

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 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 _____ It 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 **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 _____

INJECTIONS & INTERVENTIONAL PROCEDURES

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

Referring Provider Signature _____
Required for exam

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 - 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's

TRA: 91-0979582

UAOM: 91-1846604

www.tra-minw.com

Locations

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



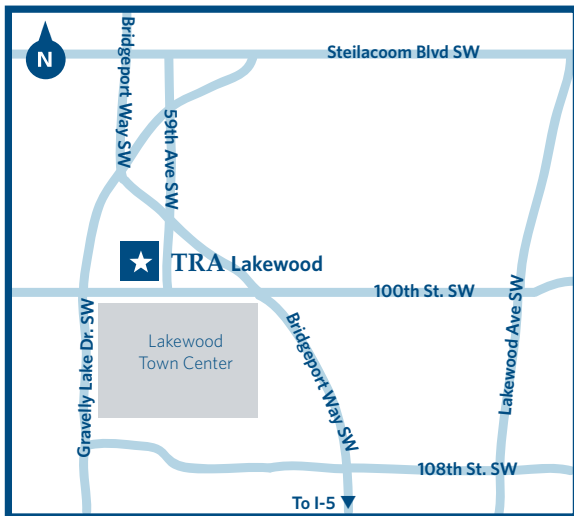
TRA Tacoma - on Union Avenue Open MRI

2502 South Union Avenue
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