

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

Patient Name (first, MI, last) _____ D.O.B. _____ - _____ - _____

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

Translator? _____ (Language)

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 _____
Creatinine/GFR _____ / _____ (date drawn) _____ / _____ / _____ **LABS REQUIRED FOR IV CONTRAST STUDIES**
 Creatinine blood draw at radiologist's discretion

PRIOR EXAMS:

_____ Date of Service _____ Facility Location

Other Last Name: _____

Specialty Exams

Nuclear Medicine

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

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

Appointments:

Exam _____
M T W Th F S Sn

Date _____ - _____ - _____

Check In Time _____ : _____

Appt. Time _____ : _____

Exam _____
M T W Th F S Sn

Date _____ - _____ - _____

Check In Time _____ : _____

Appt. 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: _____

Name of insurance is required: _____

Insurance authorization # (if needed): _____

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 |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Ltd. Sinus | <input type="checkbox"/> Abdomen | <input type="checkbox"/> CTA Neck |
| <input type="checkbox"/> C-spine | <input type="checkbox"/> Landmark | <input type="checkbox"/> Pelvis | <input type="checkbox"/> CTA Chest |
| <input type="checkbox"/> T-spine | | <input type="checkbox"/> Abdomen & Pelvis | <input type="checkbox"/> CTA Coronary |
| <input type="checkbox"/> L-spine | | <input type="checkbox"/> CT KUB | <input type="checkbox"/> CTA Abdomen |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> CT Colonography | <input type="checkbox"/> CTA Abdomen & Pelvis | <input type="checkbox"/> CTA Pelvis |
| | <input type="checkbox"/> CT Enterography | <input type="checkbox"/> CTA Other (Specify) _____ | |

MRI Exam (contrast & 3D reconstruction as clinically indicated by radiologist); or no contrast

- | | | | | | |
|--|--|--|---|----|--|
| <input type="checkbox"/> Brain | Pacemaker: Y / N | <input type="checkbox"/> Abdomen (Specify) _____ | Extremity | | |
| <input type="checkbox"/> Orbits w/Brain | | | <input type="checkbox"/> w / joint arthrogram | | |
| <input type="checkbox"/> Face/Neck | | | lt | rt | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Thyroid/Larynx | | | lt | rt | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> C-spine | <input type="checkbox"/> Pelvis | | lt | rt | <input type="checkbox"/> Elbow |
| <input type="checkbox"/> T-spine | <input type="checkbox"/> Enterography | | lt | rt | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> L-spine | <input type="checkbox"/> MRCP | | lt | rt | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> MRA (Specify) _____ | | lt | rt | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Other (Specify) _____ | | | lt | rt | <input type="checkbox"/> Ankle |
| | | | lt | rt | <input type="checkbox"/> Foot |
| | | | lt | rt | <input type="checkbox"/> Other (Specify) _____ |

Injections & Procedures

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

Original Signature REQUIRED by Referring Provider
(Medicare B News Bulletin #256, 8/29/09) →

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

CHI Franciscan Health

- ❑ **St. Joseph Medical Center Dept of Radiology**
1717 South J Street, Tacoma WA 98405
(253) 573-7320, fax (253) 426-6610
- ❑ **St. Joseph Outpatient Center**
1617 South J Street, Tacoma WA 98405
(253) 573-7320, fax (253) 426-6610

MultiCare Health System - MultiCare Medical Imaging Allenmore Campus:

- ❑ **Hospital** - 1901 South Union Avenue, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223
fax (253) 792-6230
- ❑ **C Building** - 3124 So. 19th Street, Suite 100, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223
fax (253) 792-6230
- ❑ **Mary Bridge Children's Hospital**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223
fax (253) 792-6230
- ❑ **Tacoma General Hospital**
315 Martin Luther King, Jr. Way, 3L, Tacoma WA 98405
(253) 792-6220, toll free (866) 268-7223
fax (253) 792-6230
- ❑ **TRA Medical Imaging-on Cedar**
2202 South Cedar Street, Suite 200, Tacoma WA 98405
(253) 761-4200, toll free (866) 761-4200
fax (253) 761-4201
- ❑ **TRA Medical Imaging-on Union (MRI Only)**
2502 South Union Avenue, Tacoma WA 98405
(253) 761-4200, toll free (866) 761-4200
fax (253) 761-4201
- ❑ **Union Avenue Open MRI**
2502 South Union Avenue, Tacoma WA 98405
(253) 761-9482, toll free (888) 276-3245
fax (253) 759-6252

