

RADIOLOGY REFERRAL FORM- SPECIALTY

Date: _____ Referring Provider: _____

Patient Name: _____ D.O.B. _____
(First, MI, Last)

Phone: (____) ____ - _____ Interpreter needed (language): _____

Notes: Height _____ Weight _____ Allergies (contrast): _____

Creatinine/GFR: _____ / _____ Date Drawn: _____ Pregnant: Yes No

LABS REQUIRED FOR IV CONTRAST STUDIES

I authorize on-site creatinine/BUN (lab) testing if needed.

Clinical History/Signs & Symptoms REQUIRED:

Signs/Symptoms: _____ Duration: _____

Cause (Hx, Trauma, etc.): _____ Area: _____

Is this due to an injury? Yes No If so, please specify: MVA LNI DOI: _____

CT-SCAN

NO contrast **Contrast at radiologist discretion**

- Head
- Sinus
- Ltd. Sinus
- Facial
- Orbits
- IAC/Temp Bones
- LandmarX
- Soft Tissue Neck
- C-Spine
- T-Spine
- L-Spine
- Chest
- Chest High Res

Low-dose CT (LDCT) Lung Cancer Screening*
**Please use LDCT specific order form*

- Abdomen
- Pelvis
- Abdomen & Pelvis
- CT KUB
- CT Colonography
- CT Enterography
- CTA Head
- CTA Neck
- CTA Chest
- CTA Abdomen
- CTA Abdomen & Pelvis
- CTA Pelvis
- CTA Runoff

Extremity _____ L R
 w/joint arthrogram

Other _____

MRI-EXAM

Patient has a Pacemaker

Patient has implanted device: _____

**Specify brand & model and/or year implanted*

- Patient may have metal in eye
- Sedation for MRI (patient will need a driver)

NO contrast **Contrast at radiologist discretion**

- Brain
- IAC w/ Brain
- IAC Screening
- Orbits w/Brain
- Soft Tissue Neck
- Face/Neck
- Pituitary
- Cardiac
- C-spine
- T-spine
- L-spine
- Abdomen _____
- Pelvis
- Enterography
- MRCP
- MRA _____
- Other _____

Extremity

- w/joint arthrogram
- It rt Shoulder
- It rt Elbow
- It rt Wrist
- It rt Hand
- It rt Hip
- It rt Knee
- It rt Ankle
- It rt Foot

NUCLEAR MEDICINE Offered at TRA-on Cedar only

- Lung Scan
- Biliary (HIDA)
- Renal
- Cardiac Blood Pool (MUGA)
- Gastric Emptying Study (GES)
- Parathyroid
- Other: _____

Bone Scan:

- Whole Body Multiple
- 3-Phase SPECT

_____ (areas of concern)

Thyroid:

- Uptake & Scan Scan Only

INJECTIONS & INTERVENTIONAL PROCEDURES

- Diagnostic & Therapeutic Injection _____
- Interventional Procedure _____
- Patient Consultation, Evaluate & Treat _____

Referring Provider Signature _____
Required for exam



Appointment

Date: _____ - _____ - _____ Time: _____: _____

- Call patient to schedule Patient will call to schedule

Prior Exams:

Date of Service _____ Facility Location _____

Report

- Call STAT (_____) _____ - _____
- Fax STAT (_____) _____ - _____
- Fax Routine (_____) _____ - _____
- Additional Report To: _____

- Images: CD ROM Deliver to my office
 Web PACS Send with patient

Insurance Information

Send copy of patient's insurance card when faxing this referral.

Insurance(s) _____

Claim #: _____

(if applicable)

Pre-Authorization # _____

LOCATIONS & SCHEDULING

Pierce County

- TRA Tacoma- on Cedar
- TRA Gig Harbor
- TRA Lakewood
- TRA Tacoma- on Union Open MRI
- Union Avenue

Thurston County

- TRA Olympia - on Lilly

Pierce Scheduling

Phone: (253) 761-4200

Fax: (253) 761-4201

Thurston Scheduling

Phone: (360) 413-8383

Fax: (360) 413-8323

Toll-Free: (866) 761-4200

Tax ID

TRA: 91-0979582

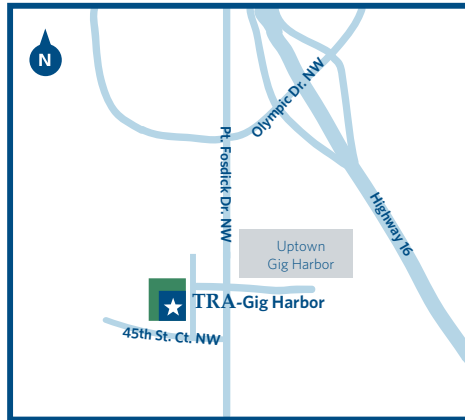
www.tranow.com

Locations

For directions, please visit our website: www.tranow.com



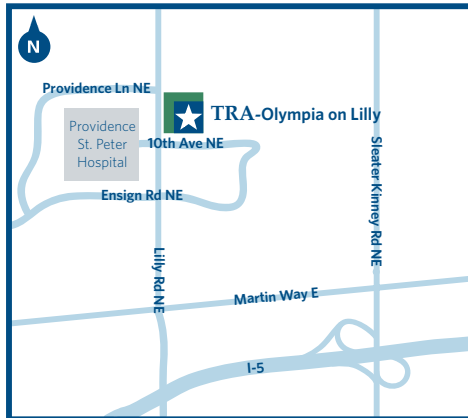
TRA- Tacoma on Cedar
2202 South Cedar St, Suite 200
Tacoma, WA 98405



TRA Gig Harbor
4700 Point Fosdick Drive NW, Suite 110
Gig Harbor, WA 98335



TRA Lakewood
5919 100th St SW
Lakewood, WA 98499



TRA Olympia - on Lilly
500 Lilly Road NE, Suite 160
Olympia, WA 98506



**TRA- Tacoma on Union
Union Avenue Open MRI**
2502 South Union Avenue
Tacoma, WA 98405