

This form is part of the patient's medical record and must be completed for referral

Date of Referral _____ - _____ - _____ Referring Provider Name _____

Patient Name (first, MI, last) _____

Patient Phone # (_____) _____ - _____ (home) (_____) _____ - _____ (work or cell)

D.O.B. _____ - _____ - _____ SS# _____ - _____ - _____

Written Diagnosis/Reason/Symptom for Exam(s) REQUIRED

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, Possible or Probable Conditions cannot be coded. For Medicare Policy information see the Part B Bulletin or www.noridian.com/medweb

Notes: Height _____ Weight _____ Allergies _____
 BUN/Creatinine ____ / ____ (date drawn) ____ / ____ / ____
LABS REQUIRED FOR IV CONTRAST STUDIES

PRIOR EXAMS:

_____ Date of Service _____ Facility Location

Specialty Exams

Nuclear Medicine

- Lung Scan
- Biliary (HIDA)
- Renal Scan
- Cardiac Blood Pool (MUGA)
- Myocardial Stress Test and Rest
 - Treadmill Adenosine
- Gastric Emptying Study (GES)

Bone Scan:

- Multiple 3-Phase SPECT
 (area of concern _____)
- Whole Body
- Thyroid: Uptake & Scan Scan Only
- Venogram
- Other (specify)** _____

CT Scan (contrast & 3D reconstruction as clinically indicated by radiologist);

or ___no contrast

- | | | | |
|----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Sinuses | <input type="checkbox"/> Chest | <input type="checkbox"/> CTA Head & Neck |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Ltd. Sinus | <input type="checkbox"/> Abdomen | <input type="checkbox"/> CTA Chest |
| <input type="checkbox"/> C-spine | <input type="checkbox"/> LandmarX | <input type="checkbox"/> Abdomen & Pelvis | <input type="checkbox"/> CTA Coronary |
| <input type="checkbox"/> T-spine | | <input type="checkbox"/> CT Enterography | <input type="checkbox"/> CTA Abdomen |
| <input type="checkbox"/> L-spine | | <input type="checkbox"/> Pelvis | <input type="checkbox"/> CTA Abdomen & Pelvis |
| | | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> CTA Pelvis |
| | | | <input type="checkbox"/> CTA Other (specify) _____ |

MRI Exam (contrast & 3D reconstruction as clinically indicated by radiologist);

or ___no contrast

- | | | |
|--|---|-------------------------|
| <input type="checkbox"/> Head _____ | <input type="checkbox"/> w / joint arthrogram | Pacemaker: Y / N |
| <input type="checkbox"/> Thyroid/larynx | It rt <input type="checkbox"/> Hand <input type="checkbox"/> Abdomen | |
| <input type="checkbox"/> C-spine | It rt <input type="checkbox"/> Wrist <input type="checkbox"/> MRCP | |
| <input type="checkbox"/> T-spine | It rt <input type="checkbox"/> Elbow <input type="checkbox"/> MRA (specify) _____ | |
| <input type="checkbox"/> L-spine | It rt <input type="checkbox"/> Shoulder _____ | |
| <input type="checkbox"/> Breast It rt bilat | It rt <input type="checkbox"/> Hip _____ | |
| <input type="checkbox"/> Cardiac | It rt <input type="checkbox"/> Knee _____ | |
| <input type="checkbox"/> Soft tissue (specify) _____ | It rt <input type="checkbox"/> Ankle _____ | |
| | It rt <input type="checkbox"/> Foot It rt <input type="checkbox"/> Other (specify) _____ | |

Injections & Procedures

- Diagnostic & Therapeutic Injection (specify) _____
- Interventional Procedure (specify) _____

Appointments:

Exam _____

M T W Th F S Sn

Date _____ - _____ - _____

Time _____ : _____

Exam _____

M T W Th F S Sn

Date _____ - _____ - _____

Time _____ : _____

- Call patient to schedule
- Patient will call to schedule
- Return patient to the office with films
- Call STAT (_____)_____ - _____
- Fax STAT (_____)_____ - _____
- Fax Routine (_____)_____ - _____
- Send: CD ROM Films

Additional reports to: _____

Follow-Up Appointment:

Date _____ - _____ - _____

Time _____ : _____

PCP: _____

Insurance authorization #

(if needed):

Name of insurance is required:

Referring Provider Signature

(Required for Exam) →

For Office Use Only

Diagnostic Imaging Phys Orders



Radiology Order Form

THIS REFERRAL IS CONFIDENTIAL AND IS INTENDED SOLELY FOR THE USE OF THE MEDICAL PROVIDER NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE INTENDED RECIPIENT'S AGENT, AND HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY SENDER IMMEDIATELY AND DESTROY THIS DOCUMENT.