Gig Harbor

CHI Franciscan Health

- ❑ **St. Anthony Hospital**
11567 Canterwood Blvd NW, Gig Harbor WA 98332
(253) 573-7320, fax (253) 530-2178
- ❑ **MultiCare Medical Imaging at Gig Harbor Medical Park**
4545 Pt. Fosdick Dr. NW, Suite 135, Gig Harbor WA 98335
(253) 792-6220, toll free (866) 268-7223
fax (253) 792-6230
- ❑ **TRA Medical Imaging-Gig Harbor**
4700 Point Fosdick Drive, Suite 110, Gig Harbor WA 98335
(253) 761-4200, toll free (866) 761-4200
fax (253) 761-4201

Enumclaw

CHI Franciscan Health

- ❑ **St. Elizabeth Hospital**
1455 Battersby Avenue, Enumclaw WA 98022
(360) 802-8583, fax (360) 802-3225

Federal Way

❑ CDI Federal Way

33801 1st Way S, Suite 101, Federal Way WA 98003
(253) 942-7226, toll free (866) 942-7226
fax (253) 942-3517

❑ Medical Imaging on 1st

Maplewood Office Building
33915 1st Way S, Suite 130, Federal Way WA 98003
(253) 815-1231, toll free (877) 414-6444
fax (253) 815-1225

CHI Franciscan Health

- ❑ **St. Francis Hospital Outpatient Center**
34515 9th Avenue South, Federal Way WA 98003
(253) 573-7320, fax (253) 944-7557

Lakewood

❑ CDI Lakewood

7308 Bridgeport Way SW, Suite 101, Lakewood WA 98499
(253) 682-1666, toll free (866) 942-7226
fax (253) 682-1667

CHI Franciscan Health

- ❑ **St. Clare Specialty Center**
11307 Bridgeport Way Southwest, Lakewood WA 98499
(253) 573-7320, fax (253) 985-2831
- ❑ **St. Clare Hospital Dept of Radiology**
11315 Bridgeport Way Southwest, Lakewood WA 98499
(253) 573-7320, fax (253) 985-2831
- ❑ **TRA Medical Imaging-Lakewood**
5919 100th Street Southwest, Lakewood WA 98499
(253) 761-4200, toll free (866) 761-4200
fax (253) 761-4201

Bonney Lake

- ❑ **Diagnostic Imaging Northwest - Bonney Lake 410**
21110 SR 410 East, Suite 110, Bonney Lake, WA 98391
(253) 841-4353, fax (253) 446-3973
- ❑ **Diagnostic Imaging Northwest - Bonney Lake on S Prairie Rd E**
10004 - 204th Ave East, Suite 2600, Bonney Lake, WA 98391
(253) 841-4353, fax (253) 446-3973

CHI Franciscan Health

- ❑ **Franciscan Medical Pavilion - Bonney Lake**
9230 Sky Island Drive East, Bonney Lake, WA 98391
(253) 573-7320, fax (253) 750-6195

Puyallup

- ❑ **Diagnostic Imaging Northwest - Puyallup**
222 15th Avenue Southeast, Puyallup WA 98372
(253) 841-4353, fax (253) 446-3973
- ❑ **Diagnostic Imaging Northwest - Sunrise**
11212 Sunrise Blvd. East, Suite 200, Puyallup WA 98374
(253) 841-4353, fax (253) 446-3973
- ❑ **MultiCare Good Samaritan Hospital Imaging Services**
401 15th Avenue Southeast, Puyallup WA 98371
(253) 792-6220, toll free (866) 268-7223
fax (253) 792-6230
- ❑ **Puyallup Nuclear Medicine Clinic**
1011 East Main ("Blue Cube"), Suite 302, Puyallup WA 98372
(253) 864-4917, fax (253) 841-2472