

# Diagnostic Imaging Order Form

## Physician Referral Form

To schedule appointments call:

**SIKER IMAGING EAST** Phone: 503-595-3967 • Fax: 503-595-3937

**SIKER IMAGING WEST** Phone: 971-888-5327 • Fax: 971-200-2718

**NOTE:** Some plans and authorizations will require David Siker, MD NPI: 1427031467.

**Patient Information** Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Symptoms/reason for exam:** \_\_\_\_\_  
 ICD-9/10 code(s): \_\_\_\_\_  
 Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_  
**Physician preference for results (radiologist report will be faxed):**  Mail Report  Report and CD  
 View Images/Reports on RamSoft (online viewer)  Request Access to Ramsoft  
 Fax: \_\_\_\_\_ Other: \_\_\_\_\_  
 Call reports **require** cell or back line number: \_\_\_\_\_  
**Send additional reports to:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Insurance: \_\_\_\_\_ ID# \_\_\_\_\_ Pre-Auth. number/date range: \_\_\_\_\_  
 Claim Rep name: \_\_\_\_\_ Contact number: \_\_\_\_\_  
 Claim Number: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Obtain PA - Must include chart notes, insurance card and please include any operative reports and imaging reports.**

<input type="radio"/> <b>MRI • Siker East &amp; West</b> <input type="radio"/> Without contrast <input type="radio"/> Without and with IV contrast <input type="radio"/> Contrast as indicated by radiologist/protocol <input type="radio"/> <b>Check if claustrophobic</b>	<input type="radio"/> Brain MRI <input type="radio"/> Brain MRA <input type="radio"/> Seizure brain <input type="radio"/> Orbits <input type="radio"/> IAC <input type="radio"/> Pituitary <input type="radio"/> Trigeminal <input type="radio"/> CSF flow <input type="radio"/> Other: _____	<input type="radio"/> Knee ..... <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Shoulder ..... <input type="radio"/> R <input type="radio"/> L <input type="radio"/> Extremity other (specify): _____ <input type="radio"/> Arthrogram: _____ <input type="radio"/> Pelvis: Soft tissue <input type="radio"/> Pelvis: Bony <input type="radio"/> Pelvis: Sciatic nerve piriformis	<input type="radio"/> Pudendal nerve <input type="radio"/> Spine: Cervical <input type="radio"/> Spine: Thoracic <input type="radio"/> Spine: Lumbar <input type="radio"/> Sacrum (SI Joints) <input type="radio"/> Brachial plexus <input type="radio"/> Lumbosacral plexus <input type="radio"/> Prostate	<input type="radio"/> Female pelvis <input type="radio"/> Breast: Implant for rupture <input type="radio"/> Abdomen <input type="radio"/> Liver <input type="radio"/> MRCP <input type="radio"/> ST Neck <input type="radio"/> MRA carotid <input type="radio"/> MRV head
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<input type="radio"/> <b>CT • Siker East</b> <input type="radio"/> With IV contrast <input type="radio"/> Without contrast <input type="radio"/> With and without IV contrast <input type="radio"/> Contrast as indicated by radiologist/protocol	<input type="radio"/> Head CT <input type="radio"/> Sinus <input type="radio"/> Spine: ... <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> CTA (specify): _____ <input type="radio"/> Extremity (specify): _____ <input type="radio"/> Other (specify): _____ Creatinine (if 60+) _____ GFR (if 60+) _____ Date: ____/____/____	<input type="radio"/> Abdomen and pelvis <input type="radio"/> Renal colic <input type="radio"/> Urogram <input type="radio"/> Calcium score <input type="radio"/> IAC	<input type="radio"/> Myelogram: Cervical <input type="radio"/> Myelogram: Thoracic <input type="radio"/> Myelogram: Lumbar <input type="radio"/> Chest <input type="radio"/> Neck: Soft tissue
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**Miscellaneous** \_\_\_\_\_

