

**ORDERS FORM** N : This Form Must Be Faxed Prior To Pending To Referral CoordinatorFaxed On: 9/29/05By: Chris

Date

Name

**Swedish Family Medicine Clinic Phone: 206-386-6111 Fax: 206-386-6113**

1401 Madison St, #100, Seattle, WA 98104

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Swedish Medical Imaging Ph: 386-3990          | <input type="checkbox"/> Pulmonary Function Lab Phone: 386-2189 | <input type="checkbox"/> Seattle Nuclear Med Ultrasound 1229 Madison |
| <input checked="" type="checkbox"/> Diagnostic/US/CT/MRI Fax: 215-3035 | Fax: 386-3147   | Dexa - # 1050  |
| <input type="checkbox"/> Interventional Fax: 215-2120                  |   | US - # 1150  |
| <input type="checkbox"/> Nuclear Medicine Fax: 215-3633                |   | Ph: 386-6300 Fax: 386-6312   |
| <input type="checkbox"/> Same Day US Fax: 386-2237                     |   |  |
| <input type="checkbox"/> Other   |   |  |

GARDINER, KRYSTIN M  
12062917 02/02/2002

Pt Phone #

215-60 376-4301

Contact:

Tess Gardner Faurer  
(mother)☐ URGENT  
☐ MVA  
☐ L & IExam Ordered: MRI, Spine**For MRI**

Does patient have a pacemaker?

☒ No ☐ Yes

Does patient have any metal in the body?

☒ No ☐ YesDiagnosis: 754.2 Scoliosis  
336.0 Syringomelia

If Pregnant - Need LMP or EDC

**For CT**☐ With Contrast ☐ Without Contrast**Labs Drawn?**☐ No ☐ Yes - Date drawn

Creatinine BUN

Ordering Signature: Elizabeth Hutchinson ResidentPrinted Name: Elizabeth HutchinsonDate: 9/28/05Person Scheduling: Chris 166825

Is patient diabetic?

☒ No ☐ Yes

Any known allergies to contrast?

☒ No ☐ Yes

Any known allergies to medications?

☒ No ☐ Yes☒ Patient needs appointment☐ Patient already has appointmentSTAT Report? ☒ No ☐ Yes (Pager #)Interpreter? ☒ No ☐ Yes (Language)

*Referred patient to Brian Ulcek MD  
Neurologist. He wants MRI done before  
he sees patient. \* 206-215-6050*

**REFERRAL COORDINATOR**☒ Auth Pending Insurance Information will follow within 48 hours☐ Completed, Insurance notification not required☐ Not a covered service or not allowed by insurance☒ Insurance NotifiedReferral Notification #: 497649

Effective: Ending:

Confirmed by:

Date: 10/5/05Insurance PCP: Patricia BermanInsurance Co.: Molina - H0ID#: 574 35 1817☒ Copy sent to Provider on 10/5/05☒ Copy sent to Patient on 10/5/05Completed by: Josi W**THIS REFERRAL DOES NOT GUARANTEE PAYMENT**

Services may be subject to other benefit requirements.

Please contact your insurance plan if you have questions regarding payment of benefits.