis screening</p> <p><input type="radio"/> Other _____</p>

<p align="center">Available at Federal Way, Lakewood and Puyallup</p> <p align="center">DIAGNOSTIC AND THERAPEUTIC INJECTIONS</p> <p>Consultation and treat. Treatment may include:</p> <ul style="list-style-type: none"> - Epidural steroid injection/Epidurography - SI joint injection - Facet nerve/Rhizotomy work-up - Rhizotomy - Other _____ <hr/> <p align="center">REGENERATIVE MEDICINE</p> <p><input type="radio"/> Bone marrow concentrate (BMC)</p> <p><input type="radio"/> Platelet rich plasma (PRP) Injection</p> <p><input type="radio"/> Other _____</p> <hr/> <p align="center">WOMEN'S IMAGING SERVICES</p> <p><input type="radio"/> Bone density</p> <p><input type="radio"/> Screening or <input type="radio"/> Diagnostic</p> <p>History of pathological fracture? <input type="radio"/> No <input type="radio"/> Yes</p> <p>Age-related osteoporosis w/o current pathological fracture? <input type="radio"/> No <input type="radio"/> Yes</p> <p>Estrogen deficiency/clinical risk for osteoporosis? <input type="radio"/> No <input type="radio"/> Yes</p> <p>Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> Other _____</p>
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Lab Results Creatinine _____ BUN _____ Blood Draw Date _____		<input type="radio"/> 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"/> Patient to Hand Carry
<input type="radio"/> STAT	<input type="radio"/> CDI Web Portal	<input type="radio"/> Fax report to:	<input type="radio"/> Report Only
Provider Name (Print)		Provider Location	Phone
Provider Signature (Required)		City/Zip	
<div style="border: 1px solid orange; padding: 2px;">Do not use rubber stamp.</div>		Ordering Providers NPI # (Required)	Date

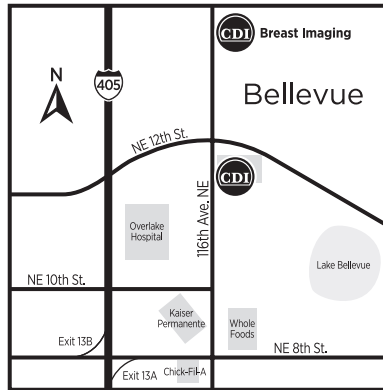


Visit myCDI.com for detailed driving directions to our centers. Call us at 855.643.7226.



Auburn - Breast Imaging

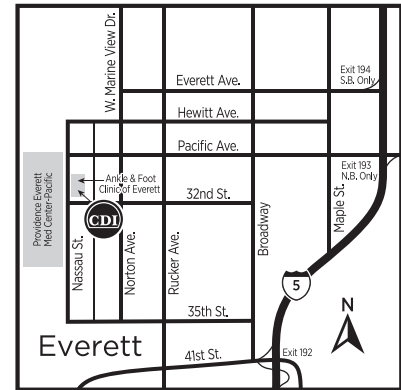
1268 E. Main St., Suite 1
Auburn, WA 98002



Bellevue

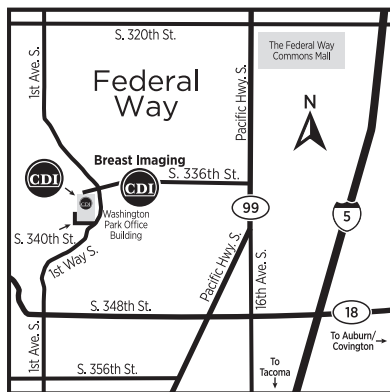
1310 116th Ave. NE, Suite E
Bellevue, WA 98004

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



Everett

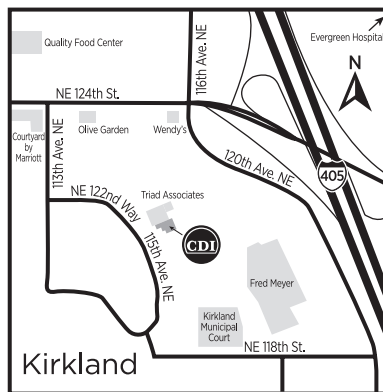
3131 Nassau St., Suite 102
Everett, WA 98201



Federal Way

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

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



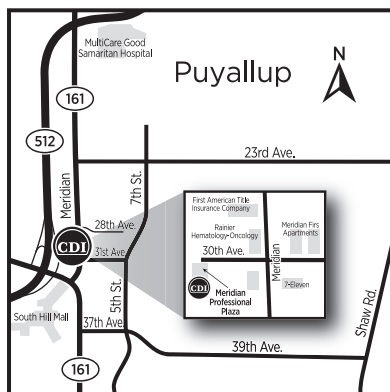
Kirkland

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



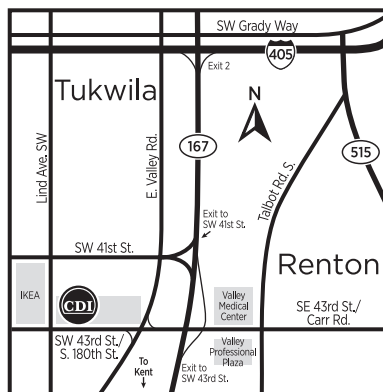
Lakewood

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



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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