



Portland • 503.774.7700 • fax 503.774.7701

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Gresham • 503.661.6500 • fax 503.661.6005

Patient Name/D.O.B. \_\_\_\_\_ Date/Time of Exam \_\_\_\_\_

Ordering Dr. \_\_\_\_\_ Comments \_\_\_\_\_

Symptoms/Clinical \_\_\_\_\_ Insurance/Claim # \_\_\_\_\_

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> MRI Brain . . . . .                | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> MRI Pelvis                   | <input type="checkbox"/> MRI Femur . . . . .L R               |
| <input type="checkbox"/> MRI Pituitary W&W/O Contrast       |   | <input type="checkbox"/> MRA Brain/Head/COW           | <input type="checkbox"/> MRI Knee . . . . .L R                |
| <input type="checkbox"/> MRI IAC W&W/O Contrast             |   | <input type="checkbox"/> MRA Neck/Carotids W/Contrast | <input type="checkbox"/> MRI Visionaire Knee Protocol . . L R |
| <input type="checkbox"/> MRI 5th – 7th Nerve W&W/O Contrast |   | <input type="checkbox"/> MRA Renal                    | <input type="checkbox"/> MRI Zimmer Knee Protocol . . . L R   |
| <input type="checkbox"/> MRI Cervical . . . . .             | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> MRV Brain                    | <input type="checkbox"/> MRI Tib-Fib . . . . .L R             |
| <input type="checkbox"/> MRI Thoracic . . . . .             | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> MRA Other _____              | <input type="checkbox"/> MRI Ankle . . . . .L R               |
| <input type="checkbox"/> MRI Lumbar . . . . .               | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> MRI Shoulder . . . . .L R    | <input type="checkbox"/> MRI Foot . . . . .L R                |
| <input type="checkbox"/> MRI TMJ Bilateral                  |   | <input type="checkbox"/> MRI Elbow . . . . .L R       | <input type="checkbox"/> MRI Other _____                      |
| <input type="checkbox"/> MRI Soft Tissue                    |   | <input type="checkbox"/> MRI Wrist . . . . .L R       | <input type="checkbox"/> MR Arthrogram Shoulder . . . L R     |
| Neck/Parotid . . . . .                                      | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> MRI Hand . . . . .L R        | <input type="checkbox"/> MR Arthrogram Wrist . . . . .L R     |
| <input type="checkbox"/> MRI Abdomen                        |   | <input type="checkbox"/> MRI Hip . . . . .L R         | <input type="checkbox"/> MR Arthrogram Hip . . . . .L R       |

**These Services Available Only at the Mt. Scott Diagnostic Imaging & Bridgeport MRI Locations**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> X-RAY Orbit Screening 1V             | <input type="checkbox"/> X-RAY Lumbar Spine 3V  | <input type="checkbox"/> X-RAY Pelvis/Hip . . . . .L R                 |
| <input type="checkbox"/> X-RAY Facial/Sinus                   | <input type="checkbox"/> X-RAY Lumbar Spine 5V FLEX/EXT   | <input type="checkbox"/> X-RAY Knee . . . . .L R                       |
| <input type="checkbox"/> X-RAY Neck Soft Tissue               | <input type="checkbox"/> X-RAY Lumbar Spine 5V OBL  | <input type="checkbox"/> X-RAY Ankle . . . . .L R                      |
| <input type="checkbox"/> X-RAY Chest 2V PA/LAT                | <input type="checkbox"/> X-RAY Lumbar Spine 7V FLEX/EXT/OBL   | <input type="checkbox"/> X-RAY Foot . . . . .L R                       |
| <input type="checkbox"/> X-RAY Ribs Bilateral/Unilateral      | <input type="checkbox"/> X-RAY Spine LAT 1V   | <input type="checkbox"/> X-RAY Standing Bilateral Leg Length Study     |
| <input type="checkbox"/> X-RAY Abdomen Upright/Supine         | <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar | – includes bone length & upright AP Pelvis                             |
| <input type="checkbox"/> X-RAY Cervical Spine 3V              | <input type="checkbox"/> X-RAY Shoulder . . . . .L R  | <input type="checkbox"/> Standing Bilateral Bone Length ONLY           |
| <input type="checkbox"/> X-RAY Cervical Spine 5V FLEX/EXT     | <input type="checkbox"/> X-RAY Elbow . . . . .L R   | <input type="checkbox"/> Upright AP Pevis ONLY                         |
| <input type="checkbox"/> X-RAY Cervical Spine 5V OBL          | <input type="checkbox"/> X-RAY Wrist . . . . .L R   | <input type="checkbox"/> X-RAY Postural Series – includes AP           |
| <input type="checkbox"/> X-RAY Cervical Spine 7V FLEX/EXT/OBL | <input type="checkbox"/> X-RAY Hand . . . . .L R  | Thoracolumbar & AP/LAT Pelvis  |
| <input type="checkbox"/> X-RAY Thoracic Spine                 |   | <input type="checkbox"/> X-RAY Scoliosis Full Spine 1 view (14" x 50") |

