

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: _____

Common Exams

X-ray **No appointment required.**
Specify additional views:

- Chest _____
- Sinuses _____
- Cervical Spine _____
- Thoracic Spine _____
- Lumbar Spine _____
- Scoliosis _____
- Abdomen Series _____
- KUB _____
- Pelvis only

- | | | | |
|----|----|-------|---|
| lt | rt | | <input type="checkbox"/> Pelvis w/ Lateral Hip |
| lt | rt | bilat | <input type="checkbox"/> Hips |
| lt | rt | bilat | <input type="checkbox"/> Ribs |
| lt | rt | bilat | <input type="checkbox"/> Shoulder |
| lt | rt | bilat | <input type="checkbox"/> Elbow |
| lt | rt | bilat | <input type="checkbox"/> Forearm |
| lt | rt | bilat | <input type="checkbox"/> Wrist |
| lt | rt | bilat | <input type="checkbox"/> Hand |
| lt | rt | bilat | <input type="checkbox"/> Finger |
| lt | rt | bilat | <input type="checkbox"/> Knee |
| lt | rt | bilat | <input type="checkbox"/> Tib/Fib |
| lt | rt | bilat | <input type="checkbox"/> Ankle |
| lt | rt | bilat | <input type="checkbox"/> Foot or <input type="checkbox"/> Toe |
| lt | rt | bilat | <input type="checkbox"/> Other _____ view(s) |

Fluoroscopy

- Esophagram (Barium Swallow)
- Upper GI IVP
- Small Bowel
- Barium Enema with air contrast
- VCUG VCUG Sedation:
 Oral IV NANO
- Arthrogram joint _____
- Other (Specify) _____

Bone Densitometry (DEXA)

- Spine & Femur
- Other (Specify) _____

Mammography & Breast Ultrasound

Please use the Breast Imaging Order Form

Ultrasound

- Vascular (Specify) _____
 Arterial Venous
- AAA Screen (Medicare IPPE exam)
- Cardiac Echo
- Abdomen-Complete
- Abdomen-Limited (Area of interest?) _____
- Superficial Soft Tissue (Area of interest?) _____
- Extremity **lt** **rt** (Specify) _____
- Renal
- Pelvic (transabdominal &/or transvaginal as needed for diagnostic visualization)
- Pelvic-Limited (Specify) _____
- Pelvic-Transvaginal only
- OB Multiple High Risk Follow-up Limited
 < 14 weeks complete (transvaginal as needed for visualization)
- > 14 weeks complete
- MCA Doppler Umbilical cord Doppler
- Biophysical Profile
- Thyroid / Neck
- Testicular / Doppler
- 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): _____

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

- ❑ **Carol Milgard Breast Center**
4525 South 19th Street Tacoma, WA 98405
(253) 759-2622, toll free (866) 758-2622
fax (253) 572-4324

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 Health Ctr Radiology - Diagnostic Only**
311 So. L Street, 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 Hilltop**
1202 MLK Jr Way, Suite 140, Tacoma WA 98405
(253) 761-4200, toll free (866) 761-4200
fax (253) 761-4201

Gig Harbor

CHI Franciscan Health

- ❑ **St. Anthony Hospital**
11567 Canterwood Blvd NW, Gig Harbor WA 98332
(253) 573-7320, fax (253) 530-2178
- ❑ **Franciscan Medical Clinic on Pt Fosdick**
4700 Pt. Fosdick Drive NW, Suite 202, Gig Harbor WA 98335
(253) 858-9192, fax (253) 857-1489
- ❑ **Franciscan Prompt Care - Gig Harbor**
4700 Point Fosdick Drive, Suite 102, Gig Harbor WA 98335
(253) 853-2050, fax (253) 853-2711
- ❑ **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

- ❑ **Breast Diagnostic Centers**
909 South 336th, Suite B101, Federal Way WA 98003
(253) 735-1991, fax (253) 735-8837
- ❑ **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
- ❑ **Franciscan Breast Center at St. Francis Medical Pavilion**
34503 9th Avenue South, Suite 320, Federal Way WA 98003
(253) 944-4025, fax (253) 944-4074

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 on 410
No X-ray this location**
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 - Puyallup
Good Samaritan Medical Office Building**
1450 - 5th Street Southeast, Suite 4600, 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
- ❑ **Meridian Bone Density Specialists (DEXA only)**
11019 Canyon Road East, Puyallup WA 98373
(253) 536-2972, fax (253) 826-4558
- ❑ **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