

RADIOLOGY REFERRAL FORM- COMMON

Date: _____ Referring Provider: _____

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

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

Notes: Height _____ Weight _____ Pregnant Yes No Allergies: _____

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: _____

X-RAY No appointment required. Specify additional views:

- Sinuses _____
- Chest _____
- Cervical Spine _____
- Thoracic Spine _____
- Lumbar Spine _____
- Scoliosis _____
- KUB _____
- Abdomen Series _____
- Pelvis only _____
- Pelvis w/Lateral Hip _____
- Hip _____ Lt rt bilat
- Shoulder _____ Lt rt bilat
- Ribs _____ Lt rt bilat
- Elbow _____ Lt rt bilat
- Forearm _____ Lt rt bilat
- Wrist _____ Lt rt bilat
- Hand _____ Lt rt bilat
- Finger _____ Lt rt bilat
- Knee _____ Lt rt bilat
- Tib/Fib _____ Lt rt bilat
- Ankle _____ Lt rt bilat
- Foot _____ Lt rt bilat
- Toe _____ Lt rt bilat
- Other _____

FLUOROSCOPY TRA Tacoma - on Union & TRA Olympia - on Lilly **ONLY**

- HSG HSG- ESURE
- Other: _____

BONE DENSITOMETRY (DEXA)

- Spine & Femur
- Other: _____

BREAST IMAGING TRA Lakewood offers screening mammography **ONLY**

Date of last Mammogram: _____

- Screening (asymptomatic) Lt rt bilat
- Diagnostic (symptomatic) Lt rt bilat
- Ultrasound Lt rt bilat

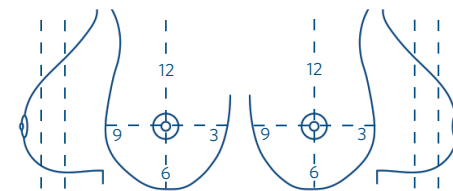
For complete list of breast imaging services and to download the BREAST IMAGING REFERRAL, please visit:

<http://www.tra-minw.com/forms/>

Referring Provider Signature _____
Required for exam

ULTRASOUND

- AAA Screen (Medicare only- once a lifetime)
- Abdomen- Complete
- Abdomen- Limited _____
- Renal
- Bladder Post-Void Residual
- Renal Artery Duplex
- Carotid Duplex
- LEV (Lower Extremity Venous) Lt rt bilat
- Deep Vein Thrombosis
- Duplex Vascular Other _____
- Pelvic (transabdominal &/or transvaginal as needed for diagnostic visualization)
- Pelvic transvaginal only
- OB LMP/EDD* _____ *REQUIRED
 - Multiple High Risk Follow-up
 - < 14 wks complete (TV as needed for visualization)
 - > 14 wks complete (TV as needed for visualization)
- Umbilical Cord Doppler if indicated
- OB Biophysical Profile
- OB Limited (AFI, Position) _____
- Nuchal Translucency LMP _____
 - w/ a <14 wk OB
- Testicular/Scrotal
- Hernia _____
- Thyroid/Neck
- Extremity non-vascular _____
- Infant Head Hip Spine
- Other _____



Document Palp Abn: _____
 O'clock: _____ N+ _____

Appointment

Date: _____

Check In Time: _____

Appt. 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 Gig Harbor
- TRA Lakewood
- TRA Tacoma - Hilltop
- TRA Tacoma - on Union

Thurston County

- TRA Lacey - Corporate Center (x-ray only)
- 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.tra-minw.com

Locations

For directions, please visit our website: www.tra-minw.com



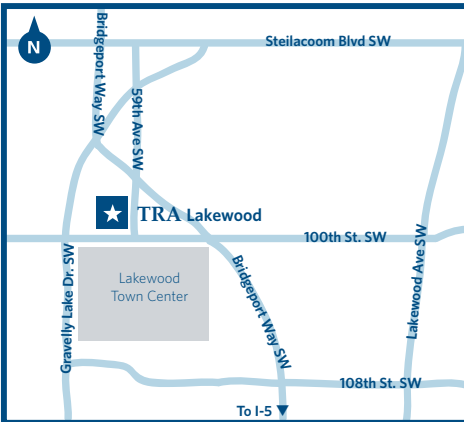
TRA Tacoma - on Union
2502 South Union Avenue
Tacoma, WA 98405



TRA Tacoma - Hilltop
1202 MLK Jr Way, Suite 140
Tacoma, WA 98405



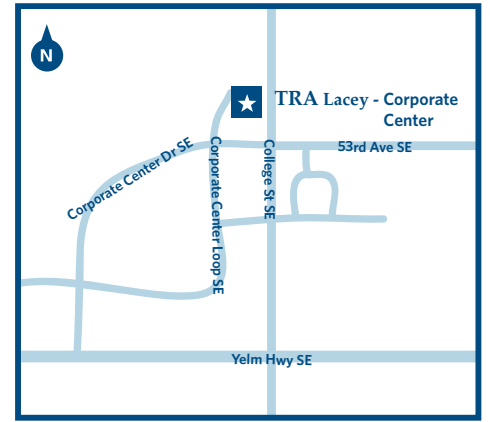
TRA Gig Harbor
4700 Point Fosdick Drive NW, Suite 110
Gig Harbor, WA 98335



TRA Lakewood
5919 100th St SW
Lakewood, WA 98499



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



TRA Lacey - Corporate Center
5210 Corporate Center Ct SE, #C
Lacey, WA 98503