Tacoma

Franciscan Health System

- ❑ **St. Joseph Medical Center Dept of Radiology**
1717 South J Street, Tacoma WA 98405
(253) 426-6620 fax (253) 426-6610
- ❑ **St. Joseph Outpatient Center**
1617 South J Street, Tacoma WA 98405
(253) 426-6620 fax (253) 426-6464

MultiCare Health System - MultiCare Medical Imaging

Allenmore Campus:

- ❑ **Hospital** - 1901 South Union Avenue, Tacoma WA 98405
(253) 403-1059 fax (253) 459-6232
- ❑ **C Building** - 3124 So. 19th Street, Suite 100, Tacoma WA 98405
(253) 301-5011, scheduling (253) 403-1059, fax (253) 403-1659
- ❑ **Mary Bridge Children's Hospital**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 403-1059 fax (253) 403-1659
- ❑ **Tacoma General**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 403-1059 fax (253) 403-1659
- ❑ **TRA Medical Imaging-on Cedar**
2202 South Cedar Street, Suite 200, Tacoma WA 98405
scheduling (253) 761-4200 (866) 761-4200
scheduling fax (253) 761-4201
Medical Records / clinic fax (253) 284-0622
- ❑ **TRA Medical Imaging-on Union (MRI Only)**
2502 South Union Avenue, Tacoma WA 98405
scheduling (253) 761-4200 (866) 761-4200
scheduling fax (253) 761-4201 clinic fax (253) 759-6252
- ❑ **Union Avenue Open MRI**
2502 South Union Avenue, Tacoma WA 98405
(253) 761-9482 fax (253) 759-6252
Toll Free: (888) 276-3245 scheduling

Gig Harbor

- ❑ **MultiCare Medical Imaging at Gig Harbor Medical Park**
4545 Pt. Fosdick Dr. NW, Suite 135, Gig Harbor WA 98335
(253) 530-8033, scheduling (253) 530-8083 or (253) 403-1059
fax (253) 530-8034
- ❑ **MultiCare Women's Health & Wellness Center at Gig Harbor Medical Park**
4545 Pt. Fosdick Dr. NW, Suite 130, Gig Harbor WA 98335
(253) 530-8122, scheduling (253) 403-1059, fax (253) 530-8126
- ❑ **TRA Medical Imaging-Gig Harbor**
4700 Point Fosdick Drive, Suite 110, Gig Harbor WA 98335
scheduling (253) 761-4200 (866) 761-4200
scheduling fax (253) 761-4201 clinic fax (253) 851-3013

Enumclaw

- ❑ **Enumclaw Regional Hospital** (Franciscan)
1450 Battersby Avenue, Enumclaw, WA 98022
(360) 802-3223/3224 fax (360) 802-3225

Bonney Lake

Diagnostic Imaging Northwest (12/1/08)

formerly Medical Imaging Northwest

- ❑ **Bonney Lake Imaging Center**
21110 SR 410 East, Suite 110, Bonney Lake, WA 98391
(253) 841-4353 fax (253) 446-3973

Federal Way

- ❑ **CDI Federal Way (MRI, CT, Pain Mgmt. Injections)**
33801 1st Way S, Suite 101, Federal Way WA 98003
(253) 942-7226 scheduling, 1-866-942-7226
fax (253) 942-3517
- ❑ **Federal Way MRI & Diagnostic Center**
Brooklake Professional Center
922 S 348th St at 9th, Federal Way WA 98003
(253) 661-6633, 1-888-610-7277 fax (253) 661-6639
- ❑ **St. Francis Hospital Dept of Radiology** (Franciscan)
34515 9th Avenue South, Federal Way WA 98003
(253) 944-4133 fax (253) 944-7557
- ❑ **St. Francis Outpatient Center** (Franciscan)
34515 9th Avenue South, Federal Way WA 98003
(253) 944-4133 fax (253) 944-7557

Lakewood

- ❑ **CDI Lakewood (MRI, CT, Pain Mgmt. Injections)**
7308 Bridgeport Way SW, Suite 101, Lakewood WA 98499
(253) 682-1666 scheduling, 1-866-942-7226
fax (253) 682-1667
- ❑ **St. Clare Specialty Center** (Franciscan)
11307 Bridgeport Way Southwest, Lakewood WA 98499
(253) 985-6395 fax (253) 985-2831
- ❑ **St. Clare Hospital Dept of Radiology** (Franciscan)
11315 Bridgeport Way Southwest, Lakewood WA 98499
(253) 985-6395 fax (253) 985-2831
- ❑ **TRA Medical Imaging-Lakewood**
5919 100th Street Southwest, Lakewood WA 98499
scheduling (253) 761-4200 (866) 761-4200
scheduling fax (253) 761-4201 clinic fax (253) 588-3870

Puyallup

Diagnostic Imaging Northwest (12/1/08)

formerly Medical Imaging Northwest

- ❑ **Puyallup Imaging Center**
222 15th Avenue Southeast, Puyallup WA 98372
(253) 841-4353 fax (253) 446-3973
- ❑ **Sunrise Imaging Center**
11212 Sunrise Blvd. East, Suite 200, Puyallup WA 98374
(253) 841-4353 fax (253) 446-3973
- ❑ **MultiCare Good Samaritan Hospital Imaging Services**
407 14th Avenue Southeast, Puyallup WA 98371
Exam Scheduling (253) 697-4550 fax (253) 697-4560
Toll Free Scheduling (866) 529-4550 fax (866) 529-4560
- ❑ **MultiCare Good Samaritan Cancer Center**
400 15th Avenue Southeast, Puyallup WA 98372
(253) 697-4880 fax (253) 697-4954
Exam Scheduling (253) 697-4550 fax (253) 697-4560
Toll Free Scheduling (866) 529-4550 fax (866) 529-4560
- ❑ **Puyallup Nuclear Medicine Clinic**
1011 East Main ("Blue Cube"), Suite 302, Puyallup WA 98372
(253) 864-4917 fax (253) 841-2472
- ❑ **Sound Medical Imaging**
12623 Meridian Ave East, Suite A1, Puyallup WA 98373
(253) 435-5195 fax (253) 435-5482