# SIKER | MEDICAL

IMAGING AND INTERVENTION

WWW.SIKERIMAGING.COM



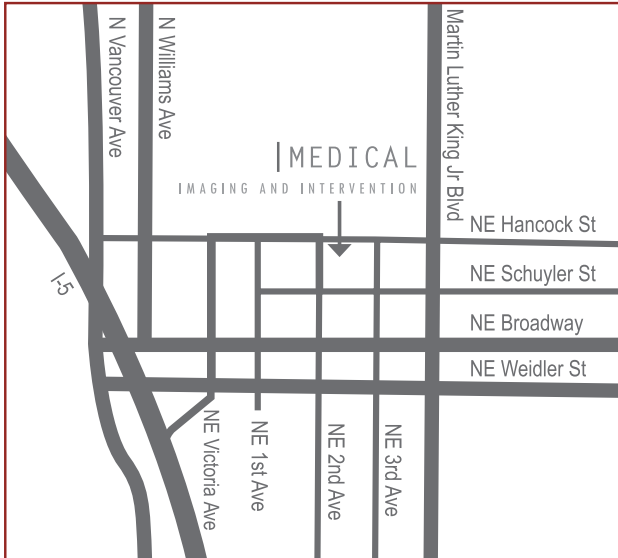
GOOGLE MAP

## SIKER IMAGING EAST

1800 NE 2nd Avenue • Portland, OR 97212

**P: 503-595-3967 • F: 503-595-3937**

(Tax ID: 34-2001110 NPI: 1427031467)



### DIRECTIONS TO SIKER IMAGING EAST

#### COMING FROM NORTH OF PORTLAND:

I-5 SOUTH  
EXIT 302-A (ROSE QUARTER)  
LEFT ON NE WEIDLER  
LEFT ON NE 2ND AVENUE

#### COMING FROM SOUTH OF PORTLAND:

I-5 NORTH  
EXIT 302-A (ROSE QUARTER)  
RIGHT ON NE WEIDLER  
LEFT ON NE 2ND AVENUE

#### COMING FROM EAST OF PORTLAND:

I-84 WEST TO I-5 NORTH  
EXIT 302-A (ROSE QUARTER)  
RIGHT ON NE WEIDLER  
LEFT ON NE 2ND AVENUE

#### COMING FROM WEST OF PORTLAND:

26 TO I-405 TO I-5 SOUTH  
EXIT 302-A (ROSE QUARTER)  
LEFT ON NE WEIDLER  
LEFT ON NE 2ND AVENUE

## RADIOLOGY LOCATION

### SIKER IMAGING WEST

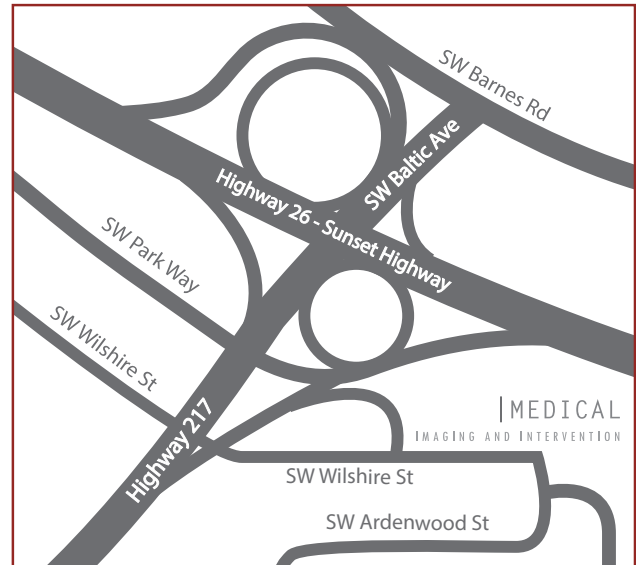
9775 SW Wilshire St, Ste 100 • Portland, OR 97225

**P: 971-888-5327 • F: 971-200-2718**

(Tax ID: 46-0590375 NPI: 1427031467)



GOOGLE MAP



### DIRECTIONS TO SIKER IMAGING WEST

#### HEADING WEST ON HIGHWAY 26

BARNES ROAD/PARK WAY EXIT #69B  
LEFT TOWARD SW BALTIC AVENUE  
RIGHT ON SW PARK WAY  
IMMEDIATE LEFT TOWARD SW WILSHIRE STREET (TOWARD HWY 217)  
LEFT ON SW WILSHIRE STREET  
2ND BUILDING ON THE LEFT

#### HEADING NORTH ON HIGHWAY 217

HWY 26 EAST EXIT  
EXIT TOWARD CEDAR HILLS BLVD.  
MERGE ONTO SW WILSHIRE  
NEW BUILDING ON YOUR RIGHT AS YOU EXIT

#### HEADING EAST ON HIGHWAY 26

BARNES ROAD/PARK WAY EXIT #69B  
STRAIGHT TO MERGE ONTO SW PARK WAY  
IMMEDIATE LEFT TOWARD SW WILSHIRE STREET (TOWARD HWY 217)  
LEFT ON SW WILSHIRE STREET  
2ND BUILDING ON THE LEFT

**Trust Your Life's Most Important Images To Siker 3TMRI.**