**These Services Available Only at the MountainView MRI/CT Location**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CT Brain . . . . .               | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> CT Thoracic Spine – Levels _____ |
| <input type="checkbox"/> CT Sinus Screening . . . . .     | <input type="checkbox"/> Sinus 2 Planes | <input type="checkbox"/> CT Lumbar Spine – Levels _____   |
| <input type="checkbox"/> CT Mastoid/Temporal Bone         |   | <input type="checkbox"/> CT Shoulder . . . . .L R         |
| <input type="checkbox"/> CT Otagia Study                  |   | <input type="checkbox"/> CT Elbow . . . . .L R            |
| <input type="checkbox"/> CT Soft Tissue Neck . . . . .    | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> CT Wrist/Hand . . . . .L R       |
| <input type="checkbox"/> CT Chest/Thorax . . . . .        | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> CT Hip . . . . .L R              |
| <input type="checkbox"/> CT Abdomen W/Contrast            |   | <input type="checkbox"/> CT Pelvis/SI Joints              |
| <input type="checkbox"/> CT Pelvis W/Contrast             |   | <input type="checkbox"/> CT Knee . . . . .L R             |
| <input type="checkbox"/> CT KUB/Appendix/Diverticulitis   |   | <input type="checkbox"/> CT Ankle/Foot . . . . .L R       |
| <input type="checkbox"/> CT Stone Study                   |   | <input type="checkbox"/> CT Other _____                   |
| <input type="checkbox"/> CT Hematuria Study               |   | <input type="checkbox"/> CT Angio _____                   |
| <input type="checkbox"/> CT Renal 4 Phase . . . . .       | <input type="checkbox"/> W&W/O Contrast | <input type="checkbox"/> MRI/CT Vocal Cord Paralysis      |
| <input type="checkbox"/> CT Cervical Spine – Levels _____ |   | <input type="checkbox"/> MRI/CT Submandibular Gland       |

\* Notify the center before your exam if you have a cardiac pacemaker, aneurysm clips or if you are at risk for having metallic foreign body in your eyes.  
\* Please bring this form, your insurance card and your photo ID to your exam.

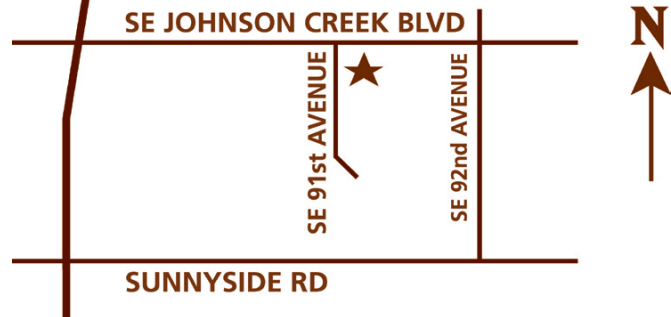


**MT. SCOTT**  
DIAGNOSTIC IMAGING

9200 SE 91st Ave., Suite 330  
Portland, OR 97086  
503.774.7700  
fax 503.774.7701

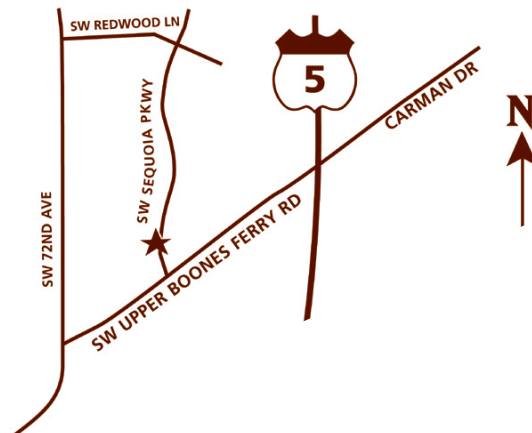


From Interstate 205, take Exit 16, Johnson Creek Blvd, proceed East, and take a Right on 91st Ave. We are located in the Mt. Scott Professional Building on the left. The parking lot is easy to identify.



15755 SW Sequoia Parkway, Suite 100  
Tigard, OR 97224  
503.639.9700  
fax 503.639.9710

From I-5, take exit 291 Carman Drive. Proceed West off the exit. Turn onto SW Sequoia Parkway. The entrance to our parking lot is the first left.



24076 Stark Street Suite 180  
Gresham, OR 97030  
503.661.6500  
fax 503.661.6005

From I-84 East, take exit #16, the 238th Dr. Exit towards Wood Village. Turn Right onto 238th Dr. it becomes 242nd Dr. Turn Right on SE Stark St. We are on the Left.

