

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: _____

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 #: _____

Pre-Authorization # _____
(if applicable)

LOCATIONS & SCHEDULING

Pierce County

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

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

CT-SCAN

NO contrast *Contrast at radiologist discretion*

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

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 **Extremity**
- IAC w/ Brain w/joint arthrogram
- IAC Screening It rt Shoulder
- Orbits w/Brain It rt Elbow
- Soft Tissue Neck It rt Wrist
- Face/Neck It rt Hand
- Pituitary It rt Hip
- Cardiac It rt Knee
- C-spine It rt Ankle
- T-spine It rt Foot
- L-spine _____
- Abdomen _____
- Pelvis _____
- Enterography _____
- MRCP _____
- MRA _____
- Other _____

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

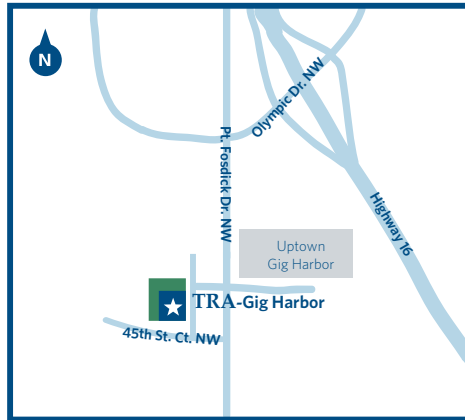
Required for exam

Locations

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



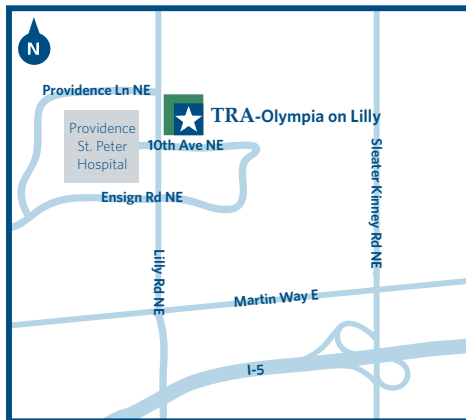
TRA- Tacoma on Cedar
2202 South Cedar St, Suite 200
Tacoma, WA 98405



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