Diagnostic Imaging Order Form

Scheduling Tel: 206-668-2778    Scheduling Fax 206-668-6160

Patient Information:

Last Name ____________________    First Name ____________________
Date of Birth ____________________    Telephone Number__________________
ICD 10 code(s) ____________________

Please list modality and exams / procedures below:

** If exam is for a MRI or a CT, be sure to include contrast designation requested**

Exam_____________________________ CPT Code: __________

Special Instructions: __________________________________________

Exam_____________________________ CPT Code: __________

Special Instructions: __________________________________________

Exam_____________________________ CPT Code: __________

Special Instructions: __________________________________________

Referring Physician Signature: ________________________________

(Please Print name as well) _____________________________________

Clinic Name _____________________________________________

Clinic Phone Number: ____________________________
HOSPITAL ADDRESS:
- 1550 N. 115th Street
- Seattle, WA 98133

DIRECTIONS:
- From I-5 take exit 173.
- Turn west on Northgate Way.
- At Meridian Avenue North, turn right (north).
- Take the first left onto 115th Street.
- The main entrance will be on your right.
- Diagnostic Imaging will be on the second floor

VISITOR & PATIENT PARKING RATES:

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 minutes</td>
<td>FREE</td>
</tr>
<tr>
<td>30-59 minutes</td>
<td>$4</td>
</tr>
<tr>
<td>1-2 hours</td>
<td>$6</td>
</tr>
<tr>
<td>2-4 hours</td>
<td>$8</td>
</tr>
<tr>
<td>Weekends</td>
<td>FREE</td>
</tr>
<tr>
<td>All-day pass</td>
<td>$10</td>
</tr>
<tr>
<td>7-day pass</td>
<td>$32</td>
</tr>
</tbody>
</table>

Note: All-day & 7-day passes include in-and-out privileges