

# RADIOLOGY REFERRAL FORM- THURSTON 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: \_\_\_\_\_

# TRA Medical Imaging

## 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 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Images:  CD ROM  Deliver to my office

Web PACS  Send with patient

CMC PACS  Providence PACS

Additional Report To: \_\_\_\_\_

\_\_\_\_\_

## Insurance Information

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

Insurance(s) \_\_\_\_\_

\_\_\_\_\_

Pre-Authorization # \_\_\_\_\_

(if applicable)

Claim # \_\_\_\_\_

## LOCATION

TRA Olympia - on Lilly

Located in Memorial Medical Plaza

500 Lilly Road NE, Suite 160

Olympia, WA 98506

Phone: (360) 413-8383

Fax: (360) 413-8323

TOLL-FREE: (866) 761-4200

Tax ID: 91-0979582

www.tranow.com

## CT-SCAN

NO contrast  Contrast at radiologist discretion

Head

Maxillofacial

Coronal Sinus

Orbits (IAC Post Fossa, temp bones)

Soft Tissue Neck

Ltd. Sinus

C-spine

LandmarX

T-spine

Chest

L Spine

Chest High Res

Low-dose CT (LDCT) Lung Cancer Screening\*

\*Please use LDCT specific order form

Abdomen

Pelvis

Abdomen & Pelvis

CT KUB

CT IVP (urography)

CTA Pulmonary (PE)

CT Enterography

CTA Neck

CTA Head

CTA Head

CTA Abdomen

CTA Pelvis

CTA Abdomen & Pelvis

CTA Runoff

Extremity \_\_\_\_\_ lt rt

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

C-spine

IACS

T-spine

TMJ

L-spine

Orbits w/Brain

Pelvis

Soft Tissue Neck

Abdomen

Pituitary

Enterography

Chest

MRCP

MRI \_\_\_\_\_

Other \_\_\_\_\_

**Extremity**  w/joint arthrogram

Shoulder lt rt

rt

Elbow lt rt

rt

Wrist lt rt

rt

Hand lt rt

rt

Hip lt rt

rt

Knee lt rt

rt

Ankle lt rt

rt

Foot lt rt

rt

## THERAPEUTIC INJECTION

Shoulder lt rt bilat

Elbow lt rt bilat

Wrist lt rt bilat

Hand lt rt bilat

Hip lt rt bilat

Foot lt rt bilat

## FLUOROSCOPY

Barium Enema  HSG

Esophagram  HSG- Essure

Small Bowl Series

Upper G.I.

Other \_\_\_\_\_

## BIOPSY

Thyroid FNA

Superficial Soft Tissue Mass

Lymph Node FNA

Referring Provider Signature \_\_\_\_\_

Required for exam

# Exam Preparations

Carefully follow the instructions for your prescribed examination. If you have questions, please call (360) 413-8383.

## Fluoroscopy:

- Upper GI Series (UGI) and/or Small Bowel Follow-Through:** Do not eat, drink or smoke after midnight until your exam is complete.
- Barium Enema Studies:** Our office will provide more specific prepping instructions.
- Hysterosonogram (HSG):**
  - Studies must be performed within 10 days of the first day of the menstrual cycle but after period is over and bleeding has stopped for at least 1 day.
  - Patients should refrain from intercourse from the time your period begins until after the exam is performed. If there is any chance of pregnancy, a pregnancy test should be performed and result presented at procedure appointment.

## CT scan:

- All IV Contrast Exams:** No food or drink for 4 hours prior to your scheduled exam
- Abdominal/Pelvic CT Exams:** Arrive one hour prior to your appointed time for the exam preparation.

## MRI:

Notify us prior to your appointment if you have the following:

- Pacemaker
- Electronic device or metallic implant
- Brain aneurysm clip
- Heart valve replacement
- Stent
- Metal eye injury

## DRIVING DIRECTIONS



### Location Description:

We are located in the Memorial Medical Plaza that is across from St. Pete's Hospital (NOT the emergency entrance side). Enter the building through the main doors of the lower level and go to your left. Follow the hallway all the way down to the very end and you will run right into us

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500 Lilly Road NE, Suite 160  
Olympia, WA 98506

PHONE: (360) 413-8383

FAX: (360)413-8323

### Directions from the North

- Follow I-5 SOUTHBOUND
- Take EXIT 109 for MARTIN WAY (toward College St/Sleater-Kinney Rd N)
- Turn RIGHT at MARTIN WAY E
- Turn RIGHT at LILLY RD NE and drive 1 mile
- TRA-on Lilly is on the right in the Memorial Medical Plaza

### Directions from the South

- Follow I-5 NORTHBOUND
- Take EXIT 107 for PACIFIC AVE
- Turn RIGHT at PACIFIC AVE E
- Take second LEFT onto LILLY RD SE, drive .8 mile
- TRA-on Lilly is on the right